STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055956	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bridgewood Post Acute	5901 Lemon Hill Ave Sacramento, CA 95824

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. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055956	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bridgewood Post Acute	5901 Lemon Hill Ave Sacramento, CA 95824

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	Based on observation, interview, and record review, the facility failed to provide supervision to prevent two of three sampled residents (Resident 1 and Resident 2) from having a physical altercation when Resident 2 bumped Resident 1 with his wheelchair and Resident 1 struck Resident 2. This failure resulted in Resident 1 experiencing frustration and Resident 2 experiencing physical injury to his face. A review of Resident 1's admission Record indicated Resident 1 was admitted to the facility in June 2025 with multiple diagnoses including malignant neoplasm of the tonsil (tonsil cancer), dysphagia (difficulty swallowing foods or liquids), and severe protein calorie malnutrition (inadequate intake of calories and protein to maintain nutritional status).A review of Resident 1's Minimum Data Set (MDS- a federally mandated assessment tool), Cognitive Patterns, dated 6/16/25, indicated Resident 1 had a Brief Interview for Mental Status (BIMS- tool to assess cognition) score of 12 out of 15 that indicated Resident 1 had moderate cognitive impairment. A review of Resident 1's Change in Condition Evaluation, dated 7/21/25, indicated . while speaking to staff about discharge, resident stated that over the weekend, male peer repeatedly bumped into him with his wheelchair on purpose and that he responded by striking male peer .A review of Resident 2's admission Record indicated Resident 2 was admitted to the facility in December 2024 with multiple diagnoses including right femur (thighbone) fracture, diabetes (too much glucose in the blood), and vascular dementia (decline in thinking skills caused by decreased or blocked blood flow to the brain). A review of Resident 2's MDS, Cognitive Patterns, dated 4/24/25, indicated Resident 2 had a BIMS score of 6 out of 15 that indicated Resident 2 had severe cognitive impairment. A review of Resident 2's MDS, Functional Abilities, dated 4/24/25 indicated Resident 2 used a motorized wheelchair and was able to wheel himself 150 feet with supervision. A review of Resident 2's Change in Condition Evaluation, dated 7/21/25, indicated .On 7/21/25 at around 10:10 am, during male peers discharge he reported that over the weekend resident was repeatedly bumped into him w/ his wheelchair on purpose and that he responded by striking resident . Resident assessed with superficial abrasion 0.4 cm [centimeters] L [long] x 0.2 cm W [wide] and mild discoloration of his left eye previously identified as an unwitnessed fall . A review of Resident 3's clinical record indicated Resident 3 was admitted to the facility in July 2025 for multiple diagnoses including anemia (blood does not have enough red blood cells and hemoglobin to carry oxygen throughout the body), gastrointestinal hemorrhage (bleeding in the digestive tract), and alcoholic cirrhosis of liver (scarring and damage to the liver from chronic alcohol abuse). Further review of the clinical record indicated that Resident 3 was alert and oriented. A review of the facility's Resident Abuse Investigation Report Form, dated 7/24/25, indicated .On 7/21/25 at approximately 10:10 AM, while speaking with staff regarding his upcoming discharge, [Resident 1] reported that over the weekend, [Resident 2] repeatedly bumped into him with his wheelchair in what her [sic] perceived to be an intentional manner, despite being asked to stop. In response, [Resident 1] stated he struck [Resident 2] . During an interview on 7/24/25 at 10:20 a.m. with the Administrator (ADM), the ADM stated when Resident 1 was being discharged on 7/21/25 he reported to the Social Services Director (SSD) that on 7/19/25 he was bothered by Resident 2 who had been bumping into him with his wheelchair. The ADM stated Resident 1 reported he was annoyed with Resident 2, so he hit him. The ADM reported Resident 1 stated, He was pestering me the other day, so I hit him. The ADM stated once incident was identified as abuse on 7/21/25, it was reported to the ombudsman, The Department, and law enforcement. The ADM stated Resident 2 had dark bruising around eyes and bleeding from nose. The ADM acknowledged that Resident 1 was annoyed with Resident 1, so he deliberately hit Resident 2.During an interview on 7/24/25 at 11:09 a.m. with the SSD, the SSD stated she met with Resident 1 on 7/21/25 to review discharge plan. SSD stated Resident 1 reported Resident 2 kept running into him intentionally with his wheelchair and Resident 1 reported that on 7/19/25 he struck Resident 2. The SSD stated Resident 1 did not have any injuries, but Resident 2 had bruising across the bridge of his nose. During a concurrent observation and interview on 7/24/25 at 11:30 a.m. with Resident 2, observed dark blue discoloration under left eye extending to cheek, yellow discoloration to left side of eye, and red scabbed abrasion across the bridge of the nose. When asked what happened to his eye and nose, Resident 2 stated he did not know. When asked if anyone had hit him, Resident 2 stated Maybe tried to hit him, then he tried to hit me. During an interview on 7/24/25 at 11:54 a.m. with Resident 3, Resident 3 stated Resident 2 causes problems because he goes into different rooms in his wheelchair. Resident 3 stated he has heard Resident 2 bumps into things and is trying to hurt others.During an interview on 7/24/25 at 11:57 a.m. with Licensed Nurse (LN) 1, LN 1 stated Resident 2 reported to staff