

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055173	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2025
NAME OF PROVIDER OR SUPPLIER Folsom Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 510 Mill Street Folsom, CA 95630	
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)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on interview and record review the facility failed to provide adequate supervision to ensure a safe environment for one of two sampled residents (Resident 2) when Resident 1, who had a history of wandering and touching residents was witnessed to touch Resident 2 in the groin area. This failure had the potential to cause physical and emotional distress to Resident 2. Findings: A review of Resident 1's admission Record indicated Resident 1 was admitted to the facility in 2020 with diagnoses that included Traumatic Brain Injury (an injury to the brain that can range in severity from mild to severe) and Dementia (a decline in memory function). A review of Resident 1's, Minimum Data Set (MDS - an assessment tool used to guide care) Cognitive (having full understanding) Patterns, dated 7/10/25, indicated Resident 1 had a Brief Interview for Mental Status (a tool to assess a person's full understanding) score of 12 out of 15 which indicated Resident 1 had some understanding. A review of Resident 1's, MDS Section E - Behavior under physical behavior symptoms directed at others (hitting, kicking, pushing, scratching, grabbing, abusing others sexually) indicated a score of 1 which indicated the behavior had occurred before. A review of Resident's 1's Care Plan, initiated date of 7/8/24, indicated that the resident has a behavior problem entering personal space of others making them feel uncomfortable. A review of Resident 2's admission Record indicated Resident 2 was admitted to the facility in 2024 with a diagnosis that included Chronic Obstructive Pulmonary Disease (an ongoing inflammation and narrowing of the airways, making it difficult to breathe). A review of Resident 2's, MDS, Cognitive Patterns, dated 7/17/25, indicated Resident 2 had a Brief Interview for Mental Status score of 4 out of 15 which indicated Resident 2 did not have full understanding. A review of Resident 2's Progress Notes, dated 9/8/25 at 1:13 p.m., indicated that Resident 2 admitted that Resident 1 touched her vagina. During an interview with the Director of Nursing (DON) on 9/24/25 at 10:17 a.m., the DON stated, Resident 1 was witnessed by a staff member touching Resident 2 on the groin. The DON further stated, Resident 1 has a history of going into other resident's personal space and inappropriate touching. During an interview with the Housekeeper (HK) on 9/24/25 at 11:13 a.m., the HK stated they had witnessed Resident 1 touching Resident 2 on the groin area. During an interview with the DON on 9/24/25 at 12:43 p.m., the DON stated, This shouldn't have occurred, and he should have been watched more closely. The DON further stated, He should have been monitored more closely since it has occurred before. A review of the facility policy titled, Resident Rights dated 4/2017 indicated, To be free from mental and physical abuse.		

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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