

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2025
NAME OF PROVIDER OR SUPPLIER Bruceville Terrace - D/P Snf of Methodist Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed for one of four sampled residents (Resident 1) to be notified of room change, when the facility did not provide written notice for room change including reasons for the room change for Resident 1. This failure resulted in Resident 1 not receiving a written explanation of why the move was required, resulting in Resident 1 expressing sadness and frustration. Findings: Resident 1 was admitted to the facility on [DATE] with a diagnoses of End Stage Renal Disease (condition in which the kidneys no longer function normally), septic shock (life-threatening condition that occurs when sepsis, a body's extreme response to an infection, leads to dangerously low blood pressure and organ damage), and bilateral lower extremity (both legs) cellulitis (serious deep infection of the skin). Resident 1's Minimum Data Sheet (MDS - federally mandated resident assessment tool) dated 7/12/25, indicated moderate cognitive impairment. During a concurrent observation and interview on 7/30/25 at 11:11 a.m., in Resident 1's room, with Resident 1, Resident 1 stated, They put me in C (another station/unit of the facility) in a private room and then from C came here to D to this room. when I refused, they said 'you have to do this'. They told me they don't have to give me a reason. They did not give me anything in writing. The way they did it [the room change], it's sad. It made me sad. This has taken a toll on me. The room change. Resident 1 was then observed to be sad and frustrated. During an interview on 7/30/25, at 12:07 p.m., with Registered Nurse (RN) 1, RN 1 stated, .Nothing [explanation] given in writing to the resident. During an interview on 7/30/25, at 12:27 p.m., with Social Worker (SW), SW stated, Yes, residents change rooms here. If you are speaking about [Resident 1], yes, he did refuse to move and yes that did happen to him on 7/23/25. When they have to move they do not give the resident anything in writing with the reasons they have to move. During a concurrent interview and record review on 7/30/25, at 1:31 p.m., with Systems Information IT (Information Technology) staff member (IT) 1, IT 1 reviewed Resident 1's chart in the EHR, stated no entries for 7/23/25 regarding provision of written notice of room change. During an interview on 7/30/25, on 2:27 p.m., with Director of Nursing (DON), stated, .Residents are not provided written explanation of why the move was required. During an interview on 7/30/25, at 2:45 p.m., with Admissions Officer (AO), AO stated the facility does not provide anything in writing on why they need to move residents to a new room. During a review of facility policy, titled, Bruceville Terrace: Room/Station Changes within Bruceville Terrace, dated 6/27/24, indicated, The facility will attempt to give reasonable written notice whenever a transfer within the facility is necessary.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555344
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