

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  04/24/2025
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50351</p> <p>Based on observation, interview, and record review, the facility failed to ensure 1 of 5 sampled residents (Resident 2) was protected from physical abuse when Resident 2 was slapped by Resident 1 on the left cheek and head.</p> <p>This failure had the potential to cause injury, fear, and distress to Resident 2.</p> <p>Findings:</p> <p>A review of Resident 1 ' s admission record indicated Resident 1 was admitted to the facility in late 2023 with multiple diagnoses including Alzheimer ' s disease (a brain disorder that leads to memory loss and other thinking difficulties).</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 1/20/25, reflected a Brief Interview for Mental Status (BIMS-an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 6 out of 15 which indicated Resident 1 had severe cognitive impairment.</p> <p>A review of Resident 2 ' s admission record indicated Resident 2 was admitted to the facility in late 2022 with multiple diagnoses which included multiple sclerosis (a disease that affects the brain and spinal cord).</p> <p>A review of Resident 2 ' s MDS, dated [DATE], reflected a BIMS score of 13 out of 15 which indicated Resident 2 was cognitively intact.</p> <p>A review of Resident 2 ' s progress notes dated 4/17/25 indicated .At approx. (approximately)1030 [10:30 a. m.] . Per activities director- [Resident 2] was heard yelling out loud in the breezeway- director immediately responded and saw [Resident 1] swinging at [Resident 2] while [Resident 2] was holding arm up with fist closed blocking hits from [Resident 1] - however [Resident 1] had made contact with [Resident 2 ' s] left cheek- with hand open. Residents were also heard yelling at each other.</p> <p>During an interview on 4/23/25 at 1:38 p.m. Resident 2 stated Resident 1 hit him on the right shoulder and right forearm. Resident 2 further stated he tried to block Resident 1 and punched towards him to defend himself and Resident 1 slapped his left cheek. Resident 2 reported that the incident happened in the hallway.</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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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/23/25 at 2:47 p.m. with Activities Director (AD), the AD stated when she arrived at the breezeway she saw Resident 1 punching towards Resident 2. The AD reported that Resident 2 tried to block Resident 1 ' s punches. The AD indicated Resident 1 slapped Resident 2 ' s head with an open hand and the residents were separated.</p> <p>During an interview on 4/23/25 at 3:37 p.m. with Certified Nursing Assistant 1 (CNA 1), CNA 1 stated she saw Resident 1 hitting Resident 2 and alerted RNA about the altercation (RNA, Restorative Nursing Assistant provides care planned exercises to residents).</p> <p>During an interview on 4/24/25 at 2:31 p.m. with Director of Nursing (DON), the DON stated resident to resident altercations are not tolerated.</p> <p>During a review of facility policy and procedure (P&amp;P) titled, Identifying Types of Abuse, dated 2001, the P&amp;P indicated, .Abuse . is defined as the willful infliction of injury . Abuse toward a resident can occur as . resident-to-resident abuse .Physical abuse includes . slapping . punching .</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>50351</p> <p>Based on observation, interview, and record review, the facility failed to ensure call light was placed within easy reach for 1 of 5 sampled residents (Resident 3).</p> <p>This failure had the potential for Resident 3 being unable to call for assistance with care needs. Additionally, Resident 3 was assessed to be at high risk for falls.</p> <p>Findings:</p> <p>A review of Resident 3 ' s admission record indicated Resident 3 was admitted to the facility in late 2019 with multiple diagnoses including Alzheimer ' s disease (a brain disorder that leads to memory loss and other thinking difficulties).</p> <p>A review of Resident 3 ' s Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 2/10/25, reflected a Brief Interview for Mental Status (BIMS-an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of residents) score of 3 out of 15 that indicated Resident 3 had severe cognitive impairment</p> <p>A review of Resident 3 ' s Fall Risk Evaluation dated 2/10/25, indicated Resident 3 ' s score was a 19 that indicated resident was at high risk for falls.</p> <p>A review of Resident 3 ' s care plan titled, . Resident is at risk for falls, repeated falls . dated 8/9/24, indicated, . Ensure call light is within reach when in room .keep bed in lowest position .</p> <p>During a concurrent observation and interview on 4/23/25 at 1:46 p.m. with Resident 3 in Resident 3 ' s room, the call light was observed on the floor on top of a fall mat on the right side of bed. Resident 3 stated, I need to call the CNA [Certified Nursing Assistant] for help, I don ' t know how without my light [call light].</p> <p>During a concurrent observation and interview on 4/23/25 at 2:04 p.m. with CNA 2, the CNA confirmed Resident 3 ' s call light was on the fall mat and not within reach by the resident.</p> <p>During an observation on 4/23/24 at 4:29 p.m. in Resident 3 ' s room, Resident 3 was lying in bed with call light on the fall mat that was placed on the floor on the right side of Resident 3 ' s bed</p> <p>During a concurrent observation and interview on 4/23/25 at 4:43 p.m. in Resident 3 ' s room with CNA 3, the CNA validated Resident 3 ' s call light was on the fall mat (placed on the floor) and not within reach of the resident. CNA 3 further stated the call light had a broken clip (the clip is used to attach the call light to where the resident can reach it, e.g. bed linen).</p> <p>During an interview on 4/23/25 at 5:37 p.m. with the Director of Nursing (DON), the DON stated the expectations was for the call light to be placed within reach of the resident. The DON further stated if the call light was out of reach it and the resident sustained a fall, they (residents) would not be able to call for help.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility ' s policy and procedure (P&amp;P) titled, Answering the Call light, dated 9/2022, the P&amp;P indicated, .Ensure the call light is accessible to the resident when in bed .</p>