

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER McKinley Park Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3700 H Street Sacramento, CA 95816	

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>Note: The nursing home is disputing this citation.</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>49849</p> <p>Based on interview, and record review, the facility failed to protect one of four sampled residents from abuse (Resident 2) when another resident (Resident 1) hit Resident 2 on the thigh repeatedly.</p> <p>This failure had the potential to cause injury, fear and distress to Resident 2.</p> <p>Findings:</p> <p>During a review of Resident 1's admission record, Resident 1 was admitted in April of 2025 with a diagnosis of Vascular Dementia (a type of dementia caused by brain damage resulting from impaired blood flow) with other behavioral disturbance. Resident 1 ' s Minimum Data Set (MDS, a federally mandated resident assessment tool) indicated Resident 1 had severe cognitive impairment.</p> <p>During a review of Resident 2 ' s admission record, Resident 2 was admitted in January of 2024 with a diagnosis of Rhabdomyolysis (a muscle condition manifested by muscle pain, feeling weak and tired) and crushing injury of the left shoulder and upper arm. Resident 2 ' s MDS indicated he was cognitively intact.</p> <p>During a review of a facility submitted document titled REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE [SOC 341] dated 4/08/25 indicated that Resident 1, during activities rolled over to Resident 2 and smacked his leg with an open hand.</p> <p>During a review of Resident 1 ' s physician orders dated 4/1/25, Resident 1 had an order directing staff to, Monitor Episodes of Behavioral and Psychological symptoms of Dementia AEB [as evidenced by]: verbal and physical aggression. Drug: Depakote every shift.</p> <p>During a review of the Medication Administration Record (MAR) for Resident 1, the nurses documented Resident 1 had verbal and/or physical aggression noted 4/2/25.</p> <p>During an interview on 4/16/25 at 3:04 p.m. with Licensed Nurse (LN) 1, LN 1 stated that she was familiar with Resident 1, who is a resident for Station 2. LN 1 reported, I am the fulltime nurse for Station 2. When asked about Resident 1 ' s behavior, LN 1 stated, He (Resident 1) is confused due to his diagnosis of dementia .he gets agitated at times .</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>Note: The nursing home is disputing this citation.</p>	<p>During an interview on 4/16/25 at 3:23 p.m. with Resident 2, Resident 2 stated, .he [Resident 1] raised his hand and hit me a couple of times .I thought maybe he was going to exit the room, but he didn ' t, he came right at me and hit me like 3 to 4 times.</p> <p>During a telephone interview on 4/16/24 at 4:46 p.m. with the Director of Nursing (DON), when asked if facility staff had the responsibility to protect the residents from abuse, the DON stated, Yes, we are responsible to make sure residents would be free from abuse .physical abuse, misappropriation of goods and verbal abuse.</p> <p>During a telephone interview on 4/17/25 at 11:55 a.m. with the Activities Assistant (AA), the AA stated, .he [Resident 1] rolled very quickly towards him [Resident 2] and smacked him 2 to 3 times on his knee.</p> <p>During a review of the facility ' s Policy and Procedure (P&P) titled Abuse, Neglect, Exploitation and Misappropriation Prevention, dated April 2021, 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 abuse . by anyone including, but not necessarily limited to: . other residents.</p>		