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 02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gramercy Court	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	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to protect one of four sampled resident's (Resident 4) from abuse when Resident 3 threw a chair at Resident 4 who attempted to deflect the chair and sustained an injury.This failure resulted in slight pain and a minor fracture to the ring finger.Findings:Resident 3 was admitted to the facility in the winter of 2024 with diagnosis which included schizoaffective disorder (a chronic mental health condition combining symptoms of schizophrenia (hallucinations or delusions) with severe mood swings of mania and sometimes depression).During a review of Resident 3's Minimum Data Set (MDS, an assessment tool), dated 12/10/25, the MDS indicated Resident 4 was alert and oriented, able to make her needs known.During a review of Resident 3's care plan (CP) titled .At risk of becoming physically aggressive towards others.History of harm/assaultive behavior to others, Poor impulse control, fixated delusional thoughts, agitation., revised 12/18/25, the CP indicated Assess and anticipate resident's needs.Intervene before agitation escalates. Resident 4 was admitted to the facility in the winter of 2025 with diagnoses which included schizophrenia (a chronic, severe brain disorder that causes people to lose touch with reality, disrupting how they think, feel, and behave).During a review of Resident 4's MDS, dated [DATE], the MDS indicated Resident 4 was alert and oriented, able to make her needs known.During a review of Resident 4's CP titled At risk for behavioral disturbances related to Hx [history] of assaultive behavior, schizophrenia, revised 1/15/26, the CP indicated .Provide secure & comfortable environment.During a review of Resident 3's nurses notes (NN), dated 2/4/26, the NN indicated Resident was involved in a behavioral incident in the dining room.Resident stood up, lifted the chair she has been sitting on, and threw it toward another resident [Resident 4].Resident stated she believed the other resident was going to hurt her brother, which prompted her reaction.During a review of Resident 4's social services note (SSN), undated, the SSN indicated, SS spoke with resident regarding and(sic) incident that occurred in the dining room while waiting for smoked (sic) break. Resident stated, I'm not sure (sic) she didn't say anything (sic) she didn't look mad (sic) she just stood up lifted the chair and turned and threw it (sic) I blocked it with my hand.During a review of Resident 4's Radiology Results Report (RRR), dated 2/6/26, the RRR indicated .Soft tissue swelling.Mild.fracture.During an interview on 2/24/26 at 1:13 p.m. with the Social Services Director (SSD) in the conference room about the incident on 2/4/26 which involved Resident 3 and Resident 4, the SSD stated, [Resident 3] has delusions at times and it seems to be family related.During a concurrent observation and interview on 2/24/26 at 1:57 p.m. with Resident 4 in the upper activity room, Resident 4 was observed to have a hard splint from the ring finger to the left elbow wrapped with gauze. She was asked about the incident on 2/4/26. Resident 4 stated, My ring finger got broken It doesn't hurt. It's just good if I stay away from [Resident 3].We were waiting for a smoke break .She stood and threw the chair toward me. I think it was intentional. I just stopped the chair as it came toward me. My hands hit the (continued on next page)

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

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 02/25/2026
NAME OF PROVIDER OR SUPPLIER Gramercy Court		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Gramercy Drive Sacramento, CA 95825	

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(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	front of the chair. It's kind of heavy [Observed to have a metal frame with padded seats, back and armrests]. It could have been something I said to her, not then, but maybe before. She has a mental issue where .she'll flip on me. She'll start to blame me about something that I don't even know about .It's the first time she hurt me.During an interview on 2/25/26 at 10:02 a.m. Certified Nurses Assistant (CNA) 4, CNA 4 was asked to describe Resident 3 and said .[Resident 3] is unpredictable. It's not foreseeable. My experience with her is she has a quick shift in moods.When she's trying to sleep and other residents are loud in the hallway, she targets them. She'll start yelling and saying ‘Stop trying to kill my daughter,' as an example.During a concurrent observation and interview on 2/25/26 at 10:32 a.m. with Resident 3 in the small dining room, Resident 3 had a slow, quiet demeanor and smiled when being questioned.She was asked about the incident on 2/4/26 and said, I threw the chair at [Resident 4]. It was heavy. She was right here.[at another table about 6 feet away]. I think she hurt her hand .During an interview on 2/25/26 at 11:47 a.m. with the MHW in the conference room, the MHW was asked to describe the incident on 2/4/26 and said, I was standing at the entry to the small dining room on [name of unit] so I could watch the residents inside the dining room and outside in the hall.Then I turned my head, for just a moment, to watch [residents passing through] the hallway and nurses station area. When I looked back towards the dining room, I saw [Resident 3] stand up, grab her chair and throw it at [Resident 4]. I.couldn't stop it because it all happened too fast.There was also a CNA behind me.[Resident 3] did not say anything. I didn't even notice them talking before this happened.During an interview on 2/25/26 at 12:30 p.m. with the Nurse Consultant (NC), the NC said, I know [Resident 4] was refusing care, didn't want them to look at it and didn't want medications. That might have been the reason for the delay in the Xray .During an interview on 2/25/26 at 12:14 p.m. with the Assistant Director of Nurses (ADON), the ADON was asked what her expectation was regarding abuse toward residents and stated, Our residents should be free from abuse.During a review of the facility policy and procedure (P&P), titled Abuse, Neglect, Exploitation and Misappropriation Prevention, revised 4/21, the P&P indicated, Residents have the right to be free from abuse.This includes.physical abuse.