



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555219	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/09/2025
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NAME OF PROVIDER OR SUPPLIER AUBURN OAKS CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3400 BELL ROAD , AUBURN, California, 95603
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F0000	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of two facility reported incidents (1) #CA00970799 and (2) CA00971594.</p> <p>The inspection was limited to the specific facility reported incident investigated and does not represent the findings of a full inspection of the facility.</p> <p>The Department was unable to substantiate a violation of the regulations for CA00970799.</p> <p>The Department substantiated facility reported incident #CA00971594, and a violation of regulations was written under tag #F600.</p>	F0000		
			F-600	Residents were seperated immediately at the time of the incident and Resident 2 1 was removed from the dining room.
				All residents who have an altercation have the potential to be affected by the same deficient practice. Any residents who have an altercation will be seperated 2 immediately and reported accordingly.
				DSD in-serviced staff on 07/08/25 on Abuse Policy and ways to prevent 3 Altercations.
				DSD to observe the behavior of resident 2 in the dining room weekly x 4 weeks, monthly x 1 month to ensure no altercations occur and residents feels safe. Any findings out of compliance will be brought to the attention of the Administrator and addressed immediately. All findings will be 4 reported to the QA Committee.
F0600 SS = D	<p>Free from Abuse and Neglect</p> <p>CFR(s): 483.12(a)(1)</p> <p>§483.12 Freedom from Abuse, Neglect, and Exploitation</p> <p>The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to protect the right to be free from abuse for</p>	F0600		Corrective action will be achieved and 5 sustained by 07/24/2025.

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 reverse for further 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 <i>Tom Larsen</i>	TITLE <i>Administrator</i>	(X6) DATE 7-23-25
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NAME OF PROVIDER OR SUPPLIER AUBURN OAKS CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 BELL ROAD , AUBURN, California, 95603		
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F0600 SS = D	<p>Continued from page 1 one of three sampled residents (Resident 1) when Resident 2 pushed Resident 1's plate of food onto her chest and landed in her lap which affected Resident 1's emotional well-being.</p> <p>This failure resulted in Resident 1 not free from abuse by Resident 2.</p> <p>Findings:</p> <p>Review of Resident 1's "Admission Record" indicated Resident 1 was admitted in July 2017 with diagnoses including hemiplegia and hemiparesis following unspecified cerebrovascular diseases (stroke) affecting left non-dominant side (decreased ability to move and muscle weakness on left side), dementia (a progressive state of decline in mental abilities) and anxiety disorder (any group of mental conditions characterized by excessive fear of real or perceived threats).</p> <p>Review of Resident 1's Minimum Data Set (MDS-A federally mandated resident assessment too), dated 6/13/25 indicated Resident 1 had moderately impaired cognition.</p> <p>Review of Nurse's note for Resident 1 dated 7/7/25 indicated, "...around 1850H [6:50 p.m.] when CNA [Certified Nursing Assistant] reported another resident [2] swung resident [1] and was hit at the chest area.</p> <p>During an interview on 7/9/25 at 11:34 a.m. with Resident 1, Resident 1 stated that she was eating, and Resident 2 was trying to get her food. Resident 1 stated Resident 2 pushed her plate onto her lap. Resident 1 stated, "It made me mad."</p> <p>Review of Resident 2's "Admission Record" indicated Resident 2 was admitted February 2025 with diagnoses including metabolic encephalopathy (a change in how a brain works due to an underlying condition which can cause confusion and memory loss) and Alzheimer's Disease (a disease characterized by progressive decline in mental abilities).</p> <p>Review of Resident 2's MDS indicated Resident 2 had severely impaired cognition.</p>	F0600		

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F0600 SS = D	<p>Continued from page 2</p> <p>During an interview on 7/9/25 at 12:36 p.m. with CNA 3, CNA 3 stated she witnessed the altercation between Resident 1 and Resident 2. CNA 3 stated that there were three CNAs in the room and these two residents were in the dining room at that time. Resident 2 was being "touchy" with Resident 1. Resident 2 took a swing at Resident 1 and her plate of food hit her chest and landed in her lap.</p> <p>During an interview on 7/9/25 at 2 p.m. with the Director of Nursing (DON), the DON stated that residents do have the right to be free from abuse in the facility.</p> <p>Review of the facility's policy and procedures (P&P) titled, "Abuse and Prevention Program," dated December 2016, the P&P indicated, "...our residents have the right to be free from abuse... Protect our residents from abuse by anyone including but not necessarily limited to facility staff, other residents..."</p>	F0600		