| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 555555 | A. Building<br>B. Wing | 04/14/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Eskaton Village Care Center | 3939 Walnut Avenue<br>Carmichael, CA 95608 |

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) |
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| F 0609<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.<br><br>Based on interview and record review, the facility failed to ensure an allegation of abuse was reported within the required timeframe for one of four sampled residents (Resident 1), when the alleged abuse incident was reported to the Department of Public Health (CDPH) the following day.This failure of timely reporting had the potential to cause a delayed response by enforcement agencies to ensure resident safety.Findings:A review of Resident 1's Face Sheet indicated Resident 1 was admitted to the facility in February 2026 with a diagnosis of fractured vertebra (bones of the spine).A review of Resident 1's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 2/14/26, indicated Resident 1's Brief Interview for Mental Status (BIMS-an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score was 15 out of 15, with no memory impairment.During a concurrent interview and record review on 4/14/26 at 11 a.m. with Licensed Nurse (LN) 1, Resident 1's Progress Notes, dated 3/21/26 at 3:28 p.m. was reviewed. LN 1 stated Resident 1 informed her that Certified Nursing Assistant (CNA) 2 was being way to rough with him on the night shift. LN 1 further stated she did not fill out the required paperwork to report the incident.A review of a facility document titled, Resident Progress Notes, dated 3/22/26 at 7:22 a.m., indicated the facility faxed the Report of Suspected Dependent Adult/Elder abuse (SOC 341 Form) to CDPH.A review of a facility document titled, Fax cover sheet, dated 3/22/26 at 8:19 a.m., indicated a fax regarding an alleged abuse was sent to CDPH with a successful transmission.During an interview on 4/14/26 at 10:09 a.m. with the Administrator (ADM), ADM confirmed the SOC 341 was not sent to CDPH until the morning of 3/22/26. ADM stated reporting the suspected abuse should have been done within two hours to ensure resident safety.A review of the facility's policy and procedure titled, Elder and Dependent Adult Suspected Abuse and Reporting, revised 11/28/21, indicated, Reporting Requirements: In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made .These findings represent past noncompliance with this regulatory requirement. Interviews and record reviews confirmed Resident 1 had an abuse complaint. The Ombudsman, CDPH, Sheriff Department and family for Resident 1 were notified on 3/22/26. Resident 1's care plan was updated for alleged abuse on 3/22/26. The care plans indicated Resident 1 will be separated from suspected abuser. 72 hour monitoring was in place post incident for Resident 1. Reporting abuse in-service training was conducted on 3/22/26, 3/23/26 and 3/24/26. There was sufficient evidence that the facility corrected the violation as of 3/24/26, and no other occurrences of noncompliance were identified. At the time of the survey, the facility was in substantial compliance with this regulatory requirement and therefore, this violation does not require a plan of correction. |

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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