

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/11/2026
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 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 observation, interview, and record review, the facility failed to ensure one of two sampled residents (Resident 1) was free from abuse, when Resident 2 hit Resident 1 multiple times. This failure had the potential to negatively impact Resident 1's highest practicable physical, mental, and psychosocial well-being. Findings: A review of an admission record indicated Resident 1 was admitted to the facility with diagnoses including depression (a serious mood disorder that causes persistent sadness, hopelessness, and a loss of interest in activities), failure to thrive (a complex syndrome of progressive physical, cognitive, and functional decline), and muscle weakness (lack of physical strength where your muscles cannot generate required force for normal movement). A review of an admission record indicated Resident 2 was admitted to the facility with diagnoses including sequelae of cerebral infarct (the residual neurological and functional deficits that persist after the brain's blood supply is blocked) and idiopathic neuropathy (nerve damage in the peripheral nervous system where a specific underlying cause cannot be identified). A review of Resident 1's Minimum Data Set (MDS, an assessment tool), dated 2/22/26, indicated Resident 1's Brief Interview of Mental Status (BIMS) score was 15 out of 15 with intact cognition. A review of Resident 2's MDS, dated [DATE], indicated Resident 2's BIMS score was 15 out of 15 with intact cognition. A review of Resident 1's Change in Condition (CIC), dated 5/8/26, indicated Resident 1 reported to staff that Resident 2 hit him on his back and right jaw with his hands while he was wheeling himself out of the activity room. During an interview on 6/11/26 at 10 a.m. with Resident 1, Resident 1 stated he left the activities room and wheeled himself into the hallway when Resident 2 followed him and maneuvered his wheelchair to be beside his in the hallway. Resident 1 further stated Resident 2 hit him on the back of the head, on the shoulder, in the face, and then aggressively pulled on his left arm. During an interview on 6/11/26 at 10:45 a.m. with Resident 2, Resident 2 stated he followed Resident 1 into the hallway and punched him. Resident 2 further stated he remembered Resident 1 asking him not to do that. A review of the facility's Incident Report, dated 5/12/26, indicated Resident 1 stated he was propelling himself from the dining room after completing Bingo, when he was struck in the head and neck five times followed by a strike to the face. The report further indicated Resident 2 admitted to striking Resident 1. A review of the facility's 5 Day Follow Up, dated 5/12/26, indicated the security camera footage showed Resident 2 striking out and making contact with Resident 1's shoulder and lower neck, and when Resident 1 turned to stop any additional attempts of contact, Resident 2 grabbed Resident 1's arm and twisted it. During a concurrent observation and interview on 6/11/26 at 11:30 a.m. with Director of Safety and Security and Emergency Management (DSSEM), the facility's security camera footage was reviewed. DSSEM confirmed the video footage depicted an incident that occurred in C Hallway East on 5/8/26 at 11:11 a.m. DSSEM also confirmed the footage showed Resident 2 striking Resident 1 multiple times in the shoulder with his right hand before striking Resident 1 on the jaw and neck area, then followed by Resident 2 grabbing Resident 1's arm and forcefully pulling it. During an interview on 6/11/26 at 12:46 p.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated she was down the hallway when she heard Resident 1 and Resident 2 screaming loudly, cursing, and Resident (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
--	-------	-----------

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/11/2026
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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1 yelling that he was being hit by Resident 2. During an interview on 6/11/26 at 12:41 p.m. with Licensed Nurse (LN) 1, LN 1 stated she was at the nurse's station when she heard loud shouting coming from the hallway. LN 1 also stated she went towards the hallway and observed Resident 1 and Resident 2 next to each other in their wheelchairs. LN 1 further stated both residents were separated and Resident 1 informed her that Resident 2 hit him. During an interview on 6/11/26 at 11:12 a.m. with Director of Nursing (DON), DON expected all residents to be free from any form of abuse. A review of the facility's policy and procedure titled, Alleged/Suspected Abuse, Resident Mistreatment and Misappropriation of Resident Property, dated 4/2025, indicated, It is the policy of this facility that mistreatment, neglect, and abuse of residents and misappropriation of resident property are prohibited . abuse is the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm or pain, mental anguish, or deprivation of an individual . physical abuse includes hitting, slapping, pinching, kicking, etc.		