

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/08/2025
NAME OF PROVIDER OR SUPPLIER  Elk Grove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  9461 Batey Avenue Elk Grove, CA 95624	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to protect the resident's right to be free from physical abuse for one of three sampled residents (Resident 1) when Resident 2 threw a cup filled with coffee towards Resident 1 splashing hot coffee onto Resident 1's right arm causing an injury.</p> <p>This failure reduced the facility's potential to protect Resident 1's right to be free from any type of abuse.</p> <p>Findings:</p> <p>During a review of Resident 1's admission Record (AR), the AR indicated, Resident 1 was admitted on [DATE] with diagnoses including single subsegmental thrombotic pulmonary embolism (blood clot has blocked a small artery in the lungs), embolism and thrombosis of arteries of lower extremities (thrombosis-blood clot forms in the blood vessels; embolism-when a clot travels and blocks artery in leg), chronic kidney disease (kidneys are damaged and cant clear blood. Resident 1's Minimum Data Set (MDS-a federally mandated resident assessment tool), dated 3/10/25, indicated, Resident 1 had a very mild memory impairment.</p> <p>During a review of Resident 1's Interdisciplinary Care Conference-V5 (IDT notes), dated 3/25/25, the IDT notes indicated, Resident 1 had a trauma-related skin alteration to the right medial arm measuring 7cm (centimeters-unit of measurement) by 2 cm, with mild erythema (redness of the skin) at the site. Further review of IDT notes indicated, .Reported that a male resident [2] threw a coffee cup at him [Resident 1] with coffee in it. Resident [1] tried to protect himself by putting his right hand in front of his face and cup hit his right dorsal (backside) hand. Checked right arm and hand, noted an area of small redness to right medial arm and a small bruise like discoloration to right dorsal-proximal to right 4thmetatarsal knuckle (back of right hand near the ring finger). Redness measures 7x2 cm .</p> <p>During a review of Resident 1's care plan (CP), dated 3/25/25, the CP indicated, .Resident to resident altercation: Resident [1] and another resident [2] in South Station got into a verbal altercation and the other resident [2] threw coffee at him [Resident 1], causing redness at his right medial forearm .</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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<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 AR, the AR indicated, Resident 2 was re-admitted on [DATE] with diagnoses including paraplegia (loss of movement and/or sensation, to some degree, of the legs,) pressure ulcer stage 4 sacral region (Full-thickness skin and tissue loss with exposed muscle, tendon, ligament, cartilage, or bone; sacral) and schizotypal disorder (mental health condition where people experience unusual thoughts, behaviors and difficulties forming close relationships.)</p> <p>During a review of Resident 2's MDS, dated [DATE], indicated, Resident 2 had no memory impairment. Resident 2's MDS also indicated Resident 2 had exhibited verbal behavioral symptoms directed towards others, which occurred on one to three days during the assessment period.</p> <p>During a review of Resident 2's Nurse's Progress Note (NPN), dated 3/25/25, the NPN indicated, .One of the resident [1] from the building came to nurse's station reporting a verbal abuse leading to where resident [1] got a physical harm via [Resident 2's name] .Upon interrogation, [Resident 2's name] expressed that the other resident [1] came on entering his room asking for cigarette .passing derogatory comment and he [Resident 2] asked resident [1] to get out of the room . when other resident [1] did not stop .resident [2] ended up picking his coffee mug and hit it against the wall and coffee from mug splashed on the other resident's [1] wrist causing a burn on his wrist .</p> <p>During a review of Resident 2's General Progress Notes (GPN), dated 3/25/25, the GPN indicated, Administrator, SSD (Social Services Director, DON (Director of Nursing spoke with [Resident 2's name] .he saw the other resident [1] .He told him [Resident 1] not to come into this room . [Resident 2's name] said the other resident [1] wouldn't leave and so he threw coffee at him [Resident 1] .</p> <p>During a review of Resident 2's CP, dated 3/25/25, the CP indicated, Resident to resident altercation . this resident [2] and another resident [1] from North Station got into a verbal altercation and he [Resident 2] threw coffee mug, hitting other resident [1] . Resident 2's CP indicated history of verbally aggressive behavior directed towards others with identified needs and behaviors which may lead to increased risk for conflict with other peers/resident/staff.</p> <p>During an interview on 4/8/25 at 10:30 a.m. with Treatment Nurse (TN), TN stated, Resident 1 approached her, informed her of what had occurred between him and Resident 2, and showed her his right arm, which TN described as having redness that looked like scalding.</p> <p>During an interview on 4/8/25 at 11:23 a.m. with Resident 1, stated Resident 2 threw a coffee cup at him. Resident 1 stated that the cup struck his hand, and the hot coffee caused a burn on his right arm.</p> <p>During an interview on 4/8/25 at 11:46 a.m. with Resident 2, Resident 2 stated that Resident 1 was at his door, he yelled at Resident 1 to get out of his room, and when Resident 1 began to enter, he threw a coffee cup which the coffee splashed onto Resident 1.</p> <p>During an interview on 4/8/25 at 11:55 a.m. with Director of Nursing (DON), the DON stated Resident 2 threw a coffee cup causing hot coffee to splash onto Resident 1 and resulting in the injury.</p> <p>During an interview on 4/8/25 at 12:11 p.m. with DON, the DON confirmed physical harm was established due to the burn observed on Resident 1's forearm. She also confirmed Resident 2 willfully threw the coffee cup causing hot coffee to splash onto Resident 1.</p> <p>(continued on next page)</p>		

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