

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2026
NAME OF PROVIDER OR SUPPLIER Redwood Grove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 2990 Soquel Avenue Santa Cruz, CA 95062	
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on interview and record review, the facility failed to ensure one of four residents (Resident 1) was treated with respect and dignity, when the occupational therapy assistant (OTA) made inappropriate gestures towards Resident 1. This failure had the potential to negatively affect Resident 1's psychosocial well-being. Findings: Resident 1 was admitted with diagnoses including abnormal gait and mobility, need for assistance with personal care, generalized muscle weakness, dependence on supplemental oxygen, hearing loss, difficulty in walking, and abnormal posture. During an interview with the director of nursing (DON) on 4/9/26 at 2 p.m., the DON stated Resident 1 was in the therapy gym during the therapists' lunch time and the OTA asked Resident 1 what he wanted. The DON further stated, Resident 1 had difficulty hearing, and could not speak well. Resident 1 waved his hands to the OTA, then the OTA asked Resident 1 why he waved his hands with the middle finger up. During an interview with the director of rehab (DOR) on 4/9/26 at 2:23 p.m., she stated when she entered the therapy gym, Resident 1 was already in the therapy gym, and the therapists were having lunch. The DOR stated she was wheeling Resident 1 out of the therapy gym when Resident 1 started pointing at the OTA. The DOR further stated the OTA came around in front of Resident 1 and tried to explain what happened, the situation escalated and the OTA gave Resident 1 the middle finger. During an interview with Resident 1 on 4/9/26 at 3:08 p.m., he stated that the OTA was eating a lot of pizza, went in front of his face eating pizza, and he did not like it. Resident 1 further stated he cussed at the OTA and the OTA stated, come get me, while still eating pizza and waved at him. Resident 1 did not like it, so he took off his oxygen and got up from the wheelchair and walked toward him, and the other therapists stopped him. Resident 1 stated the OTA gave him the middle finger first, so he gave it back. During an interview with physical therapist A (PT A) on 6/5/26 at 8:45 a.m., she stated Resident 1 was coming to the desk, the OTA had pizza in his hand, they started to exchange words and Resident 1 said he is always eating, they gave each other the middle finger, and was not sure who gave it first. During an interview with an occupational therapist (OT) on 6/5/26 at 8:58 a.m., she stated the OTA went to the table to get a piece of pizza. Resident 1 came over and the OTA said instead of getting agitated why don't you F**ing ask then made a crying gesture. Resident 1 took off his oxygen, and the OTA asked, Do you want to fight? The OT stated the OTA did flip-off Resident 1. During an interview with physical therapist B (PT B) on 6/5/26 at 9:16 a.m., she stated Resident 1 was upset, because the OTA was eating in front of him, and the OTA said it was his lunch time, and was allowed to eat, if Resident 1 wanted something to eat, Resident 1 could have just asked. PT B stated the OTA used the crying hand gesture at Resident 1 that might have caused Resident 1 to be angry. During a review of the facility's policy and procedure (P&P), titled Resident Rights, revised 02/2021, the P&P indicated Employees shall treat all residents with kindness, respect, and dignity. 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: a. a dignified existence; b. be treated with respect, kindness, and dignity.		

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