

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555098	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2020
NAME OF PROVIDER OF SUPPLIER ESKATON CARE CENTER GREENHAVEN		STREET ADDRESS, CITY, STATE, ZIP 455 FLORIN ROAD SACRAMENTO, CA 95831	
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 0609 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interview and record review, the facility failed to report an allegation of potential abuse within 24 hours. This failure could have exposed Residents to potential abuse. Findings During an interview on 1/3/2020 at 10:57 a.m., with the Director of Nursing (DON), DON stated that on 8/8/19, in the Utility room, there was a discussion between two Certified Nurse Assistants (CNAs): CNA 1 and CNA 2. CNA 1 complained about Resident 1 who had call lights on all the time, and CNA 2 made inappropriate, threatening verbal remarks toward Resident 1's personal belonging (stuffed animal). During interview on 3/3/20 at 3:10 pm with CNA 2, CNA 2 stated that after getting report from morning shift, she went to the utility kitchen and talked to CNA 1. CNA 2 stated that she was tired of Resident 1 who had the call light on all the time. CNA 2 stated that she told CNA 1 that she would take Resident 1's stuffed animal and put the call light cord around it's neck. CNA 2 stated that both of them, CNA 1 and CNA 2, started laughing. DON stated CNA 1 did not report this conversation to administration within 24 hours as required. CNA 1 reported the conversation with CNA 2 four days after it occurred. Review of facility policy: Elder and Dependent Adult Suspected Abuse & Reporting, revised 01/17/19, indicated, that the all suspected/alleged or witnessed abuse shall be immediately reported verbally and/or in writing to the mandated reporter's immediate supervisor and the administrator or his/her designee, and the director of nursing. The suspected/alleged or witnessed abuse that does not result in serious bodily injury shall be reported in 24 hours from incident.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.