

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 02/24/2026
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)		
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review the facility failed to report the results of an abuse investigation to the state survey agency (California Department of Public Health, CDPH) within 5 working days of the incident (allegation of abuse dated 2/1/26). This failure resulted in CDPH being unaware of the outcome of the abuse investigation, and had the potential for the abuse investigation to not be investigated thoroughly. A review of the facility's admission documents indicated Resident 1 and Resident 2 were admitted in February 2026. During a review of document titled Report of Suspected Dependent Adult/Elder Abuse (a California mandated reporter document used to report suspected abuse or neglect of seniors (65+) or dependent adults (18-64 with disabilities)) dated 2/1/26, indicated an allegation of abuse was reported to CDPH. Form indicated, alleged victim was Resident 1, and the alleged abuser was Resident 2. Form indicated, Reported types of abuse (Check all that apply): Physical. During an interview on 2/20/26, at 10:15 a.m., with Nursing Manager (NM), NM stated, we did not send the 5-day investigative report to CDPH for Resident 1 and Resident 2. During an interview on 2/20/26, at 10:17 a.m., with Executive Secretary (ES), ES stated, we had the 5-day report for Resident 1 and Resident 2 in the file to be sent, but it was never sent. ES stated, it is our policy to send the investigation report within 5 days of the incident. During an interview on 2/24/26, at 8:02 a.m., with Director of Nursing (DON), DON stated the facility did not send the investigative report within 5 working days. During a review of the facility's policy and procedure (P&P) titled, Alleged/Suspected Abuse, Resident Mistreatment and Misappropriation of Resident Property, dated 2025, the P&P indicated, It is the policy of this facility that mistreatment, neglect and abuse of residents, and misappropriation of resident property is prohibited. All allegations of mistreatment, neglect, abandonment, isolation and verbal or physical abuse, including injuries of unknown source, and misappropriation of resident property, will be reported immediately to the Administrative Director and to other officials in accordance with state law. All alleged violations will be promptly and thoroughly investigated. 10. Results of the investigation will be documented and retained in a file, and forwarded to the appropriate reporting agencies.</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	If continuation sheet Page 1 of 1