STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555098	A. Building B. Wing	11/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenhaven Healthcare Center	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)
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. 43247 Based on observation, interview, and record review, the facility failed to protect one of 30 sampled residents (Resident 14) from abuse when Resident 93 inappropriately touched Resident 14's breast. This failure had the potential to result in Resident 14 experiencing discomfort and feeling unsafe in the facility. Findings: Resident 14 was admitted to the facility in October of 2024 with diagnoses that included: Cerebral infarction (condition that results in reduced blood flow to the brain) due to embolism (blood clot) of left middle cerebral artery, and aphasia (difficulty with speech). A review of Resident 93's Admission Record indicated Resident 93 was admitted to the facility in August 2022 with multiple diagnoses including multiple sclerosis (disease causing nerve damage disrupting communication between the brain and the body) and hemiplegia (paralysis on one side of the body) and hemiparesis (weakness on one side of the body) following cerebral infarction. A review of Resident 93's Minimum Data Set (MDS-federally mandated assessment tool), Cognitive Patterns, dated 9/4/24, indicated Resident 93 had a Brief Interview for Mental Status (BIMS-tool to assess cognition) score of 13 out of 15 that indicated he was cognitively intact. A review of Resident 93's Progress Note, dated 11/5/24 at 7:24 p.m., indicated, .Female Res [resident] in B wing made allegations of inappropriate touching apprx. [approximately] 5 days ago . A review of Resident 93's Progress Note, dated 11/5/24 at 7:45 p.m., indicated .Notified by unit manager that res is being accused of inappropriately touching another female res (B wing) on her breast about 5 days ago. Upon talking to res does not recall the incident and denies the accusation . A review of Resident 93's Progress Note, dated 11/5/24 at 8:43 p.m., indicated .Allegation of inappropriately touching towards a female resident that occurred about 5 days ago while he was in the lobby. SSD [Social Services Director] met with resident this evening regarding his involvement with the event. Resident denied this involvement and expressed that he was just talking to the receptionist and did not have any involvement with any female peers (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: 555098	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/08/2024
NAME OF PROVIDER OR SUPPLIER Greenhaven Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 455 Florin Road Sacramento, CA 95831	

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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	A review of Resident 93's Care Plan, initiated 3/20/24, revised 4/26/24, indicated . [Resident 93] has been making inappropriate/sexual comments/advances during the provision of care .Interventions .Monitor resident when he is with other residents ie [sic, namely] in common area, dining room, etc .Redirect resident and inform him that this inappropriate behavior is not acceptable . A review of Resident 93's Care Plan, initiated 4/24/24, revised on 4/25/24, indicated .[Resident 93] is involved in a resident to resident, an event reported of being inappropriate towards a female peer. [Resident 93] attempts to lift/pull female peer's shirt .Interventions .Ensure resident is not left alone with any female residents .Monitor resident for inappropriate behaviors towards female residents . During an interview on 11/6/24 at 12:48 p.m. with Speech Therapist (ST), the ST stated on 11/5/24 Resident 14's Family Member (FM) notified her that Resident 14 told this FM that a male resident had touched her left breast 4 or 5 days ago while in the lobby. The ST stated that Resident 14 is minimally verbal and uses an electronic device to assist with communication. The ST stated she and Resident 14's FM took Resident 14 to D wing hallway and Resident 14 identified, by nodding vigorously, Resident 93 as the resident who touched her breast. The ST stated Resident 14 has difficulty communicating but is alert and oriented, and she does not doubt her account of incident. During an interview on 11/6/24 at 3:38 p.m., with Resident 14, Resident 14 nodded yes when asked if the incident with Resident 93 occurred. Resident 14 nodded yes when asked if the incident took place near the facility's outside court area. During an interview on 11/7/24 at 9:34 a.m. with Resident 93, Resident 93 stated he was in the lobby and said hello to the lady. Resident 93 stated the lady could not talk and just started making noise for no reason. During an interview on 11/7/24 at 9:42 a.m. with the Activities Assistant (AA), the AA stated Resident 93 has a history of inappropriate behavior. The AA stated if she sees Resident 93 approaching a female resident she stops him right away.The AA stated, Keeps an eye on him. During a concurrent interview and record review on 11/7/24 at 11:34 a.m. with the Social Services Director (SSD), the SSD stated the incident was reported to her on 11/5/24 by the ST. The SSD stated Resident 93 denied the incident. The SSD acknowledged Resident 93 had history of inappropriate behavior towards a female resident in April 2024 and was moved to B wing where there was more staff nearby to keep an eye on him. The SSD stated Resident 93 was then moved to D wing as he had not had any further incidents. The SSD acknowledged that D wing had less staff around to monitor Resident 93. Reviewed Resident 93's Care Plans that indicated Resident 93 was to be monitored in common areas and not to be left alone with any female residents. The SSD acknowledged that the Care Plans were not followed. A review of the facility's Policy and Procedure (P&P), titled Abuse, Neglect, Exploitation and Misappropriation Prevention Program, revised 4/21, indicated .Residents have the right to be free from abuse .This includes but is not limited to freedom from . sexual or physical abuse .Protect residents from abuse . by anyone, including . other residents . Develop and implement policies and protocols to prevent and identify: .abuse or mistreatment of residents .