

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 11/20/2024
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>39489</p> <p>Based on interview and record review, the facility failed to complete and report the results of an investigation of a Resident-to-Resident altercation to the State Survey Agency within 5 working days of the incident for two of three sampled Residents, (Resident 1 and Resident 2).</p> <p>This failure to complete the report investigation had the potential for residents to be subjected to further incidents of abuse.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Admission Record, indicated, Resident 1 was admitted to the facility in December 2021, with diagnosis that included schizophrenia (a mental illness that is characterized by disturbances in thought), disorder of psychological development (physical or mental impairment) and major depressive disorder.</p> <p>A review of Resident 1 ' s Brief Interview for Mental Status (BIMS), Resident 1 scored 15 which indicated he had no impairment in cognition.</p> <p>A review of Resident 2 ' s Admission Record, indicated, Resident 2 was admitted to the facility in March 2024, with diagnoses that included Alzheimer ' s Disease (a disease characterized by a progressive decline in mental abilities), need for assistance with personal care and major depressive disorder.</p> <p>A review of Resident 2 ' s Brief Interview for Mental Status (BIMS), Resident 2 scored 9 which indicated moderate cognitive impairment.</p> <p>During an interview with the Director of Nursing (DON) on 11/19/24 at 1:08 p.m., the DON stated, on 11/7/24, at 11:25 a.m., Resident 1 and Resident 2 had a physical altercation. The DON acknowledged and confirmed they did not report the results of the abuse investigation between Resident 1 and Resident 2 to the State Survey Agency as required. within 5 working days after the allegation.</p> <p>During a review of the facility ' s document titled Reporting of Suspected Crimes V. Alleged Violations, revised October 2022, indicated, . What is to be reported 1.) All alleged violations of abuse . 2.) The results of all investigations of alleged violations . Who is required to report . The facility . To Whom . To the State Agency . When . within 5 working days of the incident .</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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