STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055493	A. Building B. Wing	10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mid-Town Oaks Post-Acute	2600 L Street Sacramento, CA 95816

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** 46872 Based on interview and record review, the facility failed to protect the resident's right to be free from sexual abuse by a resident for one of four sampled residents (Resident 2) when facility staff witnessed Resident 1's hand underneath Resident 2's shirt. This failure resulted in Resident 2 not being free from abuse and had the potential for Resident 2 to feel afraid and scared. Findings: Resident 1 was admitted [DATE] with diagnoses that included altered mental status and post-traumatic stress disorder (persistent mental and emotional stress occurring as a result of injury or severe psychological shock). A review of the Minimum Data Set (MDS, an assessment tool), dated 8/23/24, indicated Resident 1 had severe impairment in cognition. Resident 1's Face Sheet (a document that has patient information), indicated Resident 1's son was listed as the responsible party. Resident 2 was admitted [DATE] with diagnoses that included dementia (impaired ability to remember, think, or make decisions). A review of the MDS, dated [DATE], indicated Resident 2 had severe impairment in cognition. Resident 2's Face Sheet indicated Resident 2's daughter was listed as the responsible party. During a review of Resident 1's Progress Notes (PN), dated 10/10/24 at 4:01 p.m., the PN indicated, . resident [Resident 1] was observed with another resident [Resident 2] with his hand up her shirt. During an interview on 10/22/24 at 12:24 p.m. with the Social Service Director (SSD), the SSD stated on the morning of 10/10/24 she was informed by Certified Nursing Assistant (CNA 2) that he heard a scream from Resident 2's room. After CNA 2 entered Resident 2's room he had observed Resident 1's hand underneath Resident 2's shirt. During an interview on 10/22/24 at 1:17 p.m. with Licensed Nurse (LN) 2, LN 2 stated Resident 2 did not have the mental capacity to give consent to be touched by Resident 1. (continued on next page)

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	During an interview on 10/22/24 at 1:34 p.m. with CNA 2, CNA 2 stated he had heard a scream from Resident 2's room and entered her room. CNA 2 indicated he had observed Resident 1's hand underneath Resident 2's shirt and Resident 2 appeared scared. CNA 2 stated he removed Resident 1's hand from underneath Resident 2's shirt. CNA 2 confirmed Resident 2 did not have the mental capacity to consent to be touched sexually by anyone and had the right to be free from sexual abuse and unwanted touching. During a review of Resident 2's PN, dated 10/10/24 at 10:24 a.m., the PN indicated, .received report from Staff that Resident in room [Resident 1] physically touched/rubbed resident in room [Resident 2] breast area in a sexual manner. During a review of the facility's Policy and Procedure (P&P) titled, Identifying Sexual Abuse and Capacity to Consent, revised 9/2022, the P&P indicated, A resident's consent to sexual activity is not valid if obtained from a resident who lacks the capacity to consent .sexual abuse is non-consensual sexual contact of any type with a resident .Sexual abuse includes .intimate touching of any kind especially of breasts .sexual contact is non-consensual if the resident either: a. appears to want the contact to occur, but lacks the cognitive ability to consent; or b. does not want the contact to occur.