STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056177	A. Building B. Wing	12/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Double Tree Post Acute Care Center	7400 24th Street Sacramento, CA 95822

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 observation, interview and record review, the facility failed to protect the resident's right to be free from abuse for one of seven sampled residents (Resident 1) when Resident 2 hit Resident 1 in the head.This failure resulted in Resident 1 having pain and dizziness and had the potential for Resident 1 to experience physical and/or psychosocial harm.Findings:During a review of Resident 1's clinical record, Resident 1 was admitted [DATE] with diagnosis that included Dementia (a progressive state of decline in mental abilities). During a review of Resident 1's Minimum Data Set (MDS- a federally mandated resident assessment tool) the MDS, dated [DATE] indicated Resident 1 had a Brief Interview for Mental Status (BIMS- a tool to assess cognition) BIMS score of 7 out of 15 which indicated Resident 1 had severe cognition impairment. During a review of Resident 2's clinical record, Resident 2 was admitted [DATE] with diagnosis that included chronic pain syndrome (pain that lasts longer than three months), psychoactive substance abuse (a pattern of compulsive substance use).During a review of Resident 2's MDS dated [DATE], Resident 2 had a BIMS score of 15 out of 15 which indicated Resident 2 had intact cognition.During a review of Resident 1's Change of Condition (COC) note, dated 12/13/25, the COC indicated Resident 1 was hit in the head by Resident 2 and Resident 1 complained of pain in the area he was struck and dizziness. The COC indicated Resident 1 was sent to the hospital for evaluation.During an interview on 12/22/25 at 10:35 a.m. with Resident 1, Resident 1 stated another resident hit him behind his ear. Resident 1 stated he has continued pain behind his right ear.During a review of Resident 2's Situation, Background, Appearance, Review and Notify (SBAR) communication form, dated 12/12/25. The SBAR indicated Resident 2 got upset and hit Resident 1 with a closed fist and Resident 1 returned an open-handed hit to Resident 2's chest three times.During an interview on 12/22/25 at 10:47 a.m. with Resident 2, Resident 2 stated Resident 1 hit him in his chest while he was in bed and Resident 2 got up and hit Resident 1 in the head. Resident 2 stated there was no one in the room during the altercation.During an interview on 12/22/25 at 2:25 p.m. with the Director of Nursing (DON), the DON confirmed residents have the right to be free from abuse.During a review of the facility's Policy and Procedure (P&P) titled, Residents Rights revised December 2016, the P&P indicated, . residents' right to be free from abuse.

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