

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 02/20/2026
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to protect the resident's right to be free from physical abuse from one out of five sampled residents (Resident 89) when Resident 61 slapped Resident 89's right hand. This failure resulted in Resident 89 not being free from abuse by Resident 61, and Resident 89's right to be free from abuse not protected. Findings: During a review of Resident 89's admission Record (AR), indicated, Resident 89 was initially admitted [DATE] with diagnosis including Orthopedics (a medical and surgical specialty focused on the prevention, diagnosis, and treatment of muscles, joints, and bones disorders) Aftercare following Surgical amputation (amputation-a surgical removal of all or part of a limb or extremity to treat severe infection, disease such as diabetes [Diabetes Mellitus -a disorder characterized by difficulty in blood sugar control and poor wound healing]). During a review of Resident 89's Minimum Data Set (MDS- a federally mandated resident assessment tool), dated 11/24/25, indicated, Resident 89 had intact memory. During a review of Resident 89's Progress notes dated 2/8/26 at 8:18 p.m., indicated, .CNA [certified nursing assistant] 7, who was present at the time along with CNA 6. Per CNA 6's report, Resident 89 extended his hand outward in front of him as Resident 61 was walking down the hallway toward Resident 89. Resident 61 allegedly made contact with and hit Resident 89's right hand. During a review of Resident 61's AR, indicated, Resident 61 was admitted [DATE] with diagnosis including Cerebral Infarction (a type of stroke where a part of the brain dies due to lack of oxygen caused by a blocked vessel) and Vascular Dementia (a decline in thinking skills caused by restricted blood flow to the brain often following a stroke) with other Behavioral Disturbance. During a review of Resident 61's MDS dated [DATE] indicated, Resident 61 has severe memory problems. During a review of Resident 35's AR, indicated, Resident 35 was initially admitted [DATE] with diagnosis including Central Cord Syndrome (a type of incomplete spinal cord injury, usually in the neck, characterized by disproportionate weakness in the arms compared to the legs.) at C4 level of Cervical Spinal Cord. During a review of Resident 35's MDS dated [DATE] indicated Resident 35 has intact memory. During a review of a signed note by CNA 6 dated 2/8/26, indicated. Resident 61 was coming in the direction of Resident 89. Resident 89 stretched his hands and told Resident 61 to go back. Resident 61 got angry and started cursing and hit Resident 89. During an interview on 2/19/26 at 3:20 p.m. at Resident 89's room, Resident 89 stated he was at Resident 35's doorway talking with Resident 35 when Resident 61 walked straight at him and slapped his right hand. Resident 89 further stated, Resident 61 was angry and was saying he would kick his butt and hurt him. During an interview on 2/19/26 at 3:35 p.m. at Resident 35's room, Resident 35 stated he witnessed Resident 61's right hand raised up and slapped Resident 89's right hand. Resident 35 further stated, Resident 61 was angry and was yelling at Resident 89 saying, 'I'm gonna hurt you. I'll kick your butt. During an interview on 2/19/26 at 4:20 p.m. with the Administrator (ADM), the ADM confirmed that residents in their facility have the right to be free from any form of abuse by any</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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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	individual. During a review of the facility's policy and procedure (P&P) titled, Resident Right's, dated 12/5/25, indicated, .resident rights. be free from abuse, neglect, misappropriation, exploitation, corporal punishment, involuntary seclusion, and retaliation.'		