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| 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 04/30/2025 |
| 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.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50351</p> <p>Based on interview and record review, the facility failed to ensure 1 of 4 sampled residents (Resident 2) was free from abuse when Resident 1 ran over Resident 2 ' s foot with his wheelchair two times.</p> <p>This failure had the potential to cause injury, fear, and distress to Resident 2.</p> <p>Findings:</p> <p>A review of Resident 1 ' s admission record indicated Resident 1 was admitted to the facility in early 2025 with multiple diagnoses including Depression (a condition with persistent sadness, loss of interest in activities, and difficulty in daily life). A review of Resident 1 ' s Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 2/12/25, reflected a Brief Interview for Mental Status (BIMS-an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 15 out of 15 which indicated Resident 1 was cognitively intact.</p> <p>A review of Resident 2 ' s admission record indicated Resident 2 was admitted to the facility in late 2024 with multiple diagnoses including anxiety disorder (a disorder with experiences of excessive, persistent, and distressing fear and anxiety that interferes with normal functioning). A review of Resident 2 ' s MDS, dated [DATE], reflected a BIMS score of 12 out of 15 that indicated Resident 2 had moderate cognitive impairment.</p> <p>During a review of Resident 1 ' s progress note dated 4/27/25, the progress indicated, .[Resident 1] also ran over [Resident 2 ' s] foot with his wheelchair. The nurse told him you ran over [Resident 2 ' s] foot and [Resident 1] said i don ' t care and ran over [Resident 2 ' s] foot again with his wheelchair .</p> <p>During an interview on 4/29/25 at 11:42 a.m. with Resident 1, Resident 1 was observed sitting in bed in his room talking to self. Resident 1 stated on the date of the incident he does not remember running over Resident 2 ' s foot with his wheelchair but he was cited by the police.</p> <p>(continued on next page)</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 4/29/25 at 12:19 p.m. with Certified Nursing Assistant 1 (CNA 1) at the back nursing station, CNA 1 stated she was a witness to the incident. CNA 1 stated Resident 2 was sitting in his wheelchair near activities. CNA 1 stated Resident 1 was yelling and screaming at staff. CNA 1 stated she redirected Resident 1 and told him that other residents were present and that was when Resident 1 backed his wheelchair over Resident 2 ' s foot. CNA 1 further stated she notified Resident 1 that he ran over Resident 2 ' s foot and Resident 1 stated, I don ' t care and backed onto Resident 2 ' s foot again.</p> <p>During a concurrent observation and interview on 4/29/25 at 12:31 p.m. in Resident 2 ' s room, Resident 2 was observed sitting up on the left side of his bed. Resident 2 stated Resident 1 was angry, yelling, and screaming at staff in the hallway. Resident 2 started to look down and stated Resident 1 ran over his foot. Resident 2 stated he told Resident 1 to stop. Resident 2 told the State surveyor he did not want to be hit again. Resident 2 further stated that during the incident a CNA (CNA 1) told the other resident (Resident 1) he ran over his (Resident 2 ' s) foot, and Resident 1 yelled I don ' t care and ran over Resident 2 ' s foot again.</p> <p>During an interview on 4/29/25 at 1:32 p.m. with the Social Services Director (SSD), the SSD stated during interview with Resident 2, the resident had stated Resident 1 was yelling and ran over his foot twice with his wheelchair.</p> <p>During a telephone interview on 4/29/25 at 1:43 p.m. with Licensed Nurse Supervisor (LN Sup), the LN Sup stated she witnessed the incident. LN Sup stated Resident 1 was yelling at staff and banging on medication carts. LN Sup further stated Resident 2 was waiting near the activities area and Resident 1 ran over Resident 2 ' s foot. LN Sup further stated Resident 1 yelled, I don ' t care and ran over Resident 2 ' s foot again. LN Sup then stated Resident 2 told the LN Sup he wanted to press charges against Resident 1.</p> <p>During an interview on 4/29/25 at 3:12 p.m. with the Administrator (ADM), the ADM stated resident abuse is not tolerated at the facility.</p> <p>During a review of facility policy and procedure (P&P) titled, Abuse and Neglect - Clinical Protocol, dated March 2018, the P&P indicated, Abuse . the willful infliction of injury . Willful . defined .as . the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm .</p> | | |