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	07/18/2025

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to protect the resident's right to be free from physical abuse for one out of four sampled residents (Resident 1) when Resident 2 punched Resident 1 on his left arm.This failure resulted in Resident 1 not free from physical abuse by Resident 2.Findings:During a review of Resident 1's admission record (AR), indicated Resident 1 was admitted [DATE] with diagnosis including multiple sclerosis (MS- a chronic, progressive disease involving damage to the nerve cells in the brain and spinal cord).During a review of Resident's 1 Minimum Data Set (MDS- a federally mandated resident assessment tool), dated 6/7/25, indicated Resident 1 had intact cognition.During a review of Resident 1's Social Services Note dated 7/17/25 at 2:35 p.m., indicated Resident [1] was involved in a resident-to-resident altercation .with another male resident [Resident 2]. Staff observed this encounter.Per Resident [1], he was punched to his left arm.During a review of Resident 2's AR, indicated, Resident 2 was initially admitted [DATE] with diagnosis including vascular dementia (vascular dementia - a decline in thinking skills caused by conditions that block or reduce blood flow to the brain).During a review of Resident 2's MDS dated [DATE], indicated Resident 2 had moderate cognitive impairment.During a review of Resident 2's Care Plan (CP), indicated, there was no documented evidence of a person-centered care plan related to the potential risk of aggressive behavior due to his vascular dementia diagnosis prior to the incident.During a review of Resident 2's Social Services Note dated 7/17/25 at 2:35 p.m., indicated, Resident [2] was involved in a resident-to-resident altercation today 7/17/25 at approximately 12:15 p.m. with another male resident [Resident 1] . Staff observed this encounter. He [Resident 2] states. the other male resident [Resident 1] approached him and began to bad mouth his wife.This resident [Resident 2] states that he launched a punch to defend his wife.During an interview on 7/18/25 at 9:50 a.m., at Resident 2's doorway, Resident 2 stated, Resident 1 was disrespecting his wife who has passed away and that made him mad. Resident 2 further stated, That's why I punched him.During a telephone interview on 7/18/25 at 11:52 a.m., with Certified Nurse Assistant (CNA)1, CNA 1 stated, witnessed Resident 2's right fist punching Resident 1's left arm.During an interview on 7/18/25 at 12:57 p.m., with Director of Nursing (DON), the DON confirmed that residents in their facility have the right to be free from any form of abuse by any individual.During a review of the facility's policy and procedure (P&P) titled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program, revised April 2021, indicated, .residents have the right to be free from abuse, neglect.this includes but is not limited to freedom from.verbal, mental, sexual, or physical abuse.

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