

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555442	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/10/2024
NAME OF PROVIDER OR SUPPLIER  Capital Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 6821 24th Street Sacramento, CA 95822	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46242</p> <p>Based on interview and record review, the facility failed to protect two residents (Resident 1 and Resident 2) of two sampled residents' right to be free from verbal and physical abuse when Resident 1 yelled racial slurs and Resident 2 slapped Resident 1 in the face.</p> <p>This deficient practice resulted in both residents feeling either discontent, pain, and concerns about safety.</p> <p>Findings:</p> <p>The following documents were reviewed in Resident 1's medical record:</p> <ul style="list-style-type: none"> <li>- An Admission record, printed on 10/10/24, indicated Resident 1 was readmitted to the facility in summer of 2024 with diagnoses which included schizophrenia (a mental illness that is characterized by disturbances in thought) and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest). The admission record also indicated Resident 1 was under conservatorship (had an appointed conservator to make personal decisions).</li> <li>- A Minimum Data Set (MDS, an assessment tool) dated 9/20/24, indicated a Brief Interview for Mental Status (BIMS, an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 13 which suggested Resident 1's cognition (the thinking process) was intact.</li> <li>- A care plan initiated on 8/8/24, indicated, The resident is/has potential to be verbally aggressive by using obscenities to staff . [Interventions] Analyze times of day, places, circumstances, triggers, and what de-escalates behavior and document.</li> <li>- An Interdisciplinary Team (IDT) progress note dated 10/9/24, indicated, Patient was hit in the face by another resident. [Resident 1] was sitting in his wheelchair in the hallway outside of room [Resident 1's room number]. He was yelling racially charged profanities, which is a common occurrence. [Resident 2] was coming from the subacute area, heard [Resident 1] yelling and he said, Say that again. [Resident 1] continued to yell, then [Resident 2] used his right hand to slap him on the left side of his face .</li> </ul> <p>The following documents were reviewed in Resident 2's medical record:</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555442	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/10/2024
NAME OF PROVIDER OR SUPPLIER  Capital Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  6821 24th Street Sacramento, CA 95822	
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>- An Admission record, printed on 10/10/24, indicated that Resident 2 was readmitted to the facility in 2023 with diagnoses which included major depressive disorder. The admission record also indicated Resident 2 was his own responsible party (RP, a decision maker).</p> <p>- An MDS dated [DATE], indicated BIMS score of 14 which indicated Resident 2's cognition was intact.</p> <p>- A care plan initiated 5/30/19, indicated, The resident is/has potential to be physically aggressive . Depression, Poor impulse control. 10/4/2022- Argument incident with another resident. 10/8/24- slapped other resident's face.</p> <p>A review of Resident 3's admission record, printed on 10/10/24, indicated Resident 3 was his own RP. A review of Resident 3's MDS, dated [DATE], indicated BIMS score of 15 which indicated Resident 3's cognition was intact.</p> <p>In an interview on 10/10/24 at 9:38 a.m., Resident 3 stated a resident in this neighboring room (Resident 1) comes out of his room on the daily basis and shouts profanities including the N-word [a racial slur]. Resident 3 stated it was offensive but he 'let it roll off my back.</p> <p>During a concurrent observation and interview on 10/10/24 at 10:35 a.m., Resident 2 was observed in his room on a wheelchair. Resident 2 stated Resident 1 regularly came out of his room and shouted profanities including the word, Nigga. Resident 2 also stated a few days ago, Resident 1 asked him for a cigarette lighter and called Resident 2 a Nigga when the lighter was not provided. Resident 2 expressed frustration when Resident 1 shouted Nigga on a daily basis and the facility staff did nothing about it. Resident 2 denied slapping Resident 1 and appeared resentful when he turned his back to this Surveyor.</p> <p>In an interview on 10/10/24 at 10:54 a.m., Resident 1 stated one day he was out in the hallway and said, Nigger and another resident approached him and slugged him in the face and he felt pain in his right cheek. Resident 1 stated he apologized for saying, Nigger. Resident 1 expressed concerns about his safety and stated he could be slapped in the face again.</p> <p>In an interview on 10/10/24 at 11:26 a.m., the Licensed Nurse (LN 1) confirmed she worked with Resident 1 and Resident 2 and verified Resident 1 had daily, loud outbursts shouting very discriminatory comments including the N-word.</p> <p>In a phone interview on 10/10/24 at 12:24 p.m., the Certified Nursing Assistant (CNA 1) stated on 10/8/24 she observed Resident 1 shout the N-word outside of his room when Resident 2 was coming down the hallway. Resident 2 approached Resident 1 and asked him to say it again. When Resident 1 said the N-word again, Resident 2 used the back of his right hand to tap Resident 1's right cheek.</p> <p>In a phone interview on 10/10/24 at 9:34 a.m., the CNA 2 stated she did not directly witness Resident 1 and Resident 2's physical interaction on 10/8/24 as she was on a break when it occurred; however, the CNA 2 stated when she looked at Resident 1 after the incident, she saw his right cheek was more red than his left cheek.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555442	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/10/2024
NAME OF PROVIDER OR SUPPLIER  Capital Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  6821 24th Street Sacramento, CA 95822	
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>A review of facility's policy and procedure (P&amp;P) titled, Reporting Allegations of Abuse/Neglect/Exploitation, dated 1/1/24, indicated, The facility will develop and operationalize policies and procedures for screening and training employees, protection of residents and for the prevention, identification, investigation, and reporting of abuse, neglect, mistreatment, and misappropriation of property. The purpose is to assure that the facility is doing all that is within its control to prevent occurrences .</p>		