STATEMENT OF DEFICIENCIES

NAME OF PROVIDER OR SUPPLIER

AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE

A. BUILDING

STREET ADDRESS, CITY, STATE, ZIP CODE

PRINTED: 05/22/2024 **FORM APPROVED** OMB NO. 0938-0391

> (X3) DATE SURVEY COMPLETED

C

04/11/2024

055734

B. WING

UKIAH POST ACUTE				1349 SOUTH DORA ST. UKIAH, CA 95482			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE			
F 000	INITIAL COMMENTS	FC	000	Residents that were affected: Resident 1 has discharged.			
	The following reflects the findings of the California Department of Public Health during an abbreviated standard survey for one Complaint and one Entity Reported Incident (ERI)			Resident 2- the abuse was reported to the Ombudsman, Abuse Coordinator and the suspected staff member was			
	Complaint number: CA00891892 ERI number: CA00891794			suspended and no longer works at the facility. It has been communicated to			
	Representing the Department:			the resident that the staff member will not be working			
	46132, Health Facilities Evaluator Nurse.			at the facility.			
	The inspection was limited to the specific Complaint and ERI and does not represent the findings of a full inspection of the facility.			Resident who is anonymous- we are unable to determine the affect.			
	There was one deficiency issued for Complaint CA00891892 (Refer to F726)	F 726		All residents have the			
	There was one deficiency issued for ERI number: CA00891794 (Refer to F726) Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c)		'26	potential to be affected by this practice. All residents were interviewed and no other potential abuse or mistreatment was identified.			
	§483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required			Corrective action- The abuse policy and ED procedure reviewed and revised according to current regulation to included, but not limited to reporting immediately or within 2 hours.			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Administrator

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. POC accepted. DON notified. Rencelli D. Famularcano 6/28/24

at §483.70(e).

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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		055734	B. WING			04/	11/2024	
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UKIAH P	OST ACUTE				1349 SOUTH DORA ST.			
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'					The facility developed		5/25/24	
F 726	Continued From pa	ge 1	F 7	26	checklist on steps to t	ake	ED	
					for all allegations of	abus	e,	
		facility must ensure that			including contact infor			
		ve the specific competencies			for CDPH, Ombudsman, La			
		sary to care for residents'			Enforcement as indicate		L	
	needs, as identified				required by the regulat		<u> </u>	
	assessments, and t	described in the plan of care.			- oquilion by one regular	- T O I I •		
	limited to assessing implementing reside to resident's needs. §483.35(c) Proficiel The facility must ento demonstrate contechniques necessaneeds, as identified assessments, and of This REQUIREMENT by: Based on interview facility failed to ensure the second of the sec	483.35(c) Proficiency of nurse aides. he facility must ensure that nurse aides are able of demonstrate competency in skills and echniques necessary to care for residents' eeds, as identified through resident ssessments, and described in the plan of care. his REQUIREMENT is not met as evidenced			facility will abide by California State requir of 3.5 nursing hours pe	and mum er atio are the the emen	n.	
	sampled residents (Anonymous 1) com	lity when three out of three Residents 1, 2 and plained the facility was short uld take a long time to answer			patient per day and the hours of CNA care per per per day.	atie		
	aron oan ngma.				The staffing coordinato		DON	
	updated to reflect co	and Procedure (P&P) were prect reporting guidelines e on which agencies to report and the reporting time frame s.			reports the NHPPD daily Stand-up meeting. The assignment sheets are prepared by DON for eac shift daily to ensure t is adequate staffing to	h here mee	5	
				ł	the needs of the reside and to meet NHPPD.	nts		

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE			(X3) DATE SUI COMPLET	RVEY		
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UKIAH POST ACUTE (X4)ID PREFIX (SACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 726 Continued From page 2 1a. resulted in residents feeling frustrated, upset and worried nobody will answer their call light on time in case of emergency. This also had the potential for neglect, late provision of care or care not being provided at all. 2a. had the potential for abuse to not be reported to the appropriate agency timely and could result in ongoing abuse and safety risk for the resident. Findings: A review of Resident 1's face sheet (demographics) indicated she was initially admitted to the facility on 11/28/2023. His diagnoses included Essential Hypertension (high blood pressure), Type 2 Diabetes Mellitus (DM, a chronic (long-lasting) health condition that affects how your body turns food into energy) and Primary Osteoarthritis (OA, a type of arthritis that only affects the joints, usually in the hands, knees, hips, neck). His Minimum Data Sheet Assessment (MDS, a federally mandated process for clinical assessment of all residents in Medicare and Medicaid certified nursing homes)			055734	B. WING _		04/11/2	024
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F726 Continued From page 2 1a. resulted in residents feeling frustrated, upset and worried nobody will answer their call light on time in case of emergency. This also had the potential for neglect, late provision of care or care not being provided at all. 2a. had the potential for abuse to not be reported to the appropriate agency timely and could result in ongoing abuse and safety risk for the resident. Findings: A review of Resident 1's face sheet (demographics) indicated she was initially admitted to the facility on 11/28/2023. His diagnoses included Essential Hypertension (high blood pressure), Type 2 Diabetes Mellitus (DM, a chronic (long-lasting) health condition that affects how your body turns food into energy) and Primary Osteoarthritis (OA, a type of arthritis that only affects the joints, usually in the hands, knees, hips, neck). His Minimum Data Sheet Assessment (MDS, a federally mandated process for clinical assessment of all residents in Medicare and Medicaid certified nursing homes) F726 also be done for weekend staffing. Any call-ins for nursing staff on weekends and after normal business hours will be reported Staffing Coordinator who will report to the DON. The Staffing Coordinator will be responsible for making the necessary staffing adjustments to ensure there is adequate staffing to meet the needs of residents and to meet NHPPD Each resident has been a Guardian Angel. The Guardian Angel will be responsible for checking with the resident weekly and address any concerns the resident may have. The	PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COM	(X5) MPLETION DATE
dated 3/22/24, Brief Interview for Mental Status (BIMS, a mandatory tool used to screen and identify the cognitive condition of residents) score was 12 indicating moderately impaired cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses). A review of Resident 2's face sheet (demographics) indicated she was initially admitted to the facility on 3/17/2023. Her diagnoses included Type 2 DM, Chronic Pain Syndrome (CPS, pain lasting for more than 3 months, symptoms include pain, itching,	F 726	1a. resulted in resident and worried nobody time in case of emeroterial for neglect not being provided. 2a. had the potentiate to the appropriate a in ongoing abuse a Findings: A review of Resider (demographics) indadmitted to the facilidiagnoses included blood pressure), Tychronic (long-lasting how your body turn Primary Osteoarthrionly affects the join knees, hips, neck). Assessment (MDS, process for clinical Medicare and Medicated 3/22/24, Brief (BIMS, a mandatory identify the cognitive was 12 indicating method the mental action of knowledge and undexperience, and the A review of Resider (demographics) indicadmitted to the facilidiagnoses included Syndrome (CPS, page 12 in the composition of the facilidiagnoses included Syndrome (CPS, page 2).	dents feeling frustrated, upset will answer their call light on be regency. This also had the t, late provision of care or care at all. all for abuse to not be reported agency timely and could result and safety risk for the resident. at 1's face sheet icated she was initially lity on 11/28/2023. His Essential Hypertension (high pe 2 Diabetes Mellitus (DM, a g) health condition that affects is food into energy) and itis (OA, a type of arthritis that its, usually in the hands, His Minimum Data Sheet a federally mandated assessment of all residents in caid certified nursing homes). Interview for Mental Status of tool used to screen and the condition of residents) score inderately impaired cognition for process of acquiring erstanding through thought, a senses). It 2's face sheet icated she was initially lity on 3/17/2023. Her Type 2 DM, Chronic Pain thin lasting for more than 3	F 72	The staffing sheets wi also be done for weeke staffing. Any call-in nursing staff on weeke and after normal business hours will be reported Staffing Coor who will report to the The Staffing Coordinat responsible for making the necessary s adjustments to ensure is adequate staffing t the needs of residents to meet NHPPD Each resident has been a Guardian Angel will be responsible for checking with the resident week address any concerns the Guardian Angel will be concerns to the the Execution of the concerns to the concerns t	nd s for nds dinator DON. or will taffing there o meet and ED ng ly and ne report	be

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NAME OF PROVIDER OR SUPPLIER UKIAH POST ACUTE				STREET ADDRESS, CITY, STATE, ZIP CODE 1349 SOUTH DORA ST. UKIAH, CA 95482	04/11/2024
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F 726	painful form of arth by uric acid crystals body breaks down that form in and arc	ge 3 ritis- joint inflammation caused is a chemical created when the substances called purines) bund the joints. Her MDS, S score was 15 indicating	F 7:	All staff in-serviced abuse reporting. Poli and Procedure, abuse b to be used for reporti that includes the SOC well as reporting chec Competencies on abuse	cy inder ng 341 as
	Unlicensed Staff A staff especially on the had between 8 up to the morning shift. Uhard to finish her tagstated short staffing neglect, late provision	erview on 4/11/24 at 1:09 p.m. Staff A stated the facility was short lly on the weekends and she usually 8 up to 12 residents to care for in shift. Unlicensed Staff A stated it was her task on time. Unlicensed Staff A staffing could lead to residents' provisions of care and increased fall I injury. Unlicensed Staff A stated was a safety risk.		reporting will be done all staff which will include: lo of policy and procedur understanding of polic procedure, abuse report checklist to by used t report an allegation o abuse.	for cation e, y and ting o
	Resident 1 stated h improve their staffir while to answer cal could be frustrating you needed help. R	on 4/11/24 at 1:46 p.m., e felt the facility could g as sometimes staff takes a ls for help. Resident 1 stated it to wait for a long time when lesident 1 stated he was uld see him and answer his		All staff are to compl Abuse reporting traini on-line that includes to be used as a compet	ng a test ency.
	During an interview on 4/11/24 1:58 p.m., Licensed Staff B stated the facility was short staffed when there were call off. Licensed Staff B stated short staffing meant little more time allotted per each resident. Licensed Staff B stated short staffing could lead to late provision of care and wait time for staff to answer residents call light could be longer. Licensed Staff B also stated short staffing was a safety risk for the residents.			Daily staffing PPD and resident care needs wi reviewed each working to assign appropriate levels to meet the neethe residents. Facility will do a wee staffing meeting to reand assess facility st needs based on census levels, patient popula	ll be day staff ds of kly ED/DON view affing

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UKIAH POST ACUTE STREETADDRESS, CITY, STREZIP CODE 1349 SOUTH DORA ST. UKIAH, CA 95482 UKIAH, CA 95482 IVIAH, CA 95482 F726 Continued From page 4 During an interview on 4/11/24 at 3:20 p.m., Licensed Staff C stated the facility was short staffing made it clifficult for her to complete her task safely and timely. Licensed Staff C stated short staffing made it clifficult for her to complete her task safely and timely. Licensed Staff C stated short staffing made it collid lead to late provision of care, care not being rendered at all, residents' health or functioning) could be missed which could be a safety issue for the resident. During an interview on 4/11/24 at 3:23 p.m., Resident 2 stated the facility was short staffed. Resident 2 stated there were not enough staff to care for the residents at the facility. Resident 2 stated during resident council (an independent group of long-term care facility, residents who typically meet at a minimum of once a month to discuss concerns and suggestions in the facility and to plan activities that are important to them) meeting, she had also heard residents complained of short staffing and staff taking a long time to answer call lights. Resident 2 stated she felt flustrated and concerned about short staffing. Resident 2 stated capte being discussed in resident council, short staffing was still happening in the facility. During an interview on 4/11/24 at 3:40 p.m., Anonymous 3 stated she had to wait for 1 up to 2 hours before staff answers her call light. BYPACE (Continued From page 4 During an interview on 4/11/24 at 3:20 p.m., Anonymous 3 stated she had to wait for 1 up to 2 hours before staff answers her call light. BYPACE (CAPTION AND THE PROPRARY CAPTION SHOULD BE GROSS-REPERENCED TO THE APPROPRARY COMPANY TAGE BYPACE (CAPTION AND THE APPROPRARY CONCERNATION SHOULD BE GROSS-REPERENCED TO			055734	B. WING _		04/11/2024
F726 Continued From page 4 During an interview on 4/11/24 at 3:20 p.m., Llcensed Staff C stated the facility was short staffing. Licensed Staff C stated short staffing made it difficult for her to complete her task safely and timely. Licensed Staff C stated short staffing made it difficult for her to complete her task safely and timely. Licensed Staff C stated short staffing made it difficult for her to complete her task safely and timely. Licensed Staff C stated short staffing made it difficult for her to complete her task safely and timely. Licensed Staff C stated short staffing made it difficult for her to complete her task safely and timely. Licensed Staff C stated short staffing made it difficult for her to complete her task safely issue for the residents' change of condition (COC, a change in the resident. During an interview on 4/11/24 at 3:23 p.m., Resident 2 stated there were not enough staff to care for the residents at the facility was short staffed. Resident 2 stated there were not enough staff to care for the residents who typically meet at a minimum of once a month to discuss concerns and suggestions in the facility and to plan activities that are important to them) meeting, she had also heard residents complained of short staffing and staff taking a long time to answer call lights. Resident 2 stated she felf fustrated and concerned about short staffing. Resident 2 stated despite being discussed in resident council, short staffing was still happening in the facility was short staffed. Anonymous 3 stated she had to wait for 1 up to 2 hours before staff answers her call lights. Resident 2 minutes as safely and to plan activities that are important to them) meeting, she had also heard residents complained of short staffing and staff taking a long time to answer call lights. Resident 2 stated the facility was short staffed. Anonymous 3 stated she had to wait for 1 up to 2 hours before staff answers her call lights. Resident 2 up to 2 hours before staff answers her call lights. Resident 3 up to 2 long					1349 SOUTH DORA ST.	
F 726 Continued From page 4 During an interview on 4/11/24 at 3:20 p.m., Licensed Staff C stated the facility was short staffied. Licensed Staff C stated it would be beneficial for the residents if the facility was adequately staffed. Licensed Staff C stated short staffing made it difficult for her to complete her task safely and timely. Licensed Staff C stated short staffing could lead to late provision of care, care not being rendered at all, residents' change of condition (COC, a change in the residents' health or functioning) could be missed which could be a safety issue for the resident. During an interview on 4/11/24 at 3:23 p.m., Resident 2 stated there were not enough staff to care for the residents at the facility. Resident 2 stated during resident council (an independent group of long-term care facility residents who typically meet at a minimum of once a month to discuss concerns and suggestions in the facility and to plan activities that are important to them) meeting, she had also heard residents complained of short staffing and staff taking a long time to answer call lights. Resident 2 stated she felt frustrated and concerned about short staffing. Resident 2 stated despite being discussed in resident council, short staffing was still happening in the facility. During an interview on 4/11/24 at 3:40 p.m., Anonymous 3 stated the facility was short staffied. Anonymous 3 stated she had to wait for 1 up to 2 hours before staff answers her call light.	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO	D BE COMPLÉTION
Anonymous 3 stated staffing was bad at nighttime. Anonymous 3 stated about a month ago, she was left soiled on her brief, and it took about an hour for staff to change her brief.	F 726	During an interview Licensed Staff C st staffed. Licensed Staff C st staffed. Licensed Staffed. Licensed Staffed. Licensed Staffed. Licensed Staffed. Licensed Staffed. Licensed Staffing made it diff task safely and time short staffing could care not being rend of condition (COC, health or functioning could be a safety is During an interview Resident 2 stated to Care for the resider stated during resident group of long-term typically meet at a discuss concerns a and to plan activities meeting, she had a complained of short long time to answe she felt frustrated a staffing. Resident 2 discussed in reside still happening in the During an interview Anonymous 3 state Anonymous 3 state Anonymous 3 state Anonymous 3 state anighttime. Anonymous 3 state nighttime. Anonymous 3 states nighttime.	ated the facility was short staff C stated it would be sidents if the facility was Licensed Staff C stated short icult for her to complete her ely. Licensed Staff C stated lead to late provision of care, dered at all, residents' change a change in the residents' g) could be missed which issue for the resident. A on 4/11/24 at 3:23 p.m., he facility was short staffed, here were not enough staff to its at the facility. Resident 2 ent council (an independent care facility residents who minimum of once a month to ind suggestions in the facility is that are important to them) also heard residents to staffing and staff taking a reall lights. Resident 2 stated and concerned about short is stated despite being and concerned about short is stated at the facility was short staffed. It is a staffing was bad at our short is a stated about a month beiled on her brief, and it took	F 72	Social Service Direct conduct a monthly res council meeting and a concerns of care or a immediately reported abuse coordinator. Guardian Angel Rounds conducted at least 2 a week. This is to it asking patients about concerns. Any concern regarding care or potabuse are to be reportexecutive Director immediately reported in the concerns will be reviewed as Guardian Angel concerns will be reviewed.	or will SSD ident ny ouse will be ED times nclude care ns ential ted to mediately. tes as SSD/lewed at

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F 726	Anonymous 3 state frustrating. Anonym facility would have residents. During an interview Unlicensed Staff D staffed. Unlicensed 12 to 13 residents of Unlicensed Staff D safety risk for the restated short staffing care and staff rushing task. During a telephone p.m., the Interim Distated that at this time with short staffing, staff had left due to Interim DON stated decreased quality of Based on the staffing the facility, it indicated that a higher for on these dates: 3/1/24 the facility had nonly 4 CNAs in the CNAs have about 1 during their shift.	and it was embarrassing and anous 3 stated she hoped the adequate staff to care for the on 4/11/24 at 3:57 p.m., stated the facility was short. Staff D stated taking care of on morning shift was a lot. stated short staffing was a esidents. Unlicensed Staff D g could lead to late provision of any residents to complete their interview on 4/11/24 at 4:14 rector of Nursing (DON) me the facility was struggling. The Interim DON stated some issues with short staffing. The short staffing could result to of care.	F 7	During Guardian Angel each manager will ask employees weekly the of abuse, who is the coordinator and time in which reporting of must take place. Each manager will report tresults for each empl questioned to the ED. ED will report the grresults to QA Quarter This will be done untall staff answer ques with 100% accuracy.	types m abuse frames abuse he oyee The oup ly.

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 726	only 4 CNAs in the CNAs have about 1 during their shift. 3/6/24 the facility have about 1 during their shift. 3/10/24 the facility lawre only 4 CNAs in the CNAs have about 1 during their shift. 3/10/24 the facility lawre only 4 CNAs in the CNAs have about 1 during their shift. 3/15/16 the facility lawre only 4 CNAs in the CNAs have about 1 during their shift. 3/16/24 the facility lawre only 4 CNAs in the CNAs have about 1 during their shift. 3/24/24 the facility lawre only 4 CNAs in the CNAs have about 1 during their shift. A review of the facility lawre only 4 CNAs in the CNAs have about 1 during their shift.	ad a census of 49, there were morning shift, indicating the 12 to 13 residents to care for ad a census of 48, there were morning shift, indicating the 12 to 13 residents to care for ad a census of 49, there in the morning shift, indicating but 12 to 13 residents to care in the morning shift indicating but 12 to 13 residents to care in the morning shift indicating but 12 to 13 residents to care in the morning shift indicating but 12 to 13 residents to care in the morning shift indicating but 12 to 13 residents to care in the morning shift indicating but 12 to 13 residents to care in the morning shift indicating but 12 to 13 residents to care in the morning shift indicating but 12 to 13 resident	F	726				

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		055734	B, WING		04	C /11/ 2024	
NAME OF PROVIDER OR SUPPLIER UKIAH POST ACUTE				STREET ADDRESS, CITY, STATE, ZIP CO 1349 SOUTH DORA ST. UKIAH, CA 95482			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF COR IX (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 726	During an interview Licensed Staff A state of reported as soo Licensed Staff A state of reported timely abuse, further abusinjury or death to the During an interview Occupational Thera allegations were or Ombudsman (an inbeen appointed to should be reported stated if an abuse a timely, it could resurpsychological harm During an interview Unlicensed Staff A should be reported official who investig (CDPH, the state of public health in Cal Unlicensed Staff A was not reported timely. During an interview Licensed Staff B state of the local police as shours. Licensed Staff B state of the local police as shours. Licensed Staff B state of the local police as shours. Licensed Staff B state of the local police as shours. Licensed Staff B state of the local police as shours. Licensed Staff B state of the local police as shours. Licensed Staff B state of the local police as shours. Licensed Staff B state of the local police as shours. Licensed Staff B state of the local police as shours. Licensed Staff B state of the local police as shours. Licensed Staff B state of the local police as shours. Licensed Staff B state of the local police as shours. Licensed Staff B state of the local police as shours. Licensed Staff B state of the local police as shours. All polices and was not agencies and was a staff B staff	on 4/11/24 at 1:14 p.m., ated abuse allegation should in as possible within 4 hours, ated if an abuse allegation was, it could lead to continued se and worst case scenario, are resident. on 4/11/24 at 1:30 p.m., the apist (OT) stated abuse allegation was investigate complaints) and within 24 hours. The OT allegation was not reported all to further abuse, and neglect. on 4/11/24 at 1:44 p.m., stated abuse allegations to the Ombudsman (an apates complaints) and State epartment responsible for ifornia) within 24 hours. stated, if an abuse allegation mely, it could result to ongoing Staff A stated it was a safety at if an abuse allegation was	F7	726			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		055734	B. WING				C 11/2024
NAME OF PROVIDER OR SUPPLIER UKIAH POST ACUTE			13	REET ADDRESS, CITY, STATE, ZIP CODE 49 SOUTH DORA ST. KIAH, CA 95482	1 04/	11/2024	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 726	Licensed Staff B statimely was a safety safe in the facility a staff were protecting. During an interview Interim DON stated should be reported CDPH within 24 ho there was no injury, report the abuse all The Interim DON stated in injury, it Ombudsman, CDPI hours. During an interview Unlicensed Staff D should be reported hours.	ated not reporting an abuse risk, residents would not feel nd residents would not feel g them. If on 4/11/24 at 2:33 p.m., the abuse allegations with injury to the Ombudsman and the urs. The Interim DON stated if there would be no need to regation to the local police. The interimity and the local police within 2 and the Ombudsman within 24 staff D stated if an abuse reported timely, it could lead to an and resident could get hurt. The P&P indicated when an an of resident abuse was tion will be reported within 24.	F 7	726			
					DECEIVED 1 Jun 2 5 2024 BY:		