

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  08/06/2025
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)
F 0600  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<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> Based on observation, interview, and record review, the facility failed to protect the resident's right to be free from physical abuse by another resident for one of four sampled resident (Resident 1), when Resident 1 was punched in the face by Resident 2. This failure caused injury to Resident 1's lip. Resident 1 was admitted to the facility early 2024 with diagnosis which included a mental health disorder marked by hallucinations and delusions, anxiety, impulse disorder, and mood disorder. During a review of Resident 1's Order Summary Report [OSR], order date 3/11/24, the OSR indicated, Resident is Incapable Of Understanding Rights, Responsibilities, And Informed Consent. Resident 2 was admitted to the facility mid 2025 with diagnosis which included a mental health disorder marked by hallucinations, delusions and extreme mood swings. During a review of Resident 2's OSR, order date 5/14/25, the OSR indicated, Resident is Incapable Of Understanding Rights, Responsibilities, And Informed Consent. During a review of Resident 2's Progress Notes (PN) Type: Verbal Altercation, dated 8/3/25 at 5:45 p.m., the PN indicated, Resident [Resident 2] was standing yelling towards [Resident 1] LN [licensed nurse] spoke with resident [Resident 2] regarding his current behavior towards [Resident 1], [Resident 2] continue (sic) to be racially preoccupied and experiencing delusional thoughts. During a review of Resident 1's PN Type: Health Status Note, dated 8/3/25 at 11:36 p.m., the PN indicated, .At [7:57 p.m.].found [Resident 1] staggering from the floor. other [staff] stayed with [Resident 2] who continued yelling profanities. Patient [Resident 1] was noted with bleeding from the right lower lip and scratches to left forearm and redness to the right hand knuckles. Right arm was observed shaking. During a review of Resident 2's PN Type: Physical Altercation, dated 8/4/25 at 12:27 a.m., the PN indicated, .[Resident 2] was asked by LN what happened and how did [Resident 1] lip began bleeding. [Resident 2] stated .[Resident 1] began pissing me off my using his mind. I began hitting him and continued hitting him until he dropped on the floor. During a review of Resident 2's Care Plan Report [CP], dated 8/3/25, the CP indicated, Resident has abusive behavioral symptoms as evidenced by punching another resident in the face. During an interview on 8/6/25 at 9:51 a.m. with Resident 2, Resident 2 was asked about the altercation with Resident 1. Resident 2 stated he punched Resident 1 in the face, .I was punching him [Resident 1] just like [NAME] in the face. During an interview on 8/6/25 at 3:19 p.m. with the Director of Nursing (DON), the DON confirmed the incident occurred, and stated all residents had the right to be free from abuse. During a review of the facility's policy and procedure (P&amp;P) titled, Abuse, Neglect, Exploitation and Misappropriation- Program, dated 4/21, the P&amp;P indicated, Residents have the right to be free from abuse. This includes but is not limited to. physical abuse. Protect resident from abuse. by anyone including but not necessarily limited to. other residents.</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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