STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555344	A. Building B. Wing	07/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bruceville Terrace - D/P Snf of Methodist Hospital	8151 Bruceville Road Sacramento, CA 95823

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 ensure one of three sampled residents (Resident 1) was free from abuse when he was pushed by Resident 2. This failure resulted in Resident 1 falling backward and striking the back of his head and right elbow on the floor. Findings: During a review of Resident 2's admission Minimum Data Set (MDS- a federally mandated resident assessment tool), dated 5/1/25, indicated Resident 2's Brief Interview for Mental Status (BIMS- a brief screening that aids in detecting cognitive impairment) score was 14 which indicated he was cognitively intact and as having no delirium or behavioral symptoms. Review of the facility's investigation report indicated Resident 2 was interviewed by the facility's Medical Social Worker (MSW) on 7/3/25. The investigation report indicated, According to the patient (Resident 2), an argument began because he believed his roommate had taken his grabber, which the roommate denies. The patient (Resident 2) acknowledged that, while his roommate was walking to the restroom, he called him a liar and a thief. The patient further reported that his roommate then bumped into him with his walker, which his roommate (Resident 1) also denies, prompting him (Resident 2) to respond by pushing the roommate (Resident 1). The patient (Resident 2) stated, I'll admit it-I shoved him. I know I shouldn't have, but I did. Then I called for help. During an interview with the Director of Nursing (DON) on 7/8/25 at 9:18 a.m., the DON confirmed Resident 2 pushed Resident 1 causing Resident 1 to fall and hit his elbow and head. During an interview on 7/8/25 at 9:49 a.m. with Resident 2 he stated he had a grabber (used to grab objects that are out of arm's length or difficulty to reach) and one day it disappeared. The other day he saw the grabber on his roommate's (Resident 1) side table and went over and took it. Resident 1 was coming out of the bathroom, and they had a verbal altercation. He called Resident 1 a liar about taking his grabber. Resident 1 tried to get by Resident 2 with his walker and bumped him with his walker. Resident 2 stated, I reacted and pushed him a little bit and he fell. During a review of Resident 1's Significant Change in Status MDS dated [DATE], indicated Resident 1's BIMS score was 15 which indicated he was cognitively intact and as having no delirium or behavioral symptoms. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555344	A. Building B. Wing	07/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bruceville Terrace - D/P Snf of Methodist Hospital	8151 Bruceville Road Sacramento, CA 95823

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(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	Review of the facility's investigation report indicated Resident 1 was interviewed by the facility's MSW on 7/3/25. The investigation report indicated, According to the patient, he was en (sic) route to the restroom when his roommate began yelling at him and accusing him of stealing his grabber. The patient (Resident 1) reported that the roommate then called him a liar'' and a thief' before physically pushing him, resulting in the patient (Resident 1) falling backward and striking the back of his head and right elbow on the floor. During an interview on 7/8/25 at 10:03 a.m. with Resident 1, he stated the other resident (Resident 2) pushed him a little bit. Resident 1 confirmed he fell and hit his right elbow and head. During a review of the facility's policy and procedure (P&P) tilted, Abuse, Resident Mistreatment and Misappropriation of Resident Property, approved 4/25/25 indicated, Abuse: The willful infliction of injury .with resulting physical harm or pain, mental anguish .It is the policy of this facility that mistreatment, neglect and abuse of residents .are prohibited.