

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 02/05/2026
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 - Some</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on interview, and record review, the facility failed to protect the resident's right to be free from physical abuse by another resident for four of 11 sampled residents (Resident 1, Resident 4, Resident 5, and Resident 7), when: 1. Resident 2 slapped Resident 1 in the back of the head; 2. Resident 3 hit Resident 4 in the face; 3. Resident 4 slapped Resident 5 in the face; and 4. Resident 6 pushed Resident 7. This failure caused Resident 1 to feel upset, Resident 4 to feel afraid, Resident 5 to have a cut lip, and Resident 7 to have leg pain. Findings: 1. Resident 1 was admitted to the facility early 2024 with diagnosis which included Schizophrenia (a chronic, severe mental disorder that affects how a person thinks, feels, and behaves), major depression, and anxiety disorder. During a review of Resident 1's Minimum Data Set (MDS, an assessment tool) dated 1/26, the MDS showed a Brief Interview for Mental Status (BIMS, a cognitive screening tool) score of 10/15 which indicated moderate cognitive impairment. Resident 2 was admitted to the facility early 2024 with diagnosis which included Schizophrenia and memory loss. During a review of Resident 2's MDS dated 11/25, the MDS showed a BIMS score of 3/15 which indicated severe cognitive impairment. During a review of Resident 1's Progress Notes (PN) dated 1/19/26, the PN indicated, On 01/19/2026 at approximately 0630 [6:30 a.m.] CNA [Certified Nursing Assistant] witnessed [Resident 2] open handedly slap [Resident 1] on the back of his head. During an interview on 2/4/26 at 2:06 p.m. with Resident 1, Resident 1 stated he was smacked on the back of the head by another resident and the incident upset him. During an interview on 2/4/16 at 2:16 p.m. with CNA 1, CNA 1 stated she witnessed Resident 2 open hand hit Resident 1 on the back of the head. 2. Resident 3 admitted to the facility in late 2025 with diagnosis which included Schizophrenia. During a review of Resident 3's MDS dated 12/25, the MDS showed a BIMS score of 13/15 which indicated intact cognition. Resident 4 was admitted to the facility in late 2025 with diagnosis which included Schizophrenia, and need for assistance with personal care. During a review of Resident 4's MDS dated 1/26, the MDS showed a BIMS score of 12/15 which indicated moderately impaired cognition. During a review of Resident 3's PN dated 1/15/26, the PN indicated, At approximately 1915 [7:15 p.m.], [Resident 3] was observed by a CNA striking his roommate [Resident 4]. [Resident 3] appeared highly psychotic, was unable to follow directions, and displayed aggressive behavior toward staff. During an interview on 2/5/26 at 1:20 p.m. with Resident 4, Resident 4 stated he was in bed and his roommate [Resident 4], started punching me in the face. Resident 4 stated he felt scared after the incident. During an interview on 2/5/26 at 3:11 p.m. with CNA 2, CNA 2 stated he saw Resident 3 lying in bed and trying to defend himself from Resident 4, I saw a few punches. 3. Resident 5 was admitted to the facility in late 2025 with diagnosis which included Schizophrenia and need for assistance with personal care. During a review of Resident 5's MDS dated 12/25, the MDS showed a BIMS score of 13/15 which indicated intact cognition. During a review of Resident 5's PN dated 1/18/26, the PN indicated, At approximately 1243 [12:43 p.m.], [Resident 5] entered the room of [Resident 4]. [Resident 4] struck [Resident 5] in the face. A mild tear and slight bleeding was</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 - Some</p>	<p>noted on [Resident 5's] lip. During an interview on 2/5/26 at 1:20 p.m. with Resident 4 in his bedroom, Resident 4 confirmed he hit Resident 5 in the face, I hit him on his lip. 4. Resident 6 was admitted to the facility in late 2025 with diagnosis which included Schizophrenia, restlessness and agitation. During a review of Resident 6's MDS dated 10/25, the MDS showed a BIMS score of 6/15 which indicated severe cognitive impairment. Resident 7 was admitted to the facility in early 2024 with diagnosis which included Schizophrenia, difficulty walking, memory problems and chronic pain syndrome. During a review of Resident 7's MDS dated 12/25, the MDS showed a BIMS score of 10/15 which indicated moderate cognitive impairment. During a review of Resident 6's PN dated 1/19/26, the PN indicated, "[Resident 6] and his peer got into a verbal altercation that lead (sic) to this resident pushing his peer [Resident 7]. During an interview on 2/4/26 at 2:36p.m. with Resident 7, Resident 7 stated he remembered Resident 6 pushed him on the shoulders and he fell to the ground. Resident 7 stated the fall caused his back and leg to hurt. During an interview on 2/5/26 at 11:47 a.m. with CNA 3, CNA 3 stated she witnessed Resident 6 intentionally push Resident 7 which caused him to fall to the floor. During an interview on 2/5/26 at 2:56 p.m. with the Director of Nursing (DON), the DON stated her expectations were for all residents to be free from abuse and to be safe in the facility. During a review of the facility's policy and procedure (P&P) titled, Abuse, Neglect, Exploitation and Misappropriation- Prevention Program, dated 4/21, the P&P indicated, Residents have the right to be free from abuse, neglect. Protect residents from abuse, neglect, exploitation or misappropriation of property by anyone including other residents.</p>		