

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  01/29/2026
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on interview and record review, the facility failed to protect the resident's rights for one of six sampled residents (Resident 1) when Certified Nurse Assistant (CNA) 1 kissed Resident 1's forehead without consent. This failure reduced the facility's potential to treat Resident 1 with dignity and respect. Findings: During a review of Resident 1's admission Record (AR), indicated, Resident 1 was admitted 9/25 with a diagnosis of wedge compression fracture (front part of the spinal bone collapses due to pressure, forming a wedge shape.) During a review of Resident 1's Minimum Data Set (MDS- a federally mandated resident assessment tool), dated 12/12/25 indicated Resident 1 has intact cognition. During a review of Interdisciplinary conference (IDT - meeting where professionals from different fields come together to share knowledge and solve complex problems) dated 1/28/26 indicated, .allegation of inappropriate conduct by staff towards him (Resident 1). Additionally, IDT met with Resident 1 and gave more details including, .that a staff member kissed his forehead and push his behind during care. During an interview with Resident 1 on 1/28/26 at 2:23 p.m. stated, I felt violated, trashed, helpless and disrespected. I've never had anyone do that to me. Resident 1 further stated, he did not consent to the kiss on his forehead and there was no warning. During a telephone conversation on 1/28/26 at 4:32 p.m., with CNA 1, CNA 1 admitted that he kissed Resident 1's forehead without asking Resident 1's consent. CNA 1 further stated, he was providing incontinent care and was removing food off his bed. During an interview on 1/29/26 at 4:15 p.m. with the Director of Nursing (DON), the DON confirmed that residents at their facility have the right to be free from any form of abuse by staff, visitors and any individuals. During a review of the facility's policy and procedure titled, Resident Rights, dated, October 2025, indicated, .federal and state law guarantee certain basic rights to all residents. to be free from abuse, neglect, misappropriation of property and exploitation.</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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