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Form Approved OMB
No. 0938-0391

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	09/05/2024

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** 17069 Based on interview and record review, for one of three sampled residents (Resident 1) the facility failed to protect the resident's right to be free from physical abuse by another resident when Resident 2 slapped Resident 1. This failure resulted in Resident 1 developing left eye swelling and experiencing pain. Findings: Resident 1 was admitted to the facility on [DATE] with diagnoses that included atrial fibrillation (irregular heartbeat), diabetes mellitus (high blood sugars) and mild cognitive impairment. Resident 1's Quarterly Minimum Data Set (MDS-an assessment tool), dated 8/26/24 described him as having clear speech, able to make himself understood and as able to understand others. Resident 1's Brief Interview for Mental Status (BIMS- a brief screening that aids in detecting cognitive impairment) score was 11 which indicated he was moderately impaired. The MDS described Resident 1 as having no delirium but as having verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others) and other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds). Resident 2 was admitted to the facility on [DATE] with diagnoses that included chronic atrial fibrillation, cognitive communication deficit, and other symptoms and signs involving cognitive functions and awareness. (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

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 09/05/2024
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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident 2's Admission MDS, dated [DATE], described him as having clear speech, usually able to make himself understood and able to understand others. Resident 2's BIMS score was 13 which indicated he was cognitively intact. The MDS described Resident 2 as having no delirium but as having physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually), verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others) and other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds). Review of the Facility Reported Event, dated 9/2/24, indicated under the section Describe incident: The incident occurred on 8/30/24 at approximately 3:00 p.m. [Resident 1] was in the hall outside his room. [Resident 2] was in his wheelchair in the hall when the CNA (Certified Nursing Assistant) heard yelling. The CNA went into the hallway and saw [Resident 2] in his wheelchair self propelling toward [Resident 1]. The CNA then saw [Resident 2] strike out at [Resident 1] hitting him in the face. The CNA was able to place herself between the two residents redirecting [Resident 2] and telling him not to hit the other resident when [Resident 2] began to hit her. Both residents were redirected. Review of the Facility Reported Event, under section Investigation Finding indicated .Nursing assessment completed, and no injuries noted. Review of the section Outcome of investigation indicated, The incident was substantiated. During a review of Resident 1's SBAR (Situation, Background, Appearance, Review and Notify) Communication Form dated 8/30/24, indicated, Summarize your observations and evaluation: @ 1500 (3 p. m.) resident was sitting up in the doorway of his room & suddenly the abuser wheeled himself across the hallway yelling at the victim you don't do that mother fucker & slap him on his left check & left eye which develop swelling without erythema with pain level 5 (moderately strong pain). The CNA was on the hallway, staff rushed to deescalate the situation & separate them, However, abuser became belligerent towards all staff, calling them fuck you, bitches continues to be combative. Police notified. During an interview on 9/4/24 at 11:39 a.m. with Resident 1, he was observed self-propelling himself out of his room. Resident 1 was asked several questions, but resident did not respond to any of the questions. During a review of the facility's policy and procedure (P&P) titled, Abuse, Neglect and Exploitation, undated, It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property.