STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056483	A. BUILDING _____ B. WING _____	C 12/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHERWOOD OAKS POST ACUTE CARE, LLC	130 DANA STREET FORT BRAGG, CA 95437

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the investigation of a Facility Reported Incident (FRI). Facility Reported Incident Number: CA00929826 The inspection was limited to the specific Facility Reported Incident investigated and does not represent the findings of a full inspection of the facility. Two deficiencies were identified for the Facility Reported Incident: CA00929826 (Refer to Ftag 600 and Ftag 609)	F 000	This plan of correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet the requirements established by state and federal law.	
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation 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. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure a resident was free from abuse when Resident 1 hit with her fist Resident	F 600	The Director of Staff Development provided in-service to all staff on the providing abuse, neglect, and exploitation-free environment to the residents (refer to attachment). The deficient practice has the potential to affect all residents by the same deficient. But none was identified to have been affected by the deficient practice. The Interdisciplinary Team will review the facility policy titled "Preventing Resident Abuse" and will conduct daily Angel Rounds, as necessary, to ensure an environment free from abuse, neglect, and exploitation.	1-22-25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE Administrator (X6) DATE 1/23/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056483	A. BUILDING _____ B. WING _____	C 12/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHERWOOD OAKS POST ACUTE CARE, LLC	130 DANA STREET FORT BRAGG, CA 95437

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 1 2's thigh while they were seated close to each other. This failure caused pain and potential mental anguish to Resident 2. Findings: A review of Resident 1's medical records indicated the following: - The Quarterly Minimum Data Set (MDS - federally mandated clinical assessment) dated 9/23/24 indicated Resident 1 had severe memory issues. - The MDS further indicated Resident 1 had delusions (misconceptions or beliefs that are firmly held, contrary to reality) and exhibited verbal behavior symptoms directed towards others such as threatening, screaming, and cursing at others; - Resident 1's order summary report for 12/2024 indicated she was receiving Quetiapine Fumarate (an antipsychotic - medications used to treat several kinds of mental health conditions to regulate your mood, behaviors and thoughts) 50 milligram (mg, unit of measure) tablet in the afternoon and 25 mg in the morning for severe dementia (loss of cognitive functioning - thinking, remembering, and reasoning - to such an extent that it interferes with a person's daily life and activities), with agitation. - Resident 1's care plan dated 8/1/24 indicated verbally abusive behaviors directed towards roommates, confused residents, and aggressive behaviors involving striking out at others, interfering with other resident's activities, etc.	F 600	The QA/QAPI Committee will review the facility policy titled "Preventing Resident Abuse" from the Operational Policy and Procedure Manual for Long-Term Care to support the facility's goal of maintaining an abuse-free environment. Additionally, the Committee will assess residents exhibiting signs and symptoms of behavioral issues, and will develop and implement care plans to address these concerns. This review and assessment process will occur during the monthly meetings over the course of one year.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056483	A. BUILDING _____ B. WING _____	C 12/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHERWOOD OAKS POST ACUTE CARE, LLC	130 DANA STREET FORT BRAGG, CA 95437

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 2	F 600		

- Resident 1's care plan Interventions included: assist the resident from the confused resident's presence if the resident becomes abusive at the confused resident in a public environment or area; attempt to redirect the resident away from others if the resident is behaving aggressively or overly assertive manners or behaviors - be aware that the resident may not be easily redirected; do not locate or assist the resident to a location that enables the resident to be able to reach another resident by striking out when stimulated by the other resident.

A review of Resident 2's medical records indicated the following:

- The Quarterly MDS dated 10/21/24 indicated Resident 2 had minimal hearing difficulty, cognition severely impaired, difficulty focusing attention, easily distracted, difficulty keeping track of what was said, exhibits disorganized thinking manifested by incoherent, rambling and unclear or illogical flow of ideas.

- Resident 2's face sheet (one-page summary of important information about a patient, includes patient identification, allergies, insurance status, or other pertinent information like diagnosis on admission) indicated she was admitted with multiple diagnoses which inlcuded unspecified dementia without behavior disturbance.

During an interview on 12/23/24, at 11:39 AM, Unlicensed Staff A stated, on the day of incident residents including Resident 1 and Resident 2 were out in the hallway seated in their wheelchairs near each other across the nurses'

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056483	A. BUILDING _____ B. WING _____	C 12/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHERWOOD OAKS POST ACUTE CARE, LLC	130 DANA STREET FORT BRAGG, CA 95437

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 3 station. Unlicensed Staff A stated, Resident 1 said something to Resident 2, then Resident 1 said: "what, are you not "gonna " answer me? " Resident 1 then hit with her balled fist Resident 2 on the thigh area and Resident 2 said, "Ouch! " Unlicensed Staff A told Resident 1: you could not be hitting others, as she took her back to her room. A review of the facility's policy titled: "Preventing resident abuse " taken from the Operational policy and procedure manual for long-term care 2021 Med Pass, Inc., revised 12/2013, indicated, the facility's goal was to achieve and maintain an abuse-free environment and assess residents with signs and symptoms of behavior problems and developing and implementing care plans to address behavior issues.	F 600		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) 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, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state	F 609	The Administrator provided in-service to Administrator-In-Training, Director of Nursing and Social Service on the timeframe and process for reporting suspected abuse incidents (refer to attachment). The deficient practice has the potential to affect 2 out of 35 residents by not reporting the suspected abuse incidents within the timeline as identified in the finding. The Administrator will review the policy and reporting timeframe for suspected abuse incidents with the Administrator-In-Training, Director of Nursing, and Social Services on a weekly basis, as necessary.	1-23-25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056483	A. BUILDING _____ B. WING _____	C 12/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHERWOOD OAKS POST ACUTE CARE, LLC	130 DANA STREET FORT BRAGG, CA 95437

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 609	Continued From page 4 law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to report an alleged resident abuse immediately when Resident 1 allegedly hit Resident 2 who was sitting near and opposite her. This failure reduced the faciltiy's potential to ensure resident safety. Findings: A review of facility Transmission Verification report sent 11/11/24 at 4:52 p.m. and received by the Department on 11/12/24 at 8:00 a.m., indicated an allegation of suspected dependent adult/elder abuse had been made related to a resident-to-resident altercation between Resident 1 and Resident 2. A review of the Report of Suspected Dependent Adult/Elder Abuse (documenting a report of abuse or neglect of an elder or dependent adult) between Resident 1 and Resident 2, indicated the incident happened on 11/10/24, at 4:18 p.m. During a review of record and concurrent interview on 12/23/24 at 11:45 a.m., the facility's	F 609	The QA/QAPI Committee will review the policy and reporting timeframe for suspected abuse incidents during the monthly meetings over the course of one year.	1-23-25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056483	A. BUILDING _____ B. WING _____	C 12/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHERWOOD OAKS POST ACUTE CARE, LLC	130 DANA STREET FORT BRAGG, CA 95437

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 609	Continued From page 5 abuse prevention policy did not indicate a timeframe for reporting suspected abuse incidents. The DON stated they follow the flowchart of Mandated Reporter (attached in facility documents) posted on his workstation. The DON was not familiar with the reporting requirement timeline for alleged abuse incident after he was informed by the Department that alleged incidents of abuse were reported not later than 2 hours after the allegation is made. A review of the facility's policy titled: "Reporting abuse to State Agencies and other entities/individual," indicated, "all suspected violations ... of abuse will be immediately reported to appropriate state agencies... as maybe required by law. "	F 609		