STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055491	A. Building B. Wing	06/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oak Ridge Healthcare Center	310 Oak Ridge Drive Roseville, CA 95661

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. Based on observation, interview, and record review, the facility failed to ensure one of three sampled residents (Resident 1) was free from abuse, when Resident 2 grabbed and scratched Resident 1's left hand. This failure had the potential to negatively impact Resident 1's highest practicable physical, mental, and psychosocial well-being.Findings: A review of an admission record indicated Resident 1 was admitted to the facility with a diagnosis of age-related osteoporosis (when body breaks down old bone faster than it can replace it causing bones to become fragile and porous). A review of an admission record indicated Resident 2 was admitted to the facility with diagnoses including schizoaffective disorder (a chronic mental health condition combining the symptoms of schizophrenia such as hallucinations or delusions with a mood disorder), Alzheimer's disease (a progressive, irreversible brain disorder that slowly destroys memory, thinking skills, and the ability to perform simple daily tasks), and metabolic encephalopathy (a general term for altered brain function or structure caused by systemic chemical imbalances, organ failure, or toxins, rather than a direct physical injury or disease in the brain). A review of Resident 1's Minimum Data Set (MDS, an assessment tool), dated 5/12/26, indicated Resident 1's Brief Interview of Mental Status (BIMS) score was 14 out of 15 with intact cognition. A review of Resident 1's Change in Condition, dated 5/6/26, indicated Resident 1 being observed for acquired discoloration to left top hand with two scratches due to patient-to-patient alteration taken place in Resident 1's room at approximately 6 p.m. During an interview on 6/8/26 at 12:34 p.m. with Resident 1, Resident 1 stated she was lying in bed when Resident 2 was brought into the room by staff while screaming loudly and positioned in her wheelchair near Resident 1's bed. Resident 1 further stated when she reached for the privacy curtain to close it, Resident 2 grabbed her left hand forcefully, scratched her, and yelled at her. During an interview on 6/8/26 at 12:58 p.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated she heard screaming from Resident 1 and Resident 2's room. CNA 1 further stated she went into the room to check on the residents and observed redness on top of Resident 1's left hand. During an interview on 6/9/26 at 10:40 a.m. with CNA 2, CNA 2 stated she heard Resident 1 and Resident 2 screaming and arguing with each other before she went into the room and separated them. During an interview on 6/8/26 at 1:06 p.m. with Licensed Nurse (LN) 1, LN 1 stated she was called into Resident 1's room and observed scratches on top of Resident 1's left hand. LN 1 further stated Resident 2 was seated near Resident 1's bed, yelling and pointing her finger at Resident 1. A review of Resident 1's Social Services Note, dated 5/7/26, indicated Resident 1 stated she had an issue last night where she was closing her curtain and her roommate grabbed her hand and scratched her. A review of Resident 1's Progress Note, dated 5/7/26, indicated Resident 1 was on charting for a bruise and scratches on hand and requested pain medication. A review of Resident 1's Interdisciplinary Note, dated 5/11/26, indicated Resident 1 was closing the privacy curtain when Resident 2 grabbed her hand. The note further indicated an injury occurred due to the incident which was a bruise and two scratches to left hand. A review of Resident 2's Progress Note, dated 5/6/26, indicated Resident 2's roommate (Resident 1) reported Resident 2 caused scratches and bruise to top of Resident 1's left hand. During an interview on 6/8/26 at 2:35 p.m. with Director of Nursing (DON), DON expected staff to protect all (continued on next page)

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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	residents from any form of abuse. During an interview on 6/8/26 at 2:46 p.m. with Administrator (ADM), ADM stated all residents should be free from abuse. A review of the facility's policy and procedure titled, Identifying Types of Abuse, revised 9/2022, indicated, Abuse of any kind against residents is strictly prohibited . instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish . abuse toward a resident can occur as: resident to resident abuse .