

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 10/17/2024
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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>49950</p> <p>Based on observation, interview, and record review, the facility failed to ensure respect and dignity for one of four sampled residents (Resident 1), when staff did not keep an accurate inventory of Resident 1's property.</p> <p>This failure resulted in the unrecovered loss of Resident 1's personal mobile phone while Resident 1 was residing in the facility.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record, indicated Resident was admitted in late 2024. A review of Resident 1's Order Summary Report, indicated Resident 1 had multiple diagnoses including multiple fracture of ribs.</p> <p>During an interview on 10/16/24 at 4:44 p.m. with Resident 1's wife, Resident 1's wife stated, Resident 1 was admitted to the facility with his mobile phone in his possession. Resident 1's wife further stated she was able to speak to Resident 1 on his mobile phone while he was residing in the facility. Resident 1's wife further stated Resident 1 was discharged from the facility without his mobile phone and was unable to find his mobile phone after discharge. Resident 1's wife confirmed that a copy of Resident's 1 inventory of personal items was not signed or provided to Resident 1 at admission or discharge.</p> <p>During an interview on 10/17/24 at 10:48 a.m. with the Social Services Director (SSD), the SSD stated inventory of resident's personal items should be done at admission. SSD further stated if residents report missing items, an investigation should be done, and the resident should be refunded for the personal item. SSD further stated residents have the right to have their property protected.</p> <p>During an interview on 10/17/24 at 10:56 a.m. with the Director of Staff Development (DSD), the DSD acknowledged an admission inventory was not available for Resident 1.</p> <p>During an interview on 10/17/24 at 11:05 a.m. with Licensed Nurse (LN) 2, LN 2 confirmed Resident 1 had his mobile phone while residing in the facility.</p> <p>During an interview on 10/17/24 at 11:16 a.m. with Certified Nursing Assistant (CNA), CNA confirmed Resident 1 had his mobile phone while residing in the facility.</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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's, Inventory of Personal Effects, the undated Inventory of Personal Effects, indicated Resident 1's property included one watch and one polo shirt. There was no other property listed on the inventory. The Inventory of Personal Effects did not have signatures of the staff performing inventory, Resident 1, or Resident 1's family. The Inventory of Personal Effects, was filed under Discharge Inventory in Resident 1's electronic health record (EHR).</p> <p>During an interview on 10/17/24 at 12:05 p.m. with the Director of Nursing (DON), the DON confirmed Resident 1's Inventory of Personal Effects, was not dated and did not have signatures from staff, Resident 1, or Resident 1's family. DON stated she is not sure if inventory was done at admission. DON further stated Resident 1's mobile phone should have been included in the inventory. The DON confirmed the Inventory list does not follow the facility's policy and procedure for obtaining inventory.</p> <p>During a review of facility's policy and procedure (P&P) titled Admitting the Resident: Role of the Nursing Assistant, dated September 2013, the P&P indicated, .Inventorying the Resident's Personal Effects .Ask family members to remain in the room to witness the inventory .complete identification portion .name, room number, date of admission .inventory all .equipment .description of each item .sign your name and title and instruct the family member that witnessed the inventory to also sign the form .provide the resident and/or family member with a copy of the completed and signed inventory .</p> <p>During a review of the facility policy and procedure (P&P) titled, Resident's Rights, dated February 2021, the P&P indicated, .these rights include the resident's rights to .be treated with respect, kindness, and dignity .</p>		