

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 12/16/2025
NAME OF PROVIDER OR SUPPLIER Whitney Oaks Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to protect the resident's right to be free from physical abuse for one of three sample residents (Resident 1) when Resident 2 and Resident 1 had a physical altercation. This failure resulted in Resident 1 sustaining a fall with an abrasion to forehead and broken nails. Findings: During a review of Resident 1's admission Record (AR), the AR indicated Resident 1 was admitted in October 2025 with diagnosis including complete paraplegia (loss of movement and/or sensation, to some degree, of the legs). During a review of Resident 1's Minimum Data Set (MDS) (a federally mandated resident assessment tool), dated 10/14/25, indicated Resident 1 had no memory impairment. During a review of Resident 1's Nurse's notes, dated 11/29/25, indicated Resident 1 .noted with altercation with a male resident (Resident 2), noted pt (patient) lying down on the floor and holding the left leg of the male resident, near the patio door on hallway 300. Noted with small abrasion ,superficial wound to right side forehead. Right hand 1st and 2nd finger with partial broken nail. Right hand 2nd and 3rd finger partial broken nails with nail bed exposed. During a review of Resident 2's AR, the AR indicated Resident 2 was admitted in August 2025 with unspecified dementia (a progressive state of decline in mental abilities) and Post Traumatic Stress Disorder (PTSD - a disorder in which a person has difficulty recovering after experiencing or witnessing a traumatic event). During a review of Resident 2's MDS, dated [DATE], MDS indicated Resident 2 had severe memory impairment. During a concurrent observation and interview, on 12/16/25 at 2:11 p.m. in Resident 1's room, Resident 1 stated she felt overwhelmed and it was a lot that the incident occurred. Resident 1 observed to have broken nails on right hand. Resident 1 further stated she sustained a headache, and her artificial nails came off post altercation. During a concurrent interview and record review on 12/16/25 at 3:45 p.m. with Social Services Director (SSD), Resident 2's Nurses notes, dated 10/21/25, indicated Resident 2 had a history of resident to resident altercation. The Nurse's notes indicated Resident to Resident altercation seen by the staff. per eye witnesses, (Resident 2) grabbed/punch resident B. SSD confirmed that a post Social Services follow up was done on 10/22/25 and acknowledged that Resident 2 needed a secured/dementia facility that can manage his behaviors not here at the current facility. During an interview on 12/16/25 at 4:15 p.m. with Administrator (ADM) and Director of Nursing (DON) in ADM office, the ADM and DON confirmed that there was a physical altercation between Resident 1 and Resident 2. The ADM further stated that facility staff responded well post altercation. During a review of the facility's policy and procedure (P&P) titled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program, revision date of April 2021, the P&P indicated, .Residents have the right to be free from abuse. This includes but is not limited to freedom from. physical abuse. During a review of the facility's P&P titled, Resident Rights, undated, P&P indicated The resident has the right to be free from verbal, sexual, physical, mental abuse.</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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