STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055173	A. Building B. Wing	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Folsom Care Center	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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. Based on observation, interview, and record review, the facility failed to ensure one of five sampled residents (Resident 2) was free from abuse when Resident 1 pushed Resident 2 and caused him to fall.This failure had the potential to cause physical harm to Resident 2.Findings:Resident 1 was admitted to the facility in July of 2024 with diagnoses that included degenerative disorders of the nervous system (memory loss, cognitive decline-relating to the mental processes of thinking, knowing, learning, and understanding) and dementia (decline in memory function).A review of Resident 1's Minimum Data Set (MDS, a standardized assessment tool used in nursing homes), dated 1/13/26, indicated Resident 1 had a Brief Interview for Mental Status (BIMS) score of 11, which indicated Resident 1 had moderate cognitive impairment.Resident 2 was admitted to the facility in October with a diagnosis of Alzheimer's disease (severe memory loss, cognitive decline) and dementia (a decline in memory function). A review of Resident 2's Minimum Data Set (MDS), a standardized assessment tool used in nursing homes), dated 1/5/26, indicated Resident 2 had a Brief Interview for Mental Status (BIMS) score of 3, indicating Resident 3 had severe cognitive impairment.During an interview on 4/1/26 at 1:30 p.m., with the Director of Nursing (DON), the DON stated that Resident 2 is a wanderer and when he went near Resident 1 she shoved him down to the ground.During an interview on 4/1/26 at 2 p.m., with Resident 1, Resident 1 stated that she did not like Resident 2 and wants him to stay away from her and that was why she pushed him.A review of Resident 1's progress note, dated 3/22/26 at 10:15 p.m., The resident (Resident 1) pushed another resident (Resident 2) to the floor. This altercation was unwitnessed. The resident stated that she is tired of him [Resident 2] going into her room so she pushed him as hard as she could and she hopes that he learned his lesson.During an interview on 4/1/26 at 4:05 p.m. with the Administrator, the Administrator indicated that Resident 2's wandering could be a danger to himself and others because he does not understand boundaries and gets physically too close to others, which can be an annoyance.During a review of the facility's policy and procedure (P&P) titled, Abuse Prevention and the Reporting of Alleged Abuse and Suspicions of Crime, revised 10/17, the P&P indicated, Each resident has the right to be free of abandonment, abduction, isolation, fiduciary neglect, verbal, sexual, physical, mental abuse, corporal punishment and involuntary seclusion. Residents must not be subjected to abuse by anyone, including, but not limited to, facility staff, other residents.

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