

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 12/19/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify one of three sampled residents' (Resident 1) Responsible Party (RP) of Resident 1's fall in the facility. This deficient practice resulted in RP 1 being unaware of Resident 1's fall and actual condition that may impact RP 1's ability to ensure appropriate care and support following discharge. Findings: During a review of Resident 1's facesheet (a page of the chart that contains a summary of resident's basic information), the facesheet indicated Resident 1 was admitted on [DATE] with diagnoses that included type 2 diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) and end stage renal disease (ESRD-irreversible kidney failure). During a review of Resident 1's Nursing Progress Note (NPN), dated 11/23/25 at 2:51 a.m., the NPN indicated, Resident 1 had lost his balance while returning to bed, and a certified nursing assistant (CNA) assisted him to sit on the floor. At 1 a.m., Resident 1 was noted to complain of pain around the sacrum-coccyx area (lower back/tailbone area). During a review of Resident 1's NPN, dated 11/23/25 at 11:50 a.m., the NPN indicated, Resident 1 was discharged home with the RP. The NPN did not indicate that the RP was informed of the assisted fall that had occurred. During a concurrent interview and record review on 12/19/25 at 12:25 p.m. with Director of Nursing (DON), Resident 1's NPN on 11/23/25 at 2:51 a.m. was reviewed. The NPN indicated, endorsed AM nurse to follow up. The DON stated that calling the RP again was part of the follow-up process. Further review of the chart showed no documentation of a follow-up call to the RP. The DON confirmed that no additional follow-up call was made. The DON stated that she expected the day shift nurse to follow up and ensure the RP was made aware of the fall. The DON also stated that the nurse should have informed the RP about the fall when the RP arrived to pick up Resident 1 for discharge. During a review of the facility's policy and procedure (P&P) titled, Falling Incidents, dated 5/22/25, the P&P indicated, notify the Physician and Responsible Party.</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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