

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 02/19/2025
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>39714</p> <p>Based on record review and interview, the facility failed to ensure a Level I Preadmission Screening and Resident Review (PASRR) accurately reflected the presence of diagnosed mental disorders for 1 (Resident #53) of 6 sampled residents reviewed for PASRR requirements.</p> <p>Findings included:</p> <p>An Admission Record revealed the facility admitted Resident #53 on 04/22/2022. According to the Admission Record, the resident had admission diagnoses that included depression and post-traumatic stress disorder (PTSD), both with an onset date of 04/27/2022.</p> <p>Resident #53's Preadmission Screening and Resident Review (PASRR) Level I Screening, completed by the Medical Records Director (MRD) on 05/13/2022, indicated the Screening Type was an Initial Preadmission Screening (PAS). Section III - Serious Mental Illness Screen, question 10 was answered no to indicate the resident did not have a diagnosed mental disorder such as depression, anxiety, panic, schizophrenia/schizoaffective disorder, psychotic, delusional, and/or mood disorder. The screening did not reflect the presence of Resident #53's diagnoses of depression or PTSD. As a result, the resident's Level I Screening was negative, and a Level II Evaluation was not required.</p> <p>Resident #53's medical record revealed no documented evidence that the facility had submitted a corrected Level I Screening for the resident.</p> <p>During an interview on 02/19/2025 at 11:07 AM, Medial Records Director (MRD) stated the Minimum Data Set (MDS) nurse was primarily responsible for the accuracy of PASRRs.</p> <p>During an interview on 02/19/2025 at 11:41 AM, MDS Nurse #4 stated Resident #53 had a diagnosis of PTSD when they were admitted to the facility. MDS Nurse #4 further stated that if Resident #53's Level I Screening had accurately reflected the resident's diagnosis of PTSD, it would have required a Level II Evaluation be completed.</p> <p>The Director of Nursing (DON) was interviewed on 02/19/2025 at 2:03 PM. The DON stated she expected staff to review all PASRRs for accuracy.</p> <p>The Administrator was interviewed on 02/19/2025 at 2:11 PM. The Administrator stated they expected PASRRs to be completed accurately.</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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NAME OF PROVIDER OR SUPPLIER Eureka Rehabilitation & Wellness Center, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 2353 Twenty Third St Eureka, CA 95501	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>39714</p> <p>Based on observation, interview, and facility policy review, the facility failed to ensure food items were labeled and dated. This had the potential to affect all residents receiving meals from the dietary department.</p> <p>Findings included:</p> <p>A facility policy titled, Food Storage and Handling, revised 02/29/2024, revealed the sections titled 6. Fresh Fruit Storage and 9. Fresh Vegetable Storage specified, Label and date all food items.</p> <p>An initial tour of the kitchen was conducted with the Dietary Manager (DM) on 02/17/2025 at 8:36 AM. The following items were observed in the reach-in refrigerator with no labels to identify what the items were or the open or use-by dates: a quart-sized bag of sliced carrots, a quart-sized bag of vegetable patties, and a covered bowl of fruit.</p> <p>During an interview on 02/17/2025 at 8:36 AM, DM confirmed the food items should have been dated and labeled.</p> <p>A follow-up tour of the kitchen was conducted with the DM on 02/19/2025 at 10:30 AM. During this tour, a gallon-sized bag of Salisbury steaks was in the reach-in freezer with no label identifying what the item was or an open or use-by date.</p> <p>During an interview on 02/19/2025 at 10:30 AM, the DM stated they did not have an explanation as to why the food items were not dated or labeled.</p> <p>During an interview on 02/19/2025 at 10:32 AM, [NAME] #2 stated all opened food items were to be labeled with open and discard-by dates. [NAME] #2 further stated that everyone was responsible for discarding non-dated and unlabeled food items.</p> <p>During an interview on 02/19/2025 at 10:47 AM, [NAME] #3 stated that opened food items should be labeled with the name of the product and the date the food item was opened. [NAME] #3 further stated that staff were to refer to their guideline sheet to determine the use-by dates.</p> <p>During an interview on 02/19/2025 at 10:59 AM, the DM stated that leftover and opened items should be labeled with an open date, description of the product, and a use-by date.</p> <p>During an interview on 02/19/2025 at 2:03 PM, the Director of Nursing (DON) stated that it was their expectation that all opened food items be labeled with an open date and expiration date.</p> <p>During an interview on 02/19/2025 at 2:11 PM, the Administrator stated they expected all food items to be properly labeled and stored.</p>		