

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055858	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Rancho Seco Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 F Street Galt, CA 95632	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49814</p> <p>Based on interview and record review, the facility failed to ensure residents' right to privacy for one of four sampled residents (Resident 1) by allowing an individual to enter their room without permission.</p> <p>This failure had the potential to negatively impact the resident's emotional well-being and sense of security.</p> <p>Findings:</p> <p>Resident 1 was admitted on [DATE], with diagnoses of hemiplegia (muscle weakness or inability to move on one side of the body) and epilepsy (brain condition that causes recurring seizures).</p> <p>During a review of Resident 1's Minimum Data Set (MDS, an assessment tool), dated 4/27/24, the MDS indicated Resident 1 had a Brief Interview for Mental Status (BIMS) score of 15 indicating she had no cognitive impairment.</p> <p>Resident 5 was admitted on [DATE] with diagnoses of cerebrovascular disease (disease that affects blood flow in the brain) and cognitive communication deficit (trouble participating in conversations). His admission notes, dated 6/18/24, indicated he was alert and oriented.</p> <p>During an interview on 6/26/2024, at 12:06 p.m., with the Licensed Nurse (LN 1), LN 1 confirmed hearing yelling coming from Res 1's room on 6/20/2024, at approximately 7 a.m. LN 1 stated that Resident 1 told her that someone tried to get into her bed. LN 1 stated she interviewed Resident 5 and Resident 5 admitted to trying to get into Resident 1's bed. LN 1 stated, He violated her privacy.</p> <p>During an interview on 6/26/2024, at 12:34 p.m., with Resident 1, Resident 1 stated, A man tried sitting on my bed .I started yelling for a CNA [Certified Nursing Assistant]. Resident 1 stated that she felt that her personal space was invaded.</p> <p>During an interview on 06/26/2024, at 2:20 p.m., the Director of Nursing (DON) stated, Residents are entitled to privacy and personal space, and the incident with Resident 1 was a violation of her privacy.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Resident Rights, undated, the P&P indicated, The resident has a right to personal privacy .</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
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