

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055003	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2026
NAME OF PROVIDER OR SUPPLIER Eureka Rehabilitation & Wellness Center, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 2353 Twenty Third St Eureka, CA 95501	

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)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review, the facility failed to ensure an allegation of resident-to-resident sexual abuse was timely reported to the California Department of Public Health (CDPH) for two of two sampled residents (Resident 1 and Resident 2). This failure had the potential to delay state agency awareness and oversight of an alleged abuse incident. A review of a facility reported incident received by the Department on 3/26/26 at 8:00 a.m., indicated that on 3/20/26 at approximately 10:00 p.m., staff observed Resident 1 placing Resident 2's hand on Resident 1's genital area while Resident 2 was asleep. During an interview on 4/22/26 at 11:45 a.m., the Regional Administrator stated the incident occurred at approximately 10:00 p.m. on 3/20/26 and the SOC 341 (a standardized reporting form used in California to notify authorities about suspected cases of abuse) was submitted at 7:11 a.m. on 3/21/26 (approximately nine hours after the incident was identified). The Regional Administrator stated the charge nurse notified the Director of Nurses, who instructed staff to notify the Administrator. According to the Regional Administrator, the Administrator was ill, did not answer the phone that night, listened to the message the following morning, came to the facility, and then completed the report. During interviews on 4/22/26 at 12:40 p.m., and 12:55 p.m., Licensed Nurse A and CNA B stated they would separate residents and notify supervisors if abuse occurred; however, both stated they were unaware the allegation required timely notification to CDPH. A review of the facility policy titled, Abuse Prevention and Management, last revised on 5/30/24, indicated, The Administrator or designated representative will notify law enforcement, by telephone immediately, or as soon as practicably possible, but no longer than two (2) hours of an initial report AND send a written SOC341 report to the Ombudsman, Law Enforcement, and CDPH Licensing and Certification within (2) hours.</p>

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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