

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 02/19/2026
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of four sampled residents (Resident 1) was free from abuse, when Resident 2 swung a stuffed animal at Resident 1, grabbed her right arm, kicked her right leg, and threatened her. This failure decreased the facility's potential to protect Resident 1 from physical and verbal abuse. Findings: A review of Resident 1's admission Record, indicated Resident 1 was admitted to the facility in November 2025 with a diagnosis of chronic obstructive pulmonary disease (COPD -a chronic lung disease causing difficulty in breathing). A review of Resident 1's Minimum Data Set (MDS -a federally mandated assessment tool), dated 2/11/26, indicated Resident 1's 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 was 15 out of 15 with good memory. A review of Resident 1's SBAR Communication Form (a communication tool used by healthcare workers when there is a change of condition among residents), dated 2/14/26, indicated Resident 1 was accused of stealing Resident 2's stuffed animal and Resident 1 was scratched and kicked by Resident 2. A review of Resident 2's admission Record, indicated Resident 2 was admitted to the facility in October 2023 with a diagnosis of dementia (a progressive state of decline in mental abilities). A review of Resident 2's MDS, dated [DATE], indicated Resident 2's BIMS score was three out of 15 with severe memory impairment. A review of Resident 2's SBAR Communication Form, dated 2/14/26, indicated Resident 2 was involved in a physical and verbal altercation with Resident 1. During a concurrent observation and interview on 2/19/26 at 12:50 p.m. with Resident 1 in her room, a scabbed wound measuring about 1/8 inch (a unit of measurement) in length with redness around the area was observed on Resident 1's right arm. Resident 1 stated the wound was from Resident 2's fingernail when Resident 2 grabbed her arm on 2/14/26 around 7:30 p.m. in the foyer. Resident 1 further stated she was going to return Resident 2's stuffed animal, but when Resident 2 saw her she got mad, then she grabbed Resident 1's arm and hit her with the stuffed animal. During an interview on 2/19/26 at 1 p.m. with Resident 1, Resident 1 stated Resident 2 waited for her in their room after they were separated and then kicked her on the right leg. Resident 1 further stated Resident 2 was cussing at her and told her, I'm going to kill you. Resident 1 added she felt bad, was sore on her right arm and leg and was also afraid for a few nights after the incident. During an interview on 2/19/26 at 2:18 p.m. with Licensed Nurse (LN) 1, LN 1 stated on 2/14/26 at around 9:30 p.m., LN 1 heard yelling coming from Resident 1 and Resident 2's room. LN 1 stated Resident 2 was threatening Resident 1 and Resident 2 told Resident 1 get out of my room. I want to kill you. During an interview on 2/19/26 at 2:43 p.m. with LN 2, LN 2 stated on 2/14/26 between 7:30 p.m. to 8 p.m., LN 2 was charting at the nurse's station (by the foyer) when he heard Resident 1 and Resident 2 arguing. LN 2 then looked up and saw Resident 2 swung a stuffed animal at Resident 1 and Resident 1 used her arm to block it. LN 2 further stated Resident 2 was cussing at Resident 1. During an interview on 2/19/26 at 4:57 p.m. with</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 055858
		If continuation sheet Page 1 of 2

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 02/19/2026
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>Director of Nursing (DON), DON expected residents to always be safe. A review of the facility's policy titled, Abuse Prevention Program, revised 12/2016, indicated, Our residents have the right to be free from abuse . This includes but is not limited to freedom from . verbal . or physical abuse . Protect our residents from abuse by anyone including . other residents .</p>		