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	11/20/2025

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** Based on observations, interviews, and a review of records, the facility failed to ensure one of four sampled residents (Resident 1) was free from physical abuse when Resident 2 slapped Resident 1 on the right cheek and punched him in the stomach.This failure resulted in physical contact that posed a risk of injury and demonstrated the facility's inability to protect Resident 1 from abuse by another resident.Resident 1 was admitted to the facility in Winter of 2024 with diagnoses which included chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), inguinal hernia (when part of the intestine or soft tissue pushes through a weak spot in the abdominal muscles in the groin area) and depression.A review of Resident 1's Order Summary Report (OSR) indicated, Resident Capable of Understanding Rights, Responsibilities, And Informed Consent.A review of Resident 1's Minimum Data Set (MDS-a standardized assessment tool used in nursing homes), dated 9/11/25, indicated Resident 1 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating intact cognition.Resident 2 was admitted in October 2025 with diagnoses which included vascular dementia (changes to memory, thinking, and behavior) with moderate agitation, delirium (a serious disturbance in a person's mental abilities), and Alzheimer's disease (a disease characterized by a progressive decline in mental abilities).A review of Resident 2's MDS, dated [DATE], indicated Resident 2 had a BIMS score of 12 out of 15, indicating moderate cognitive impairment.A review of Resident 1's Nurse Progress Notes titled SBAR (situation, background, assessment, recommendation-a communication tool used by healthcare workers when there is a change of condition among the residents) Summary dated 11/15/25 indicated, .resident's roommate all the sudden comes to him and hit him on his face and stomach.During an interview with Licensed Nurse (LN) 1 on 11/20/25 at 10:25 a.m. LN 1 stated that Certified Nursing Assistant (CNA) 1 witnessed Resident 2 slapped Resident 1 on the face and stomach while both residents were in their shared room.During an interview with Resident 1 on 11/20/25 at 11:30 a.m. Resident 1 stated that Resident 2 wanted the television turned off. Resident 2 then approached the television and unplugged it. Resident 1 then stated, I walked over and plugged the TV back in, and he slapped me on my right cheek and then punched me in the stomach. Resident 1 further stated that he had stitches on his stomach related to the surgery last 11/10/25 for a hernia repair.During a concurrent interview and record review with the Social Service Director (SSD) on 11/20/25 at 12:00 p.m. The SSD stated that the CNA was in the hallway outside Resident 1 and Resident 2's room when the incident occurred. The SSD added, She [CNA] separated them because she saw something. The SSD further stated, Mr. (Resident 1's last name) was slapped on the face or stomach which involved a disagreement involving the television.During an interview with the Director of Nursing (DON) on 11/20/25 at 1:25 p.m., the DON stated that LN 1 notified her of the incident. The DON stated that she interviewed CNA1, who witnessed and confirmed that Resident 2 slapped Resident 1 on the face and punched him in the stomach. The DON stated, It is the facility's responsibility to ensure our residents are safe and free from any kind of abuse.A review of the facility's policy and procedure (P&P) titled Abuse Prevention Program revised December 2016 indicated, Our residents have the right to be free from abuse. This (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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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	includes but is not limited to. physical abuse. The administration will: Protect our residents from abuse by anyone including, but not necessarily limited to: facility staff, other residents.