

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056238	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/07/2026
NAME OF PROVIDER OR SUPPLIER Solano Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Tuolumne Street Vallejo, CA 94589	
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 protect one of 2 residents sampled for abuse (Resident 1) when Resident 1 was punched in the face multiple times by Resident 2. This failure resulted in Resident 1 sustaining minor injuries to the left eye area. A review of the facility's SOC 341 (Report of Suspected Dependent Adult/Elder Abuse) dated 6/21/26 report indicated, Resident 1 was allegedly hit by his roommate Resident 2 as reported by Resident 1 to his family member. A review of Resident 1's Facesheet indicated Resident 1 was admitted to the facility in 2026 with a stroke affecting his left side of his body. A review of Resident 2's Facesheet indicated Resident 2 was admitted to the facility in 2026. A review of Resident 1's progress note dated 6/21/26 indicated, at around 2:20 p.m., Resident 1's family member notified staff that Resident 1 reportedly stated he had been punched by his roommate (Resident 2). A skin discoloration was observed by facility nursing staff to Resident 1's left eye area. At approximately 4 p.m., Resident 1 was sent to the local Emergency Department for assessment as ordered by his Physician. A review of Resident 1's Emergency Department Provider Note dated 6/21/26 indicated, The patient presented to the ED [emergency department] after being punched in the left face. Initial exam noted left periorbital [around or near the eye] bruising. Final ED Diagnosis Assault, closed head injury. A review of Resident 1's After Visit Summary for the local ED dated 6/21/26 indicated, Reason for visit Eye Pain, Assault. A review of Resident 2's Change in Condition assessment dated [DATE] indicated, The resident [Resident 2] was interviewed by LN [licensed nurse] and RN [Registered Nurse] Supervisor regarding reported incident. During the interview, the resident stated that he had struck his roommate, explaining that the roommate had been yelling and using profane language. A review of Resident 2's Social Service Progress Note dated 6/22/26 indicated, Provided psychosocial support to resident regarding the alleged physical [sic] to another resident. Asked resident what happened yesterday, resident verbalized he punched his roommate I must have went to the bathroom and maybe did a quick detour to hit him before going back to sleep. During an interview on 7/7/26, at 10:59 a.m., in Resident 2's room, Resident 2 stated he had a concern with his former roommate in bed C (Resident 1) I punched him. Resident 2 stated he punched Resident 1 during the night recently because he kept yelling and screaming profanities. Resident 2 stated he was woken up in the night by Resident 1 yelling, so he went to the bathroom and after leaving the bathroom he walked over to Resident 1's bed and punched him twice in the side of the face and twice in the nose. Resident 2 stated he stopped yelling after that. Resident 2 stated after he punched Resident 1 he spoke with the Police and the facility's Administrator and told them the truth of what happened. A review of Resident 2's Brief Interview for Mental Status (BIMS: standardized cognitive screening test used by healthcare providers) score dated 6/17/26 indicated a score of 15, indicating Resident 2 was cognitively intact (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 056238 If continuation sheet Page 1 of 2

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(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	with no deficits.A review of Resident 1's progress note dated 6/22/26 indicated, a local police officer interviewed both Resident 1 and Resident 2. The note indicated Resident 2 admitted to the police officer he hit Resident 1 in the face and apologized.A review of Resident 1's progress note dated 6/7/26 indicated, Resident 1 was moved into a new room with Resident 2 because he had a behavior of Screaming, yelling cussing & Saying bad words.A review of Resident 1's progress note dated 6/8/26 at 12:14 a.m., indicated, Resident continue to scream and yell about getting out of the bed.A review of Resident 1's progress note dated 6/29/26 indicated, Resident 1 had a behavior of yelling and cursing.A review of Resident 1's progress note dated 7/5/26 indicated, Resident exhibited behavioral concerns, including cursing and yelling.During an interview on 7/7/26, at 1:33 p.m., with the Director of Nursing (DON) DON stated, Resident 1's progress notes indicate he does have a history of yelling and cursing.During an interview on 7/7/26, at 1:45 p.m., with Administrator (ADM) ADM stated, he interviewed Resident 2 after the incident, and Resident 2 told him he hit Resident 1.During an interview on 7/8/26, at 10:42 a.m., with Family Member (FM 1), FM 1 stated she visited Resident 1 on 6/21/26 and noticed a new bruise on his left eye area. FM 1 stated she asked Resident 1 what happened and he stated he was hit by his neighbor (Resident 2). FM 1 stated three days prior to her visit he did not have a bruise.A review of the facility's policy and procedure titled, Resident Rights dated 2025 indicated, 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: c. be free from abuse		