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	07/15/2025

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 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure resident abuse prevention training was sufficient for one out of three sampled facility staff (Certified Nurse Assistant [CNA] 4).This failure had the potential for an ineffective resident abuse prevention program of the facility making facility residents at risk for abuse. Findings:During a concurrent interview and record review on 7/15/25 at 1:30 p.m. with the Administrator (Adm), the facility's training in-services binder was reviewed. The Adm confirmed that the most recent abuse prevention related training of CNA 4 was on 3/12/24 which was more than a year ago.A review of CNA 4's PERFORMANCE IMPROVEMENT PLAN (PIP), dated 4/10/24, indicated, Management received a report that the employee [CNA 4] has made comments and actions towards [sic] other employees in an inappropriate and harmful sexual manner. - Reports claim that the employee made unwarranted and undesired comments towards another employees body. - Reports claim that the employee touched / slapped the buttox [sic] of another femal [sic] employee without consent.A review of a facility document titled, REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE, dated 7/14/25, indicated, At this time, the resident reported that she was sexually abused multiple times while in a differrent [sic] room, room [ROOM NUMBER]B. Resident was in this room from 10/24/24 to 2/10/25 .Resident reported that late at night while being changed and cleaned from her brief, [Name of CNA 4] would fool around down there and enter her vagina.During an interview on 7/15/25 at 2:45 p.m. with the Director of Nursing (DON), the DON stated the facility offers abuse training in-services to its employees quarterly which follows the state regulation on abuse training in-services which was twice in a year.During an interview on 7/15/25 at 3:16 p.m. with the Adm, the Adm stated the facility must comply with the regulation. The Adm also stated that abuse training in-services should be sufficient to protect patients and the community from all forms of abuse. The Adm further stated that no residents should experience abuse.A review of the facility's policies and procedures (P&P) titled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program, revised 4/2021, indicated, 6. Provide staff orientation and training/orientation programs that include topics such as abuse prevention, identification and reporting of abuse, stress management, and handling verbally or physically aggressive resident behavior.

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