STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055402	A. Building B. Wing	06/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River City Post Acute	2540 Carmichael Way Carmichael, CA 95608

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to protect the resident's right to be free from verbal abuse by facility staff for one of four sampled residents (Resident 1) when Certified Nursing Assistant (CNA) 1 called Resident 1 a faggot. This failure resulted in Resident 1 not being free from abuse and had the potential for Resident 1 to feel disrespected, afraid, and angry. Resident 1 was admitted [DATE] with diagnoses that included prostate cancer (uncontrolled growth of cells in a gland below the bladder), muscle weakness, chronic pain and major depressive disorder (persistent sadness, hopelessness, and a loss of interest in activities).A review of Minimum Data Set (MDS, an assessment tool), dated 6/4/26, indicated Resident 1 had intact memory. During an interview on 6/23/26, at 1:03 p.m., with Resident 1, Resident 1 stated that a couple of weeks prior CNA 1 verbally abused him by calling him a faggot during personal care. Resident 1 further stated he felt angry for being called a faggot and reported the incident the following morning to facility staff. During an interview on 6/23/26, at 1:14 p.m., with Resident 2, Resident 2 confirmed he heard CNA 1 verbally abuse Resident 1. Resident 2 stated he heard CNA 1 say to Resident 1, .you rather have guys touch you.you are a faggot.During an interview on 6/23/26 at 1:41 p.m. with Payroll Personnel (PRL), the PRL stated CNA 1 was terminated on 6/11/26 and was not eligible for rehire. During an interview on 6/23/26 at 2:10 p.m. with the Infection Preventionist (IP), the IP confirmed residents have the right to be free from abuse which includes physical, verbal and sexual abuse. During an interview on 6/23/26 at 3:30 p.m. with the Administrator (ADM), ADM confirmed residents have the right to be free from physical and verbal abuse and not to be disrespected. During a review of Resident 1's care plan, date initiated 6/3/26, indicated, Resident with potential/risk to exhibit Psycho-Social distress related to an abuse allegation towards a female staff, claiming physical aggression, and verbal abuse during care on 5/31/26 and 6/2/26.During a review of facility's investigation report, dated 6/8/26, indicated, .during the investigation it was determined that [Resident 1] allegations appeared to have some validity.For the well-being and protection of the facility's residents/patients, the Administration concluded to term the aforementioned staff member's [CNA 1] employment.During a review of the facility's Policy and Procedure (P&P) titled, Resident Rights, revised 10/2025, the P&P indicated, .Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to:.be treated with respect, kindness, and dignity.be free from abuse.During a review of the facility's P&P titled, Abuse and Neglect-Clinical Protocol, undated, the P&P indicated, Abuse is defined.as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse.

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