

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 05/12/2025
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49814</p> <p>Based on interviews, and record review, the facility failed to protect one of seven sampled residents ' (Resident 1) right to be free from physical abuse when Resident 2 struck Resident 1 on her left arm and Resident 2 continued to have access to Resident 1 after the altercation.</p> <p>This failure resulted in Resident 1 being fearful to leave her room or attend activities.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility in January of 2025 with diagnoses that included difficulty with walking.</p> <p>A review of Resident 1 ' s Minimum Data Set (a standardized assessment tool used in nursing homes), dated 5/5/25, indicated Resident 1 had a Brief Interview for Mental Status (BIMS) score of 15 indicating Resident 1 had no mental impairments or deficits.</p> <p>Resident 2 was admitted to the facility in August of 2023 with diagnoses that included decline in cognitive function that interferes with daily life.</p> <p>A review of Resident 2 ' s MDS, dated [DATE], indicated Resident 2 had significant mental and cognitive impairment.</p> <p>A review of Resident 2 ' s Care Plan (CP), dated 3/9/25, indicated Resident 2 had a history of resident to resident altercation, [Resident 2] was involved in a resident-to-resident altercation. [Resident 2] was observed hit/slapped the other resident's (R) [right] hand. The CP further indicated, The resident will decrease any aggressive behaviors any encounter with the other resident X [for] 30 days .Patient monitoring for mood and behaviors, encounter with the other female resident and her whereabouts.</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
---	-------	-----------

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 05/12/2025
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>A review of Resident 1 ' s Progress Note (PN), dated 4/28/25, indicated, At approx. [approximately] 2205 CNA [Certified Nursing Assistant] responded to noise coming from room A2 during first rounds of NOC [nocturnal] shift- CNA witnessed [Resident 2] sitting on bed of roommate [Resident 1] attempting to make physical contact- [Resident 2] with open hand to [Resident 1]. [Resident 1] was reported to have been attempting to block her face/ body from the physical contact by raising her arms in a protective motion. CNA attempted to separate the residents immediately to ensure resident safety and called for further help/ assistance. LN [Licensed Nurse] notified administrator. Resident assessed, with no visible injuries noted. Resident own RP [representative] and declined family notification. Resmoved (sic) from [facility room] to [facility room]- no s/s of distress.</p> <p>A review of Resident 1 ' s PN, dated 4/29/25, indicated, pt [patient] alert and oriented x4, pleasant and cooperative with care, on monitoring for resident to resident altercation alleged abuse happened on 4/28, pt is doing well in her new room, pt asked the staff to keep her door close, and keep an eye on her old roommate, she is worried that she might come to her new room .</p> <p>A review of Resident 1 ' s PN, dated 4/30/25, indicated, AO [Alert and Oriented] X4, VERBALLY RESPONSIVE, ABLE TO MAKE NEEDS KNOWN. PT VERBALIZE CONCERNS REGARDING PREVIOUS INCIDENT HAPPENED IN OLD ROOM, ALLEGED ABUSE IN RESIDENT-TO-RESIDENT ALTERCATION. PT STATED SHE SCARED OF HER SAFETY THAT HER ROOMMATE (sic) WILL FIND HER .</p> <p>During an interview on 5/12/25 at 10:05 a.m. with Resident 1, Resident 1 stated she was asleep when Resident 2 came over and hit her right arm multiple times. Resident 1 stated she was startled awake and became fearful of Resident 2. Resident 1 then indicated she pressed her call light during the incident and staff intervened. Resident 1 was moved to a unit furthest from the unit of Resident 2. Resident 1 further indicated that despite being moved across the facility, Resident 2 had entered her room on multiple occasions causing her to be fearful.</p> <p>During an interview on 5/12/25 at 10:27 a.m. with Licensed Nurse 1 (LN 1), LN 1 indicated that, after the incident between Resident 1 and 2, Resident 1 did not display or express any signs of physical pain, but did express that she was fearful of Resident 2 for a week. LN 1 also confirmed that Resident 2 had further contact with Resident 1 after the incident.</p> <p>During an interview on 5/12/25 at 2:23 p.m. with the Social Services Director (SSD), the SSD indicated that, after abuse allegations, the abuser should be separated from the victim to prevent further abuse and emotional distress. The SSD further indicated that if an abuse victim kept seeing the abuser nearby, it could lead to the victim becoming fearful.</p> <p>During an interview on 5/12/25 at 2:37 p.m. with the Director of Nursing (DON), the DON indicated there should have been increased supervision implemented after the incident. The DON further indicated that residents have the right to feel safe in the facility.</p> <p>During an interview on 5/12/25 at 2:53 p.m. with LN 2 and Resident 1, with LN 2 helping to translate for Resident 1, Resident 1 stated that, after the incident, Resident 2 came into her room and got close to her while she was in bed on two other occasions. She stated that she was fearful during the encounters with Resident 2. Resident 1 further indicated she was too fearful during this time to leave her room or attend activities.</p> <p>(continued on next page)</p>		

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 05/12/2025
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>During an interview on 5/12/25 at 3:14 p.m. with Certified Nursing Assistant 1 (CNA 1), the CNA 1 confirmed he witnessed Resident 2 strike Resident 1. CNA 1 stated Resident 2 was difficult to redirect and had a history of aggressive behaviors and wandering. CNA 1 indicated if Resident 2 left her unit, staff should have redirected her.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled Abuse, Neglect, Exploitation and Misappropriation Prevention Program, revised 4/21, the P&P indicated, Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse, and physical or chemical restraint not required to treat the resident ' s symptoms .Protect residents from any further harm during investigation.</p>		