

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  01/13/2026
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 interviews, and record review, the facility failed to protect the right to be free from physical/mental abuse for one of six sampled residents (Resident 1), when Resident 2 forcefully grabbed Resident 1 by his throat during an altercation on 12/26/25. This failure had the potential to cause significant physical and emotional injury to Resident 1. Findings:Resident 1 was admitted to the facility in January of 2023 with diagnoses that included generalized weakness and Alzheimer's disease (a disease that causes a decline in cognitive function that interferes with daily life).A review of Resident 1's Minimum Data Set (a standardized assessment tool used in nursing homes), dated 11/26/25, indicated Resident 1 had a Brief Interview for Mental Status (BIMS) score of 3 indicating Resident 1 had severe mental and cognitive impairments.Resident 2 was admitted to the facility in December of 2024 with diagnoses that included dementia (a loss of thinking, remembering, and reasoning skills).A review of Resident 2's MDS, dated [DATE], indicated Resident 2 had a BIMS score of 4 indicating Resident 2 had severe mental and cognitive impairments.A review of Resident 1's Nurses Progress Note (PN), dated 12/26/25, indicated, CNA [Certified Nursing Assistant] reported that patient [Resident 1] is yelling and check him and ask why he's yelling if he needs to get change and said no, CNA went to another room and approximately 5 to 6 minutes she heard patient [Resident 1] yelling again. When checked noted [Resident 2's] hands on his [Resident 1] neck. Separated patient right away. According to [Resident 1] squeezing his hand and neck.During an interview on 1/13/26 at 11:53 a.m. with Resident 1, Resident 1 stated that someone had grabbed his neck and hands. Resident 1 then began to rub his wrists stating his hands had been hurting since the incident. Resident 1 indicated that he felt safe only when he was not near his old room.During an interview on 1/13/26 at 1:40 p.m. with the Director of Nursing (DON), the DON acknowledged that the facility was considered Resident 1's home, and he should not be subjected to physical abuse.During an interview on 1/13/26 at 1:50 p.m. with CNA 1, CNA 1 reported that on 12/26/25 at approximately 3 a.m., she went to check on Resident 1 because he had been yelling. Upon entering Resident 1's room, she observed Resident 2 with his hand forcefully gripping Resident 1's throat.During a review of the facility's policy and procedure (P&amp;P) titled Abuse Prohibition Policy and Procedure, revised 2/21, the P&amp;P indicated, HealthCare Centers prohibit abuse, mistreatment, neglect, misappropriation of resident property, and exploitation for all residents.The Center will implement an abuse prohibition program through the following.Preventions of occurrences.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 055308
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