

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555098	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/26/2024
NAME OF PROVIDER OR SUPPLIER Greenhaven Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 455 Florin Road Sacramento, CA 95831	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>44780</p> <p>Based on interview and record review, the facility failed to ensure an allegation of abuse was reported to the authorities as required by their abuse policy/procedure and as stipulated by the regulations when a Licensed Nurse (LN 2) failed to report an allegation of Resident 1 being touched inappropriately by Resident 2 as reported to her by the victim.</p> <p>This failure resulted in 4 (four) days delay in investigations and caused Resident 1 to be fearful of living in the facility.</p> <p>Findings:</p> <p>Resident 1 was admitted by the facility in April 2024, with diagnoses which included depression and difficulty walking. A Minimum Data Set (MDS, an assessment tool), dated 4/23/24, contained a Brief Interview for Mental Status (BIMS , tests memory and recall) with a score of 13 out of 15 which indicated Resident 1 was cognitively intact.</p> <p>On 4/24/24, the Department received a report from the facility for an alleged abuse event which occurred on 4/20/24. No initial report of this event was received by the Department. The report indicated that on 4/24/24, Resident 1 alleged Resident 2 .touched me, he kept getting closer and then grabbed my shirt and pulled up. I am afraid to be here after that has happened that is why I haven't been leaving my room. I am scared he will do it again . Resident 1 enquired from LN 1 if anything had been done about the incident. LN 1 stated to Resident 1 that the incident had not been reported but she will do that right away. LN 1 called Resident 1's daughter who confirmed that the incident had occurred on 4/20/24 and Resident 1 had mentioned to LN 2 about it in her presence and; LN 2 had indicated to Resident 1 and her daughter on 4/20/24 that that is not okay, and I will report this.</p> <p>A review of an email statement, dated 4/26/24, written at 12:10 p.m. and titled, 'LN2's statement' indicated LN 2 was giving medications to Resident 1 and the resident's daughter was at the bedside. Resident 1 told LN 2 and her daughter that she was out in the common area in her wheelchair with the rest of the residents when Resident 2 started tugging her pants and behaving inappropriately towards her. LN 2 in her statement stated that she spoke to Resident 2 about the incident and stated that it was not okay, and he [Resident 2] should not touch other residents.</p> <p>(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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 4/26/24 at 1:03 p.m. with the Director of Nursing (DON), the DON stated that the Assistant Director of Nursing (ADON) who conducted the investigation identified the nurse who worked with Resident 1 when the incident occurred on 4/20/24. The DON stated LN 2 did not call her, or the administrator and she did not see any documentation related to the incident. The DON stated her expectation from the staff was that these incidents should be reported within two hours.</p> <p>In an interview on 4/26/24 at 1:35 p.m. with the Director of Staff Development (DSD), DSD stated .when incidents like this happens, all the staff are responsible, they are mandated reporters and should file an SOC 341 [a form used to report allegations of abuse to the authorities], they all should know that it has to be reported as soon as possible and no later than 2 hours .it is terrible that it was not reported .</p> <p>In an interview on 4/26/24 at 5:31 p.m. with the ADON, the ADON stated that she had conducted the investigation and spoken to LN 2. The ADON further stated that when talking to LN 2, LN 2 verbalized that it was on 4/20/24 that Resident 2 touched Resident 1 inappropriately. ADON confirmed LN 2 did not report the incident, did not document it and no progress notes were completed.</p> <p>A review of the facility's policy and procedure titled, Abuse, Neglect, Exploitation or Misappropriation -Reporting and Investigating , revised on September 2022 indicated that, . if resident abuse .is suspected, the suspicion must be reported immediately to the administrator and to the other officials according to state law . ' Immediately' is defined as within two hours of an allegation involving abuse .</p>		