STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555459	A. Building B. Wing	04/01/2026

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 interviews, and record review, the facility failed to protect one of five sampled residents' (Resident 1) right to be free from physical abuse by another resident when Resident 2 punched Resident 1 in the face. This failure had the potential to cause physical and mental harm to Resident 1.Findings:Resident 1 was admitted to the facility in February of 2026 with diagnoses that included schizoaffective disorder (a chronic mental health condition characterized by a combination of schizophrenia symptoms and a mood disorder).A review of Resident 1's Minimum Data Set (MDS, a standardized assessment tool used in nursing homes), dated 2/26/26, indicated Resident 1 had a Brief Interview for Mental Status (BIMS) score of 14, indicating Resident 1 was cognitively intact.Resident 2 was admitted to the facility in December of 2025 with diagnoses that included schizophrenia (a mental health condition that affects how people think, feel and behave. It may result in a mix of hallucinations, delusions, and disorganized thinking and behavior).A review of Resident 2's MDS, dated [DATE], indicated Resident 2 had a BIMS score of 13, indicating Resident 2 was cognitively intact. A review of Resident 2's, Behavioral Health Note, dated 2/23/26, indicated, At approximately 0405am [4:05 a.m.] on 2/23/26, this resident [Resident 2] entered a female peer's bedroom [Resident 1's room]. Per [Resident 1], he entered my room, 2 feet in, and he stood there staring. I [Resident 1] asked him [Resident 2] to leave and he just stood there staring. His peer [Resident 1] pushed him out and it was observed that this resident [Resident 2] swung his arm twice to the resident's [Resident 1] face.During an interview on 4/1/26 at 11:14 a.m. with Resident 1, Resident 1 indicated that, on 2/23/26, Resident 2 had entered her room without her permission, which prompted her to tell him to leave. Resident 1 indicated that after trying to get Resident 2 to leave her room, Resident 2 punched her in her face. During an interview on 4/1/26 at 11:47 a.m. with the Social Services Director (SSD), the SSD indicated that the Resident 2 punching Resident 1 in the face would be considered physical abuse. The SSD indicated she had interviewed Resident 1 after the incident and Resident 1 stated that she felt, shaken up.During an interview on 4/1/26 at 12:34 p.m. with Licensed Nurse 1 (LN 1), LN 1 confirmed she witnessed the incident on 2/23/26 between Resident 1 and Resident 2. LN 1 indicated she had been in the nursing station near the incident when she rushed over after hearing yelling. LN 1 indicated that she then witnessed Resident 2 punch Resident 1 in the mouth area twice. During a review of the facility's policy and procedures (P&P) titled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program, revised 4/21, the P&P indicated, Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse, and physical or chemical restraint not required to treat the resident's symptoms.These findings represent past noncompliance with this regulatory requirement. Observations, interviews and record review confirmed the residents were separated immediately, the residents were assessed, the residents' providers and responsible parties were notified, and both residents were put on 15-minute checks for 72 hours. Staff in-services on abuse were done. There was sufficient evidence that the facility corrected the violation as of 2/23/26, and no other (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

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	occurrences of noncompliance were identified. At the time of the visit, the facility was in substantial compliance with this regulatory requirement, and therefore, this violation does not require a plan of correction.