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	11/27/2024

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17069 Based on interview and record review, the facility failed to follow their policy and procedure on investigating allegations of abuse/mistreatment for one of three sampled residents (Resident 1) when an allegation of mistreatment was not investigated. This failure decreased the facility's potential to protect vulnerable residents and provide a safe environment. Findings: Resident 1 was admitted to the facility on [DATE]. During a review Resident 1's Annual MDS (Minimum Data Set-an assessment tool), dated 11/12/24 described Resident 1 as having clear speech, able to make herself understood and as able to understand others. Resident 1 ' s BIMS (a brief screening that aids in detecting cognitive impairment) score was 14 which indicated she was cognitively intact. The MDS described Resident 1 as having no signs or symptoms of delirium or behavioral symptoms. The MDS for Functional Abilities indicated she required substantial/maximal assistance with mobility from staff. During an interview on 11/16/24 at 9:02 a.m. with Director of Nursing (DON), the DON stated she heard about Resident 1 ' s allegation that Licensed Nurse (LN) 1 took the resident ' s cell phone & call light away at some time. The DON did not know the exact day the alleged allegation occurred. The DON stated the Ombudsman called last week and talked with the Administrator regarding the alleged incident. During an interview on 11/26/24 at 10:16 a.m. with Resident 1, Resident 1 stated she had requested some socks. She said the Nurse (LN 1) told her if she wasn ' t going to allow the nurse to check her blood sugar (BS-measurement of glucose in the blood) then the nurse wasn ' t going to get her socks. Resident 1 stated she didn ' t want the nurse to check her BS. The nurse took her cell phone and put it out of reach on the table where her TV is on and then took her call light and hung it out of reach over the light above her head. Resident 1 stated she was not able to reach her cell phone or the call light if she needed assistance or help. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 11/26/24 at 11:09 a.m. with the DON and facility ' s Administrator. The Administrator stated he received a phone call from Resident 1 ' s family member on Thursday or Friday last week regarding an allegation a nurse took Resident 1 ' s cell phone and call light away. The Administrator confirmed he did not have any documentation he had started an investigation. Administrator was asked if he had interviewed Resident 1, he replied he had not. During a review of the facility ' s policy and procedure (P&P) titled, Abuse, Neglect, Exploitation or Misappropriation -Reporting and Investigating, revised September 20222 indicated, All reports of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations are documented and reported. Upon receiving any allegations of abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source, the administrator is responsible for determining what actions (if any) are needed for the protection of residents. All allegations are thoroughly investigated. The administrator initiates investigations. Any employee who has been accused of resident abuse is placed on leave with no resident contact until the investigation is complete. The individual conducting the investigation as a minimum: a. reviews the documentation and evidence; b. reviews the resident's medical record to determine the resident's physical and cognitive status at the time of the incident and since the incident; c. observes the alleged victim, including his or her interactions with staff and other residents; d. interviews the person(s) reporting the incident; e. interviews any witnesses to the incident; f. interviews the resident (as medically appropriate) or the resident's representative; g. interviews the resident's attending physician as needed to determine the resident's condition; h. interviews staff members (on all shifts) who have had contact with the resident during the period of the alleged incident; i. interviews the resident's roommate, family members, and visitors; j. interviews other residents to whom the accused employee provides care or services; k. reviews all events leading up to the alleged incident; and I. documents the investigation completely and thoroughly.