| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 555265 | A. Building<br>B. Wing | 06/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| University Post-Acute Rehab | 2120 Stockton Blvd<br>Sacramento, CA 95817 |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0600<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36624<br><br>Based on interview and record review, the facility failed to ensure one resident (Resident 1) of two sampled residents was free from abuse when Resident 2 threw water at her.<br><br>This failure decreased the facility's potential to protect Resident 1's right to be free from harm.<br><br>Findings:<br><br>During a record review of Resident 1's face sheet indicated admission to the facility in 2021 with diagnoses which included dementia (memory loss and judgment) and cognitive communication deficit.<br><br>During a record review of Resident 1's physician's order (PO), dated 7/13/23, the PO indicated, Resident does not have mental capacity to understand choices and make healthcare decisions.<br><br>During a record review of Resident 1's care plan (CP) titled, Altered thought process [related to] dementia, as evidenced by short term memory problem-cannot recall after 5 minutes; long term memory impairment-cannot recall long past; unable to make decisions; poor decision making; problem understanding others; and, problem making needs known, revised 2/12/24, the CP indicated, Allow resident ample time to absorb and respond to information.<br><br>During a record review of Resident 1's weekly nurses progress notes, dated 4/28/24, 5/5/24, and 5/19/24, indicated Resident 1's mood was calm.<br><br>During a record review of Resident 1's CP titled, Allegation of abuse [related to] impaired cognitive function, impaired physical mobility, roommate threw a water on her, dated 5/15/24, the CP indicated, Anticipate needs and attend promptly.<br><br>During a record review of Resident 1's interdisciplinary team (IDT, a group of professionals all working collaboratively toward a common goal) notes for allegation of abuse, dated 5/16/24, the IDT notes indicated, Roommate threw a water at her on 5/15/24 while lying in bed. The IDT report also indicated, Resident stated that someone threw water. Noted that gown was mildly damp.<br><br>During an interview on 5/24/24 at 10:33 a.m., with the Licensed Nurse (LN), the LN stated, no one should throw water at another resident. The LN stated if someone would throw water at her, she would feel disrespected and would feel offended.<br><br>(continued on next page) |

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: 555265 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/01/2024 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| University Post-Acute Rehab | 2120 Stockton Blvd<br>Sacramento, CA 95817 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview on 5/24/24 at 11:09 a.m., with the Director of Nursing (DON), the DON stated Resident 2 was upset with Resident 1 for grabbing the privacy curtain, so Resident 2 threw water at Resident 1. The DON stated he would be upset, angry, and would want to know the reason why someone would throw water at him. The DON stated no one should throw water at a resident.<br><br>During an interview on 5/24/24 at 11:34 a.m., with Certified Nurse Assistant 1 (CNA1), CNA 1 stated, Resident 2 did not like Resident 1 but no one should be thrown water at. The CNA 1 stated she would not feel safe near a person who threw water at her because that person could do worse next time. CNA 1 stated nothing should be thrown at a resident. CNA 1 also stated, I don't think that's appropriate at all to throw water at someone you don't like.<br><br>During an interview on 5/24/24 at 5:23 p.m., with CNA 2, CNA 2 stated, he heard Resident 1 call for help. CNA 2 went inside room [ROOM NUMBER] and Resident 1 stated someone poured water on her. CNA 2 stated, he checked Resident 1's gown, and the gown was wet on the chest area. CNA 2 stated he asked Resident 2, about what Resident 1 stated and Resident 2 admitted she threw the water at Resident 1. CNA 2 stated, No one should be poured water at.<br><br>A review of the facility's policy and procedure, titled, Abuse Reporting and Investigation, dated December 2022, indicated, .To ensure resident's safety and well-being of the resident once admitted to the facility. |