STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055988	A. Building B. Wing	05/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Golden Merced Care Center	3170 M Street Merced, CA 95340

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 interview and record review, the facility failed to ensure 1 of three sampled residents were safe from physical abuse when Resident 1 slapped the face of Resident 2 twice. This failure resulted in Resident 2 experiencing blood in the mouth, pain, redness to the face, and mental anguish evidenced by weeping.During a review of Resident 1's admission Record (AR), dated 5/20/26, the AR indicated Resident 1 was an [AGE] year-old female admitted to the facility with diagnoses that included Alzheimer's Disease and dementia (progressive diseases of the brain affecting memory, mood, and judgement). During a review of Resident 1's Minimum Data Sheet (MDS, a comprehensive, standardized assessment tool), dated 4/30/26, the MDS indicated at Question GG 0170-K, that Resident 1 was able to walk about the facility independently. During a review of Resident 2's AR, dated 5/20/26, the AR indicated he was a [AGE] year-old male admitted to the facility with diagnoses that included bleeding in the brain, muscle weakness, and repeated falls. During a review of Resident 2's MDS, dated 3/16/26, the MDS indicated at Question GG 0170-I, that Resident 2 was unable to walk. Question GG0170-Q indicated Resident 2 uses a wheelchair to mobilize through the facility. During a review of Resident 1's Progress Notes (PN), dated 5/12/26, at 9:06 p.m., the PN indicated Resident 1 was observed by a CNA [Certified Nursing Assistant] at [6 p.m.] hitting another resident with palm of hand on other resident's face. Resident was observed agitated and told CNA shut up bitch when being questioned for her behavior. During a review of Resident 2's PN, dated 5/12/26, at 6:15 p.m., the PN indicated, This resident was the victim of another resident. At [5:45 p.m.] this resident was in the doorway of the piano room, and the other resident [Resident 1] did not want him there. She walked up and slapped him hard on the left side of his face. He has a red mark on his cheek. During a review of Resident 2's PN dated 5/12/26, at 10:15 p.m., the PN indicated that a CNA stated she witnessed Resident 1 had raised her hand and slapped resident [2] two times to [left] cheek. Redness was noted to [left] cheek assessed mouth area and noted gums to be bleeding [due to] impact from smack. noted tears filling in eyes . The PN was written by Licensed Vocational Nurse [LVN] 1. During an interview on 5/19/26 at 3:30 p.m., with LVN 1, LVN 1 stated she recalled the incident on 5/12/26 between Resident 1 and Resident 2. LVN 1 stated she examined Resident 2 after the incident and looked in his mouth, by the gumline, and there was blood. During a review of the facility document titled, 5 day Summary, dated 5/15/26, addressed to The Department, the 5 Day Summary indicated that on 5/12/26, Resident 1 was seen by CNA slapping Resident 2 on the left side of his face as he was sitting in his wheelchair near the doorway near the piano room of the facility. During resident interview, [Resident 1] stated that she did not want [Resident 2] to be there while she was in the piano room with another resident. During an interview on 5/22/26, at 9 a.m., with CNA 2, CNA 2 stated she was a witness to the incident on 5/12/26 between Resident 1 and Resident 2. CNA 2 stated she observed Resident 1 approach Resident 2 and grabbed his wheelchair and slapped him two times on the face. She was furious because [Resident 2] was in the doorway and [Resident 1] wanted privacy with another resident. [Resident 1] slapped [Resident 2] in the face twice, with an open hand, slapped him so hard it left a mark on his face. After [Resident 2] was slapped, he had (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
	055988	A. Building B. Wing	05/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Golden Merced Care Center	3170 M Street Merced, CA 95340

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	tears. He stated to me, ?I am embarrassed.' I comforted him, rubbed his back, he cried a couple of times, then stopped. It was a hard slap. He was holding his face. I told him if he needed to cry, go ahead and let it out. He was saying this in Spanish, I speak Spanish. During a review of the facility's Policy & Procedure titled, Abuse Neglect and Misappropriation of Property Prohibition Policy (P&P), dated 3/25, the P&P indicated, Policy Statement: Each resident has the right to be free from abuse. Definitions: Abuse: The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. Physical Abuse: Includes, but not limited to, hitting, slapping, punching, choking, pinching, biting, kicking throwing objects, grabbing, and shoving.