STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055858	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rancho Seco Care Center	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)
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** 40214 Based on observation, interview and record review, the facility failed to ensure a resident's right to be free from abuse for one resident (Resident 2) of three sampled residents when staff witnessed Resident 1 hit Resident 2. This failure decreased the facility's potential to ensure Resident 2's right to be free from abuse. Findings: A review of an ADMISSION RECORD indicated Resident 1 was admitted to the facility middle of 2023 with multiple diagnoses which included dementia (memory problems), cognitive communication deficit (trouble reasoning and making decisions while communicating), and major depression. Resident 1's Minimum Data Set (MDS, a comprehensive assessment tool) dated 6/26/24, indicated mild cognitive decline. A review of Resident 1's undated Care Plan (CP) indicated, .[Resident 1] was the abuser in a resident to resident physical abuse with [Resident 2] on 7/3/24 . A review of an ADMISSION RECORD indicated Resident 2 was admitted to the facility middle of 2023 with multiple diagnoses which included stroke, anxiety, depression, and muscle weakness. Resident 1's MDS, dated [DATE], indicated zero cognitive decline. A review of Resident 2's Care Plan (CP), dated 7/3/24, indicated, .[Resident 2] was the victim on an [sic] resident to resident physical abuse without injury on 7/3/24 . A review of Resident 2's Nurses Notes dated 7/4/23, indicated, Resident has bruising on right forearm. The bruising is brownish/bluish . (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	During a concurrent observation and interview on 7/18/24 at 11:03 a.m., in Resident 2's room, Resident 2 was alert and sitting in bed, a purplish color bruising on his left forearm about 2 inches wide and 4 inches long. Resident 2 stated, .Latest one, while I was in wheelchair, guy came yelling at me saying 'FU [fuck you]' . When Resident 2 was asked what the guy's name was, Resident 2 stated, . [Resident 1's name] came at me, he was punching me so I put my arms up and blocked the punches, if not he would have hit my face . while demonstrating how he blocked the punches with his forearms. Resident 2 also stated, . Made me angry, it should not have happened to me .The guy [Resident 1] who hit me caused this bruising .I see him [Resident 1] couple of times in the hallway but felt uncomfortable he might attack again .Feels like I can't go outside on the patio because if I see him and he is outside not sure what he's going to do . Resident 2 further stated, .Several weeks ago, guy [different resident] kicked me in the dining room because I asked to turn down the TV volume .I fear for my safety that I'd like to move to another facility . During a concurrent observation and interview on 7/18/24 at 11:23 a.m. in Resident 1's room, Resident 1 was alert and sitting in his wheelchair. Resident 1 was hard of hearing but seemed to understand the questions. Resident 1 stated, .Yes, I got into a fight with a 'white man' don't know the name. I was driving my wheelchair backwards and he hated it . During an interview on 7/18/24 at 12:58 p.m., with the Activity Director (AD), the AD stated, .Confirmed the incident happened on 7/3/24 at the back station .I was sitting in the nursing station in the back, saw Resident 2 went past Resident 1 who was already at the station .Resident 1 charged at Resident 2's direction and started yelling first saying 'fuck you' and flipping his finger, looking at Resident 2 and was really upset at Resident 2 for whatever reason .Saw Resident 1 hit Resident 2 in the arms, made contact with him [Resident 2] which made him upset .I actually saw this then I went in between them . During a concurrent interview and record review on 7/18/24 at 2:10 p.m., with the Director of Nursing (DON), Resident 2's Nurses Notes, dated 7/4/23, were reviewed. The DON confirmed and said Resident 2's bruising was caused when Resident 1 hit him in the arms. During an interview on 7/18/24 at 2:57 p.m., the DON confirmed the incident was abuse and it happened. The DON stated, .All residents should be free from any type of abuse . A review of the facility's undated policy and procedure titled, Compliance with Reporting of Abuse/Neglect/Exploitation, indicated, .The facility will identify events .that may constitue .abuse. The willfull infliction of injury .which can include .resident to resident altercations .Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes . physical abuse .