STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056410	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Whitney Oaks Care Center	3529 Walnut Avenue Carmichael, CA 95608

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 - 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** 17069 Based on interviews and record review, the facility failed to protect two of three sampled residents' (Resident 1 and Resident 2) right to be free from physical abuse when they were attacked by Resident 3. This failure resulted in Resident 1 to sustain a laceration (cut) to the left side of the head, a blunt head trauma injury, and chest wall contusion (bruising). Resident 2 sustained a laceration to the back of his head and multiple skin tears. Findings: During a review of Resident 1's face sheet, Resident 1 was admitted to the facility on [DATE] with diagnoses that included cellulitis (skin infection) of left lower limb and congestive heart failure (CHF-heart can't pump enough blood). Resident 1 was his own responsible party. During a review of Resident 1's Admission Minimum Data Set (MDS-an assessment tool), dated 6/24/24, the MDS described Resident 1 as able to make himself understood and able to understand others. Resident 1's Brief Interview for Mental Status (BIMS-a screening that aids in detecting cognitive impairment-mental capacity) score was 15 which indicated he was cognitively intact. The MDS described Resident 1 as having no signs or symptoms of delirium (Serious disturbance in mental abilities that results in confused thinking and reduced awareness of surroundings) or behavioral symptoms. During a review of Resident 1's Progress Notes, dated 7/10/24 at 4 a.m. indicated, Resident was lying on the courtyard ground with blood dripping from his head, verbalized he was hit with a walker several times to his head and kicked by another resident after attempting to break up a resident to resident altercation, police arrived at 0415 (4:15 a.m.), CSI (Crime Scene Investigation) arrived at 0515 (5:15 a.m.), first aide (sic) applied with a pressure dressing placed, laceration to L (left) side of head 1 cm x 0.2 cm (unit of measurement), bleeding subsided, emergency services notified and sent to [name of hospital] ER (emergency room) for further evaluation. Review of Resident 1's Progress Note dated 7/10/2024 at 11:33 a.m. indicated, Resident return from E.R transfer following physical altercation with another resident with Dx (diagnosis): Fall, Scalp laceration, Blunt head trauma injury, Chest wall contusion. No new order. (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: 056410	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Whitney Oaks Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3529 Walnut Avenue Carmichael, CA 95608	

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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 - Actual harm

Residents Affected - Few

During an interview on 7/12/24 at 10 a.m. with Resident 1, Resident 1 stated the incident occurred around 4 a.m. and was not sure how the event started. He stated he woke up and went out to have a cigarette and proceeded to wheel himself out to the smoking area (facility's inner courtyard). Resident 1 stated he heard screaming/yelling and realized his friend (Resident 2) was being attacked, with a walker, by another resident. Resident 1 identified the other resident was Resident 3. Resident 1 stated he went over to help his friend when Resident 3 started attacking him with the walker. Resident 1 stated he tried to put up his left arm to protect himself. He stated he was bleeding from his head, and sustained bruising on the left side of his rib area and got multiple cuts on his left forearm. Resident 1 confirmed he was sent to the ER, after being interviewed by police.

During a review of Resident 2's face sheet, Resident 2 was admitted to the facility on [DATE] with diagnoses that included aortic aneurysm (bulge in wall of aorta the body's main artery) and chronic obstructive pulmonary disease (COPD-lung disease that makes it difficult to breathe). Resident 2 was his own responsible party.

During a review of Resident 2's Admission MDS dated [DATE] described Resident 2 as able to make himself understood and able to understand others. Resident 2's BIMS score was 12 which indicated he was cognitively intact. The MDS described Resident 2 as having no signs or symptoms of delirium or behavioral symptoms.

During a review of Resident 2's Change in Condition Evaluation, dated 7/10/24 at 4:30 a.m., indicated Resident 2 was outside when Resident 3 Started to make physical contact with this resident (Resident 2) resulting in several open areas. The Change in Condition Evaluation indicated Resident 2 sustained Multiple skin tears on both forearms, unable to pull skin back over open areas, and back of scalp .

During a review of Resident 2's Skin & Wound Evaluation, dated 7/10/24 at 7:05 p.m. indicated, Noted new skin issue injury to his back of his head 0.6cm x 2cm x 0.2cm to his back of his head laceration as noted .

During a review of Resident 2's Skin & Wound Evaluation, dated 7/10/24 at 7:16 p.m. indicated, .left outer forearm skin tear measurement was 6 cm x 5.6 cm .

During a review of Resident 2's Skin & Wound Evaluation, dated 7/10/24 at 7:24 p.m. indicated, . right outer forearm skin tear measurements was 4.6 cm x 3.5 cm .

During a review of Resident 2's Skin & Wound Evaluation, dated 7/10/24 at 7:25 p.m. indicated, .right inner forearm skin tear x 2 the upper inner arm measurements was 12 cm 6.5 cm (sic) . lower fore arm (sic) measurements was 1.4 cm x 1 cm .

During a review of Resident 3's face sheet, Resident 3 was admitted to the facility on [DATE] with diagnoses that included Schizophrenia (serious mental health condition that affects how a person thins, feel and behaves). Resident 3 was his own responsible party.

Review of Resident 3's Admission MDS, dated [DATE], the MDS described Resident 3 as able to make himself understood and able to understand others. Resident 3's BIMS score was 15 which indicated he was cognitively intact. The MDS described Resident 3 has having no delirium or behavioral symptoms.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 - Actual harm Residents Affected - Few	Review of Resident 3's Progress Notes, dated 7/10/24 at 8:57 a.m. indicated, Resident to resident altercation resulting in resident being taken in police custody, arrested due to multiple residents with multiple injuries sustained. Resident 3 was unable to be observed or interviewed because he was discharged (incarcerated) from the facility on 7/10/24. During a review of the facility's Five-Day Follow Up Report, undated and written by the Administrator regarding, Altercation between residents on 07.10.2024, indicated, On 07.10.2024 it was reported by both victims and one witness, [CNA 1], that at roughly 4:00am [Resident 3] approached [Resident 2] in the courtyard of [NAME] Oaks Care Center from behind and forcibly hit him with his walker on the head. [Resident 3] continued to beat him and forced him to the ground. At this time, [CNA 1] was next to [Resident 2]. She began to yell for help, separated herself from the situation and called 911 / emergency services. Shortly after, [Resident 1] was seen approaching and attempted to stop [Resident 3]. [Resident 3] then began to beat [Resident 1] with the same walker and forced him to the ground. [CNA 1] reports that nurses and CNAs then reported promptly as did emergency services. [Resident 3] was reported to have asked emergency services to be taken to the emergency room .Conclusion -After investigation, the incident is found to be substantiated. The residents involved in the incident have no reported psychosocial issues. During a review of CNA 1's statement dated 7/10/24 indicated, At approximately 4:05 AM as I was using the restroom by the courtyard door. I heard shouting coming from the courtyard and outside the restroom door. As I run out, I see [Resident 2] on his hands and knees in distress with blood running down his arms and head. And when I look out the courtyard door I see [Resident 1] on the floor with [Resident 3] standing over him kicking him in the face and head. I proceeded to tell [Resident 3] to please step away from him [Resident 1]. He complied and that's when everyone else came to assist. During a review of the facility's policy and procedure (P&P) titled, Abuse Prevention Program, revised December 2016 indicated, Our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse .Protect our residents from abuse by anyone including, but not necessarily limited to: facility staff, other residents .