

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 03/23/2026
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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on observation, interview, and record review, the facility failed to ensure two of four sampled residents (Resident 1 and Resident 3) were free from abuse, when:1. Resident 2 swung her right arm and hit Resident 1's stomach; and2. Resident 4 hit Resident 3's shoulder while Resident 3 was in bed.These failures had the potential to negatively impact Resident 1 and Resident 2's psychosocial well-being.Findings:1. A review of Resident 1's admission Record, dated 3/7/26, indicated Resident 1 was admitted to the facility in 2025 with diagnoses including dementia (a progressive state of decline in mental abilities) and adjustment disorder with depressed mood (a short-term mental health condition when an individual struggles to cope with stress, resulting in low mood, sadness, and feelings of hopelessness).A review of Resident 1's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 12/5/25, indicated Resident 1's Brief Interview of Mental Status (BIMS, an assessment test) score was 14 out of 15 with no memory impairment.A review of Resident 1's care plan, dated 3/3/26, indicated Resident 1 had a trauma related to being a victim of resident-to-resident abuse.A review of Resident 2's admission Record, dated 3/7/26, indicated Resident 2 was admitted to the facility in 2025 with diagnoses including anxiety (feeling of fear, dread, or uneasiness often caused by stress), dementia, and adjustment disorder with depressed mood.A review of Resident 2's MDS, dated 1/23/26, indicated Resident 2's BIMS score was zero out of 15 with severe memory impairment.A review of Resident 2's care plan, dated 3/3/26, indicated Resident 2 had a history of harm to others, poor impulse control, and hit another resident.A review of Resident 1's and Resident 2's progress notes, dated 3/2/26, indicated at 3:05 p.m., there was a resident-to-resident altercation in the hallway. The notes further indicated Resident 1 and Resident 2 were walking in opposite direction; when Resident 2 put her arm out and hit Resident 1 in the stomach.During an interview on 3/23/26 at 1:14 p.m. with Certified Nursing Assistant (CNA) 2, CNA 2 stated Resident 1 was walking one way in the hallway and Resident 2 walking the opposite direction, when she witnessed Resident 2 approached Resident 1, swung her right arm and hit Resident 1's stomach. During an interview on 3/23/26 at 1:30 p.m. with Resident 1 inside her room, Resident 1 stated another resident hit her on the stomach and she was in pain at the time the incident happened.2. A review of Resident 3's admission Record, dated 3/20/26, indicated Resident 3 was admitted to the facility in 2025 with diagnoses including Parkinson's disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements), dementia, Alzheimer's disease (a disease characterized by a progressive decline in mental abilities), and depression (a chronic mental disorder with loss of interest and energy in activities).A review of Resident 3's MDS, dated 2/9/26, indicated Resident 3's BIMS score was 11 out of 15 with moderate memory impairment.A review of Resident 3's care plan, dated 3/17/26, indicated Resident 3 had trauma related to being victim of resident-to-resident altercation.A review of Resident 4's admission Record, dated 3/20/26, indicated Resident 4 was admitted to the facility in 2025 with diagnoses including Alzheimer's disease, dementia, depression, and anxiety.A review of Resident 4's MDS, dated 1/9/26, indicated Resident 4's BIMS score was three out of 15 with severe memory impairment.A review of Resident 3's progress note, dated 3/17/26, indicated Resident 3 was involved with a (continued on next page)</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
---	-------	-----------

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 03/23/2026
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)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>resident-to-resident altercation witnessed by staff. The note further indicated Resident 3 was hit on his left shoulder. A review of Resident 4's progress note, dated 3/17/26, indicated Resident 4 was involved with a resident-to-resident altercation witnessed by staff. The note further indicted Resident 4 was witnessed by staff hitting his roommate's left shoulder. During an interview on 3/23/26 at 12:53 p.m. with CNA 1, CNA 1 stated Resident 3 was yelling, when CNA 1 came inside the room and witnessed Resident 4 hitting Resident 3 twice on the left shoulder. During an interview on 3/23/26 at 2:39 p.m. with the Director of Nursing (DON), DON stated residents had the right to be free from abuse. DON confirmed Resident 2 hit Resident 1's stomach in the hallway and Resident 4 hit Resident 3's left shoulder while Resident 3 was in bed. A review of the facility's policy titled, Abuse Prevention and The Reporting of Alleged Abuse and [Suspicion] of Crime, dated 10/17, indicated, To ensure that residents' rights are protected by providing a method for the prevention of any type of resident abuse.</p>		