

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>056198                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                           | (X3) DATE SURVEY<br>COMPLETED<br><br>07/28/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Kit Carson Nursing & Rehabilitation Center                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>811 Court Street<br>Jackson, CA 95642 |                                                 |
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| F 0609<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review the facility failed to ensure an allegation of resident-to-resident sexual abuse and the results of the investigation involving the allegation of resident-to-resident sexual abuse were reported to the State Agency (SA - state agency that helps protect the public's health and safety) within the required timeframes, as required, for 1 of 1 sampled resident (Resident 1) reviewed for abuse reporting. This deficient practice had the potential to delay regulatory oversight of the facility's investigation and corrective actions, placing Resident 1 and other residents in the facility at risk for continued abuse or inadequate protection from harm. Findings: Review of Resident 1's admission RECORD, indicated Resident 1 was admitted to the facility with a diagnosis of, but not limited to dementia (a condition that causes problems with memory, thinking, and daily activities), muscle weakness, and pain. Review of Resident 2's admission RECORD, indicated Resident 2 was admitted to the facility with a diagnosis of, but not limited to depression (a condition causing persistent sadness and loss of interest), muscle weakness, and pain. During an interview on 7/29/26 at 8:24 AM, with the Certified Nursing Assistant (CNA), the CNA stated that on 7/12/26, between approximately 9:00 AM to 9:30 AM, she received a verbal report from Resident 3 regarding an allegation of sexual abuse involving Resident 1 and Resident 2 that she witnessed. The CNA further stated that after returning from her meal break, from approximately 10:30 AM to 11:00 AM on 7/12/26, she reported the allegation to the licensed nurse in charge. During an interview on 7/28/26 at 2:57 PM, with the Director of Nursing (DON), the DON stated that it was her expectation that any allegation of resident-to-resident sexual abuse be reported immediately, preferably within 2 to 4 hours, to the appropriate authorities, including the Ombudsman (a resident advocate), local law enforcement, and the State Agency. The DON stated that prompt reporting was essential, particularly for allegations of sexual abuse, to ensure Resident 1's safety. The DON further stated that delays in reporting had the potential to compromise Resident 1's safety and may delay the implementation of protective measures and regulatory oversight. During a concurrent interview and record review on 7/28/26 at 3:27 PM, with the Administrator (ADM), the ADM stated that it was his expectation that staff report any allegation of abuse immediately, or within two hours, in accordance with regulatory requirements. The ADM stated that he personally completed and submitted the SOC 341 (a report used to notify the authorities about suspected elder or dependent adult abuse) report. The ADM reviewed the SOC 341 and confirmed that the alleged resident-to-resident sexual abuse incident occurred on 7/12/26. The ADM further confirmed, based on the fax confirmation, that the SOC 341 was submitted to the SA on 7/13/26 at 9:35 AM. During review of the SOC 341, in the section titled, J. WRITTEN REPORT was observed to identify the agencies designated to receive the written report, including the local Police Department, the State Agency, and the Long-Term Care Ombudsman. The fields for Date Mailed and Date Faxed for each receiving agency were left blank, and the form did not document the date the (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F 0609<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>written report was transmitted to those agencies. When asked why the allegation was not reported immediately or within two hours of the facility becoming aware of the incident, the ADM stated, I based it on the SOC 341. The ADM further reviewed the document titled 5-DAY FOLLOW-UP INVESTIGATION REPORT and confirmed that it was completed on 7/16/26. The ADM was unable to provide evidence that the report had been submitted to the SA timely. The ADM provided documentation showing that the Five-Day Follow-Up Investigation Report was submitted to the State Agency on 7/28/26 at 12:37 PM. The ADM acknowledged that timely submission of the Five-Day Follow-Up Investigation Report was a regulatory requirement and stated that it was important to inform the State Agency of the status and findings of the facility's investigation and, most importantly, to help ensure Resident 1's safety. A review of the facility policy and procedure (P&amp;P) titled, ABUSE, NEGLECT, MISTREATMENT AND MISAPPROPRIATION OF RESIDENT PROPERTY, revised 10/23, the P&amp;P indicated, . It is essential for facilities to prohibit and prevent abuse . The facility will have systems in place to encourage and support all residents . in reporting any suspected acts of abuse . exploitation of residents . i.e. sexual abuse . resident to resident . REPORTING AND RESPONSE . It is the policy of this facility that abuse . allegations are reported per Federal and State Law . All alleged violations involving abuse . are reported immediately to the Administrator . All alleged violations of abuse, neglect, exploitation of residents . must also be reported by the facility to officials in accordance with State law, including to the State Survey Agency . Immediately, but no later than 2 hours if the alleged violation involves abuse . Results of all investigations of alleged violations must be reported within 5 working days of the incident .</p> |                                                                                    |                                                 |

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| <p>F 0610</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure a thorough investigation was completed of an allegation of resident-to-resident sexual abuse for 1 of 1 sampled resident (Resident 1) reviewed for abuse by failing to timely interview the primary witnesses and promptly gather essential investigative information. This deficient practice had the potential to compromise the integrity of the investigation, delay appropriate corrective actions, and placed residents at risk for further abuse, neglect, exploitation, or mistreatment. Findings: Review of Resident 1's admission RECORD, indicated Resident 1 was admitted to the facility with a diagnosis of, but not limited to dementia (a condition that causes problems with memory, thinking, and daily activities), muscle weakness, and pain. Review of Resident 1's clinical record titled, BRIEF INTERVIEW FOR MENTAL STATUS (BIMS - a short test used to check a person's memory and thinking abilities), dated 6/13/26, indicated, . Score: 5 . (0 to 7 points: Severe cognitive impairment, 8 to 12 points: Moderate cognitive impairment, 13 to 15 points: Cognition is intact) Review of Resident 1's clinical record titled, Physician Progress Notes, dated 6/12/26, indicated, . Decision-Making Capacity: Resident not capable of making decisions . The patient is a [AGE] year-old female with a medical history significant for dementia, inability to care for self . Patient required skilled nursing oversight due to impaired cognition, inability to independently manage care needs . ASSESSMENT AND PLAN . Maintain safety measures due to impaired judgment and inability to independently manage care . During a review of Resident 1's clinical record titled, Care Plan Report, dated 7/12/26, in the section titled Focus, indicated, . Risk for emotional distress and impaired sense of safety related to inappropriate physical contact by another resident . Further review of the document indicated, . Trauma from another resident touching private areas and being asked to remove clothing . Review of Resident 1's clinical record titled, Progress Notes (PN), dated 7/12/26, indicated, . This writer was told by a CNA [Certified Nursing Assistant] that a bystander resident witnessed a situation involving 2 other residents. This occurred in the hallway according to the CNA. This writer and the CNA did not witness the incident. The female patient presents with memory issue as baseline . The PN was documented in the clinical record dated 7/12/26 at 12:48 PM. Review of Resident 1's clinical record titled, Progress Notes, dated 7/12/26, indicated, . At approximately 18:25 [6:25 p.m.] hrs [hours], staff reported to me that another resident [Resident 2] had inappropriately touched this resident's [Resident 1] breast . CNA reported that this incident happened in AM shift . The incident was witnessed by another resident [Resident 3], who stated: I saw these two residents standing at the front door of room [ROOM NUMBER]A. The abuser reached out and touched the victim's breast, then asked her to turn to the other side and touched her breast. I also heard him ask her to pull down her pants and sit on my lap. The victim did not act like she heard him and left . Resident stated, Yes, he did touch my breast and I told him don't . Due to baseline cognitive impairment, the resident was unable to recall all details of the incident . Facility Administrator [Name] was notified and acknowledged the incident . Administrator [Name] instructed the undersigned nurse not to complete the Statement of Occurrence (SOC) form, as he would complete the SOC himself and submit/fax the required reports to [Name of Department] and the Long-Term Ombudsman in accordance with facility policy and regulatory requirements . The PN was documented in the clinical record dated 7/12/26 at 21:08 (9:08 PM). Review of Resident 2's admission RECORD, indicated Resident 2 was admitted to the facility with a diagnosis of, but not limited to depression (a condition causing persistent sadness and loss of interest), muscle weakness, and pain. Review of Resident 2's clinical record titled, BRIEF INTERVIEW FOR MENTAL STATUS (BIMS - a (continued on next page)</p> |                                                                                    |                                                 |

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| F 0610<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>short test used to check a person's memory and thinking abilities), dated 5/21/26, indicated, . Score: 13 .Review of Resident 2's clinical record titled, Physician Progress Notes, dated 6/12/26, indicated, . Decision-Making Capacity: Resident is capable of making decisions . The patient is a [AGE] year-old male with a medical history . depression and chronic pain .During a concurrent observation and interview on 7/27/26 at 1:32 PM with Resident 3 in her room. Resident 3 stated that her room was directly across from room [ROOM NUMBER], where she personally witnessed Resident 2 touch the breasts of Resident 1. Resident 3 stated that the behavior was unacceptable because Resident 1 had dementia, while Resident 2 was cognitively intact and, in her opinion, was taking advantage of Resident 1. Resident 3 stated that she immediately reported the incident to the CNA assigned to her that morning and understood that the CNA promptly notified the AM licensed nurse and the Nurse Supervisor. Resident 3 further stated that no one from the facility's leadership interviewed her regarding the allegation. Resident 3 stated that, as the primary witness, she expected someone from the facility to speak with her as part of the investigation.During a telephone interview on 7/29/26 at 8:24 AM with the Certified Nursing Assistant (CNA), the CNA stated that between approximately 10:30 AM and 11:00 AM on 7/12/26, after returning from her 10:00 AM break, she reported to the licensed nurse in charge an allegation she had received from Resident 3. The CNA stated that Resident 3 reported witnessing Resident 2 touching the breasts of Resident 1 between approximately 9:00 AM and 9:30 AM. The CNA stated that she relayed the allegation exactly as it was reported to her. The CNA further stated that no one from the AM shift asked her to provide a written statement regarding the incident or request assistance with implementing protective measures, such as arranging a room change. The CNA stated that prompt intervention was important to prevent the recurrence of the alleged incident and to ensure resident safety. During a concurrent interview and record review on 7/28/26 at 1:20 PM with Licensed Nurse (LN) 3, the electronic medical record (EMR) was reviewed and LN 3 confirmed that she was the licensed nurse who received the CNA's report regarding the alleged resident-to-resident sexual abuse. LN 3 further stated that no one from the facility followed up with her regarding the incident or obtained a statement from her as part of the investigation until 7/28/26, when the Director of Nursing (DON) asked her what had occurred.During a telephone interview on 7/28/26 at 12:27 PM with Licensed Nurse (LN) 2, LN 2 stated that she was the PM Shift Supervisor on 7/12/26. LN 2 confirmed that the PM shift did not receive a handoff report (a shift change report) from the AM shift regarding the allegation of resident-to-resident sexual abuse. LN 2 stated that she first became aware of the allegation when a PM shift CNA informed her of the incident. LN 2 stated that after learning of the allegation, she immediately initiated the facility's abuse response process to ensure resident safety. LN 2 confirmed that the alleged incident occurred during the AM shift and stated that it should have been addressed by the AM shift without delay. LN 2 further stated that delaying the response created unnecessary risks to the residents and that prompt intervention was necessary to prevent additional harm. During an interview on 7/28/26 at 2:57 PM with the Director of Nursing (DON), the DON stated that allegations of sexual abuse should be addressed immediately and investigated promptly to ensure resident safety. The DON stated that it was her expectation that all individuals directly involved in the incident, including the primary witness and staff members who received or responded to the allegation, should be interviewed and have their statements obtained as part of the investigation. The DON further stated that she did interview the licensed nurse assigned to the residents involved and the primary witness on 7/28/26. The DON acknowledged that prompt follow-up and timely reporting were essential to ensure resident safety, preserve the integrity of the investigation, and reduce the risk of a similar incident occurring again if allegations were not addressed appropriately and without delay.During an interview on 7/28/26 at (continued on next page)</p> |                                                                                    |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Kit Carson Nursing & Rehabilitation Center                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>811 Court Street<br>Jackson, CA 95642 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                    |                                                 |
| F 0610<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>3:27 PM with the Administrator (ADM), the ADM stated that it was his expectation that staff immediately notify him of any allegation of abuse, provide a summary of what occurred, describe the actions already taken, and collaborate with him to determine if any additional interventions were needed to ensure resident safety. The ADM stated that immediate action was necessary to protect residents from further harm. The ADM stated that it was his expectation that licensed nurses complete the required SOC 341 report and ensure it was submitted immediately, or within two hours when required, to the appropriate authorities. The ADM confirmed that he prepared and submitted the SOC 341 report. The ADM denied instructing any licensed nurse not to complete the SOC 341 and stated that his expectation was for trained nursing staff to prepare and submit the report in accordance with the facility's abuse reporting process. The ADM stated that he led the facility's investigation with assistance from other members of the interdisciplinary team. The ADM acknowledged that interviewing staff and witnesses was essential to obtaining an accurate understanding of the allegation, ensuring a thorough investigation, and protecting residents from further harm. A review of the facility policy and procedure (P&amp;P) titled, ABUSE, NEGLECT, MISTREATMENT AND MISAPPROPRIATION OF RESIDENT PROPERTY, revised 10/23, the P&amp;P indicated, . It is essential for facilities to prohibit and prevent abuse . The facility will have systems in place to encourage and support all residents . in reporting any suspected acts of abuse . exploitation of residents . i.e. sexual abuse . resident to resident . All alleged violations involving abuse . are reported immediately to the Administrator . It is the policy of this facility that reports of abuse . are promptly and thoroughly investigated . The investigation is the process used to try to determine what happened . The designated facility personnel will begin the investigation immediately . A root cause investigation and analysis will be completed . The investigation will include statements from all individuals involved to include . Statement from individual reporting alleged abuse . All involved staff who have or may have witnessed the abuse . A complete and thorough documentation of the entire investigation . The results of the investigation will be documented and attached to the report . Immediately upon receiving a report of alleged abuse . immediately protect the resident, and coordinate delivery of appropriate medical and/or psychological care and attention. Ensuring safety and well-being for the vulnerable individual are of utmost priority . Staff witnessing abuse or when reported will immediately intervene . The alleged perpetrator will immediately be removed and resident protected . If the alleged perpetrator is a facility resident, the staff member will immediately remove the perpetrator from the situation and another staff member will stay with the alleged perpetrator and wait for further instruction from the administration .</p> |                                                                                    |                                                 |

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| F 0657<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.<br><br><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure that a physician-ordered psychiatric evaluation (a mental health checkup by a mental health doctor), identified as an intervention in 1 of 1 sampled residents (Resident 1) care plan (a personalized plan for the person's care and treatment) following a resident-to-resident sexual abuse allegation, was implemented, followed up on, or communicated to the ordering physician when not completed. This deficient practice had the potential to delay Resident 1's psychosocial assessment (a check of a person's emotional and social health), identification of trauma-related needs (support needed after a traumatic experience), and implementation of appropriate intervention following an alleged abuse incident. Findings: Review of Resident 1's clinical record titled, Order Entry, dated 7/14/26, indicated, Ordered by [Name of MD] . Description: May refer resident for psych [psychiatric] evaluation and treatment as indicated . Review of Resident 1's clinical record titled, Progress Notes, dated 7/14/26, indicated, . Received order from MD [Name]/PA [Physician Assistant Name] for Psych visit and evaluation and treatment as indicated. Resident and RP [Responsible Party's Name] informed of order and consented. IDT [interdisciplinary team] notified. Order carried out. Care plan updated . During a review of Resident 1's clinical record titled, Care Plan Report, in the section titled Focus, date initiated 7/13/26, indicated, . Trauma from another resident touching private areas and being asked to remove clothing . Further review of the document under the section titled, Interventions, date initiated 7/14/26, indicated, . May refer resident for psych evaluation and treatment as indicated . During a concurrent interview and record review on 7/27/26 at 3:26 PM with Licensed Nurse (LN) 1, LN 1 reviewed Resident 1's electronic medical record (EMR) and stated that Resident 1 was identified as the alleged victim in a resident-to-resident sexual abuse incident that occurred on 7/12/26. LN 1 reviewed the physician's orders and confirmed that the attending physician ordered a psychiatric evaluation (Psych Visit) on 7/14/26. LN 1 stated that, given the nature of the sexual abuse allegation, she expected the licensed nurses to promptly follow up on the physician's order and arrange the psychiatric evaluation without delay. LN 1 confirmed there was no documentation that any follow-up action had been taken to implement the physician's order, no documentation that the psychiatric provider had been contacted to schedule or perform the evaluation, and no psychiatric consultation note or progress note indicating that Resident 1 had been evaluated. LN 1 further confirmed that the physician-ordered psychiatric evaluation was incorporated into Resident 1's care plan as an intervention. LN 1 stated that it was important for the psychiatric provider to evaluate Resident 1 to assess any psychosocial or emotional impact resulting from the alleged abuse and to recommend appropriate interventions. LN 1 also confirmed there was no documentation that the ordering physician had been notified that the psychiatric evaluation had not been completed or that the physician's order had not been implemented. During an interview on 7/28/26 at 2:35 PM, with the Social Service Assistant (SSA), the SSA confirmed awareness of the physician's order for a psychiatric (Psych) evaluation for Resident 1 following the resident-to-resident sexual abuse allegation. The SSA stated that timely follow-up of the physician's order was essential due to the nature of the alleged abuse and the need to promptly assess Resident 1 for potential emotional or psychosocial trauma. The SSA stated that failure to ensure timely psychiatric evaluation placed Resident 1 at risk for unrecognized psychosocial or emotional effects that may have required further assessment, treatment, or intervention. During an interview on 7/28/26 at 2:57 PM, with the Director of Nursing (DON), the DON stated that it was her (continued on next page) |                                                                                    |                                                 |

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| F 0657<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>expectation that the physician-ordered psychiatric (Psych) evaluation for Resident 1 would be promptly followed up, communicated with the psychiatric provider, and completed without unnecessary delay, particularly in light of the resident-to-resident sexual abuse allegation. The DON stated that if there were barriers to scheduling or completing the psychiatric evaluation, the facility was expected to document the follow-up efforts in the progress notes, notify the attending physician, inform Resident 1's representative or Responsible Party (RP), and communicate the issue to nursing leadership to facilitate timely implementation of the order. The DON acknowledged that the facility failed to ensure implementation of the physician-ordered psychiatric evaluation for Resident 1.A review of the facility's policy and procedure (P&amp;P) titled, Care Plans, Comprehensive Person-Centered, revised 1/26, the P&amp;P indicated, Policy Statement: A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident . The interdisciplinary team (IDT) . develops and implements a comprehensive, person-centered care plan . The care plan interventions are derived from a thorough analysis of the information gathered . describes the services that are to be furnished to attain and maintain the resident's highest practicable physical, mental, and psychosocial well-being, including . any specialized services to be provided . professional services . for each element of care . Services provided for or arranged by the facility as outlined in the comprehensive care plan .</p> |                                                                                    |                                                 |