

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555349	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024
NAME OF PROVIDER OR SUPPLIER Vacaville Convalescent & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 585 Nut Tree Court Vacaville, CA 95687	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41206</p> <p>Based on interview and record review, the facility failed to ensure one resident (Resident 1) of two sampled residents was free of abuse when Resident 2 slapped Resident 1 on the back.</p> <p>This failure resulted in an increase in Resident 1's potential for social withdrawal and fear for his safety.</p> <p>Findings:</p> <p>A review of an admission record indicated Resident 1 was admitted to the facility in 2023 with diagnoses which included syncope (fainting) and collapse and dementia (a chronic condition which results in a decline in the person 's ability to think, remember, and reason). A review of a Minimum Data Set (MDS, an assessment tool) dated 8/2/24 indicated Resident 1 had a score of 10 on a Brief Interview for Mental Status (BIMS, a questionnaire used to determine if a person's cognition (the process of thinking) is intact. A score of 15 suggests intact cognition).</p> <p>A review of an admission record indicated Resident 2 was admitted to the facility in 2022 with diagnoses which included orthopedic aftercare (care after surgery involving the musculoskeletal system) and hypertension (high blood pressure). A review of an MDS dated [DATE] indicated Resident 2 had a BIMS score of 14.</p> <p>A review of Resident 2's progress note dated 7/8/24 at 1:45 a.m. indicated, At [1:20 a.m.] .Resident [2] .[had] an outburst/angry behavior towards the roommate [Resident 1] about his disturbance of sleep caused by the roommate [Resident 1] .Resident [2] stated that he is really fed up and had enough of his patience and can't deal with it anymore .</p> <p>A review of Resident 1's progress note, dated 7/8/24 at 4:04 a.m. indicated, At [1:20 a.m.] Resident [1] was moved out of the room d/t [due to] the roommate [Resident 2] complaint of sleep disturbance .While the 2 CNA [Certified Nursing Assistants] assigned was assisting the Resident [1], they witnessed the aggressive behavior of the roommate [Resident 2] approached the Resident [1] yelling at him and slapping Resident [1] on his upper back while saying to him that he already had enough of the noise and being disturb [sic] on his sleep .</p> <p>(continued on next page)</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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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1's care plan initiated on 7/8/24 indicated Resident 1 had the potential to experience social withdrawal and fear for his safety related to an incident of aggression from his roommate, Resident 2.</p> <p>In an interview on 9/30/24 at approximately 4:50 p.m., Resident 2 confirmed he had slapped Resident 1 on the back. Resident 2 stated Resident 1 had become annoying one night when he tried to get some sleep because Resident 1 kept getting out of bed and was not following the staff's instructions. Resident 2 stated he had gotten frustrated and lost his temper.</p> <p>In an interview on 9/30/24 at approximately 5:13 p.m., CNA 1 confirmed she had witnessed Resident 2 hit Resident 1. The CNA 1 stated Resident 1 had gotten out of bed and was confused so CNA 1 and another CNA tried to redirect Resident 1 back to bed; however, Resident 2 woke up, got into his wheelchair, and hit Resident 1. The CNA 1 stated Resident 2 seemed angry when he hit Resident 1 and Resident 2 stated he was tired of Resident 1's behavior.</p> <p>A review of the facility's policy titled Abuse Prevention and the Reporting of Alleged Abuse and Suspicion of Crime revised on November 2016, indicated, .Each resident has the right to be free of .verbal .physical, mental abuse .Residents must not be subjected to abuse by anyone, including, but not limited to .other residents .</p>