

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555673	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/14/2025
NAME OF PROVIDER OR SUPPLIER Asbury Park Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2257 Fair Oaks Blvd. Sacramento, CA 95825	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on observation, interview, and record review, the facility failed to maintain an effective pest control program for a census of 134 residents, when flies were observed in the residents' rooms. This failure decreased the facility's potential to maintain a pest free environment for the residents. Findings: A review of Resident 1's admission Record, dated 8/14/25, indicated Resident 1 was admitted to the facility in 2025. A review of Resident 2's admission Record, dated 8/14/25, indicated Resident 2 was admitted to the facility in 2021. During a concurrent observation and interview on 8/14/25 at 9:46 a.m. with Resident 1, Resident 1's room was observed. Resident 1 confirmed and stated there were flies in the room all the time. During a concurrent observation and interview on 8/14/25 at 9 a.m. with Resident 2, Resident 2's room was observed. The sliding door was opened and had no screen. Resident 2 confirmed and stated there were flies flying around the room. During an interview on 8/14/25 at 9:48 a.m. with Certified Nursing Assistance (CNA), CNA confirmed the sliding door in Resident 1 and Resident 2's room was opened and had no screen. During a concurrent observation and interview on 8/14/25 at 10:50 a.m. with the Administrator (ADM), ADM stated she had a blue light zapper to zap flies and bugs in her office. During a concurrent interview and record review on 8/14/25 at 11 a.m. with the Director of Maintenance (DOM), the May, June, and July 2025 invoices for pest control services were reviewed. DOM confirmed there was a fly issue in the building and stated 14 out of 16 sliding doors currently had no screening doors. During an interview on 8/14/25 at 11:43 a.m. with the Director of Nursing (DON), DON confirmed there were concerns regarding flies and expected staff to ensure the sliding doors were closed until maintenance install the screens. A review of the facility's policy titled, Pest Control, dated 5/2008, indicated, Our facility shall maintain an effective pest control program. This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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