

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  06/18/2025
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.

(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>Based on interview, and record review, the facility failed to protect one of four sampled residents from abuse (Resident 1), when another resident (Resident 2) hit Resident 1 on the arm repeatedly.</p> <p>This failure caused fear and had the potential to cause physical injury to Resident 1.</p> <p>Findings:</p> <p>During a review of Resident 1's admission record, Resident 1 was admitted in March of 2016 with diagnoses of Flaccid Hemiplegia (a disorder where one side of the body is paralyzed, inability to move affected side due to lack of muscle function), Epilepsy (a seizure disorder) and muscle weakness. Resident 1's Minimum Data Set (MDS, a federally mandated resident assessment tool) indicated Resident 1 was cognitively intact.</p> <p>During a review of Resident 2's admission record, Resident 2 was admitted in September of 2024 with a diagnosis of Dysphagia (difficulty swallowing). Resident 2's MDS indicated the resident had severe cognitive impairment.</p> <p>During a review of a facility submitted document titled REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE [SOC 341] dated 11/18 indicated that Resident 1 reported that Resident 2 hit her on the arm. It further indicated that a witness, Resident 3 reported that he saw Resident 2 slap Resident 1 on her arm.</p> <p>During an interview on 6/18/25 at 12:38 p.m. with Resident 1, Resident 1 stated, .he [Resident 2] hit my arm a few times .it is not ok for him to touch me .I got scared .years ago I was hurt really bad .I don't like to talk about how I got hurt .I suppressed it .I don't like people touching me because of that .he knows the difference between right and wrong .they had to give me a pill to calm down .he scares me because he stares at me like he is going to hurt me.</p> <p>During an interview on 6/18/25 at 1:10 p.m. with Licensed Nurse (LN 1) , LN 1 stated that she was aware that Resident 1 was hit by Resident 2. LN 1 reported, .she [Resident 1] was scared and crying .the charge nurse gave her Lorazepam [a medication to reduce nervousness] which she has PRN [as needed] to calm her down.</p> <p>During an interview on 6/18/25 at 1:25 p.m. with the Activities Director (AD), AD stated that Resident 1 reported that Resident 2 hit her. AD reported that Resident 3 witnessed the incident and that Resident 3 reported, .he [Resident 1] hit her [Resident 2].</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.

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 6/18/25 at 2:05 p.m. with Resident 3, Resident 3 stated he saw him [Resident 2] hit her [Resident 1] .she [Resident 1] yelled.</p> <p>During an interview on 6/18/25 at 3:14 p.m. with the Director of Nursing (DON), when asked if a resident hitting another resident was abuse, the DON stated, Yes, it is considered abuse. The DON confirmed that Resident 1 was upset and required a medication to calm the nervousness.</p> <p>During a review of the facility's Policy and Procedure (P&amp;P) titled Abuse and Neglect . dated March 2018, the P&amp;P indicated, Abuse is defined at &amp;sect;483.5 as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish .Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse .2. Neglect, as defined at &amp;sect;483.5, means the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress.</p>