

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER Greenfield Care Center of Fairfield		STREET ADDRESS, CITY, STATE, ZIP CODE 1260 Travis Blvd Fairfield, CA 94533	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49950</p> <p>Based on observation, interview and record review, the facility failed to ensure one of four residents (Resident 2) was free from abuse when facility staff witnessed Resident 1 punch Resident 2 in the face, resulting in Resident 2 sustaining a swollen upper lip, scratches on his right forearm and scratches on his left-hand middle finger.</p> <p>This failure resulted in Resident 2 not being free from abuse.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility early 2024 with multiple diagnoses which included thrombosis (blood clot), emphysema (lung disease that causes shortness of breath), and hypertension (high blood pressure). A review of Minimum Data Set (MDS, an assessment tool), dated 6/17/24, indicated Resident 1 was cognitively intact.</p> <p>Resident 2 was admitted to the facility middle 2018 with multiple diagnoses which included epilepsy (a brain disease that causes seizures), dementia (a loss of cognitive function), and depression. Review of MDS, dated [DATE], indicated Resident 2 had severely impaired cognition.</p> <p>During a review of Resident 1's Situation Background Assessment Recommendation (SBAR, a communication form to physicians) dated 6/16/24, at 12:39 a.m., SBAR indicated, Resident 1 initiated physical altercation with Resident 2. SBAR further indicated, Resident 1 admitted to hitting Resident 2 because Resident 2 was making noise with his dentures. The SBAR further indicated, Resident 2 was sleeping in his bed when Resident 1 started to hit him. The SBAR further indicated, a body assessment of Resident 2 noted redness and swelling of Resident 2's upper lip, scratches on Resident 2's right arm, and scratches on Resident 2's left-hand middle finger because of the altercation.</p> <p>During a review of Resident 2's progress note, dated 6/16/24 at 1:07 a.m , the progress note indicated, . [Resident 1] hit [Resident 2] while he was sleeping .</p> <p>During a review of Resident 1's care plan, created on 6/16/24, the care plan indicated, Resident 1 was in resident-resident altercation with episodes of hitting.</p> <p>(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
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(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>During a review of Resident 2's care plan, created 6/16/24, the care plan indicated, .upper lip swollen due to trauma from another resident hitting him on face .skin scratch at right forearm and left hand middle finger . [Resident 2] is at risk for recurrent episodes of altercation .</p> <p>During a review of Resident 2's Skin/Wound Note dated 6/17/24 at 1:06 p.m., the Skin/Wound Note indicated, .small dry cut to upper lip .</p> <p>During a review of Resident 1's progress note, dated 6/17/24 at 1:24 p.m., the progress note indicated, . when he was asked what triggered him in hitting his roommate he stated, I had enough of him .got up in my wheelchair and hit him .</p> <p>During an interview on 8/7/24, at 12:10 p.m., with Certified Nursing Assistant 1 (CNA 1), CNA 1 stated she witnessed Resident 1 punch Resident 2 in the mouth on the evening of 6/15/24. CNA 1 further stated Resident 1 was yelling at Resident 2 to stop making noise prior to the altercation.</p> <p>During an interview on 8/8/24, at 9:48 a.m., with the Social Services Director (SSD), the SSD stated she followed up with Resident 1 and Resident 2 after their altercation. The SSD acknowledged Resident 1 hitting Resident 2 was abusive and Resident 2 could not defend himself.</p> <p>During an interview on 8/8/24, at 10:24 a.m., with Director of Nursing (DON), the DON stated she investigated the incident between Resident 1 and Resident 2. The DON further stated she confirmed Resident 1 hit Resident 2 because Resident 2 was making noise with his dentures.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Abuse, Neglect, Mistreatment, and Misappropriation of Resident Property dated 10/22, the P&P indicated, .physical abuse .includes .hitting . each resident will be free from abuse .</p>		