

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555459	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2024
NAME OF PROVIDER OR SUPPLIER Gramercy Court		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Gramercy Drive Sacramento, CA 95825	

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>47465</p> <p>Based on interview and record review, the facility failed to ensure one of two sampled residents (Resident 1) was free from abuse when he was struck in the face by Resident 2.</p> <p>This failure resulted in Resident 1 sustaining a swollen eye, severe headache and vomiting requiring hospitalization .</p> <p>Findings:</p> <p>A review of Resident 1's (Res 1) admission record indicated he was admitted in May 2024 with diagnosis of schizophrenia (mental illness that affects a person's thoughts, feelings, and behaviors).</p> <p>A review of Resident 2's (Res 2) admission record indicated he was admitted in May 2024 with diagnoses including schizoaffective disorder (a mental health condition that combines symptoms of schizophrenia and a mood disorder).</p> <p>A review of Res 1's progress notes, dated 7/7/24 and written by the Licensed Nurse (LN), indicated Res 1 was struck in the face multiple times by Res 2 which resulted in a swollen eye, severe headache, and vomiting.</p> <p>A review of Res 2's progress note, dated 7/7/24 and written by the LN, indicated Res 2 admitted that he struck Res 1.</p> <p>During an interview on 7/17/24 at 9:34 a.m. with the Program Director (PD), PD stated that Res 2 admitted that he struck Res 1.</p> <p>During a phone interview on 7/17/24 at 11:31 a.m. with the LN, the LN stated that the Certified Nursing staff (CNA) that were on the patio during the fight did not de-escalate (calm) the situation.</p> <p>During an interview on 7/17/24 at 1:05 p.m., with the PD, the PD stated, .the CNAs didn't do any verbal de-escalation of the situation, and her expectation is that staff perform a verbal de-escalation.</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>During an interview on 7/17/24 at 1:15 p.m., with the Director of Nursing (DON), the DON stated that her expectation is that the staff are to intervene by performing a verbal de-escalation and a physical separation, if necessary.</p> <p>A review of the facility's policy and procedure titled, Abuse prohibition and prevention, dated November 2017, indicated, The facility trains employees .Appropriate interventions to deal with aggressive and/or catastrophic reaction of residents . The facility strives to provide an environment which prohibits and prevents abuse .</p>		