STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055017	A. Building B. Wing	06/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Redwood Grove Post Acute	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 0646 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the appropriate authorities when residents with MD or ID services has a significant change in condition. Based on interview and record review the facility failed to ensure pre-admission screening and resident review (PASRR- screening for residents with mental disorders and residents with intellectual disability) Level 1 screening was completed and submitted to state mental health authority for review for one of three sample resident (Resident 1) with significant change in mental illness (MI-a wide range of conditions that affect resident's mood, thinking, and behavior) and treatment plan. This failure had the potential for mentally ill Resident 1 not to received benefit from specialized health care and services. Findings:Review of Resident 1's face sheet (FS- a document that gives a resident's information at a quick glance) indicated Resident 1was admitted to facility on 5/12/2026. Resident 1's FS also indicated diagnoses including anxiety disorder (a mental disorder with excessive, persistent worry and fear of everyday situations) dated 5/27/2026, and depression (a serious mood disorder with persistent sadness, lack of energy, and loss of interest in daily activities), dated 5/27/2026.Review of Resident 1's order summary report indicated an order for psychiatry/psychologic evaluation and treatment as needed, dated 5/12/2026 and escitalopram (medication used to treat depression) 5 mg (milligram, a unit of mass and weight equal to one thousandth of a gram) by mouth one time a day for 14 days for depression dated 5/29/2026 and 10 mg one time day for depression, start on 6/13/2026, dated 5/29/2026.Review of Resident 1's nursing progress notes dated 5/15/2026 indicated Resident 1 verbalized suicidal ideation with no suicidal plan.Review of Resident 1's psychological evaluation dated 5/27/2026 indicated Resident 1 reported of history of depression, anxiety and recommended for treatment plan with escitalopram for depression.Review of Resident 1's documented Level 1PASRR screening completed and submitted by acute hospital (AH, a medical facility that provides short-term active treatment for severe injuries, illnesses, or urgent medical conditions) dated 5/11/2026 indicated no serious mental illness for Resident 1 and this PASRR Level 1 screening was completed before Resident 1 was diagnosed with mental illnesses.Review of Resident 1's clinical chart indicated there was no documented evidence of Level 1 PASRR screening completed and submitted to health care services after diagnosed with depression with treatment plan and anxiety for Resident 1 on 5/27/2026.During an interview with facility's minimum data set (MDS, resident assessment tool) assistant (MDSA) on 6/8/2026 at 1:25 p.m., MDSA confirmed above both new diagnoses for Resident 1 received on 5/27/2026 while Resident 1 was in the facility, considered a significant change in mental condition. MDSA stated MDS staff were responsible for Level 1 screening and submission of PASRR for residents as needed. MDSA also stated MDS staff should have screened and submitted a new Level 1 PASRR when Resident 1 received mental illness diagnoses on 5/27/2026 for possible Level 11 PASRR evaluation and determination to receive specialized mental healthcare and services.During an interview with facility's director of nursing (DON) on 6/8/2026 at 1:43 p.m., DON stated facility's MDS staff were responsible for Level 1 PASRR screening and submission to authorities for residents in facility. DON also stated MDS staff should have screened and submitted a new Level 1 PASRR when Resident 1 was diagnosed with depression and anxiety on 5/27/2026.Facility unable to provide policy and procedure (P&P) for PASRR.Review of California Department of Health Care Services (DHCS, a state (continued on next page)

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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F 0646 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	agency responsible for providing healthcare services for qualified people with physical, mental health and substance use disorders) for indications for PASRR for residents in facility indicated, Once an individual is admitted to a NF (nursing facility), if there is a significant change in condition, the NF would initiate the RR (resident review) process by submitting a Level I Screening. (refer to www.dhcs.ca.gov)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to ensure to develop and implement comprehensive (thorough) person -centered care plan (individual care, treatments, and goals to resident's cultural, personal values, and lifestyle) for discharge that included discharge target, measurable objectives, and interventions for three of three sampled residents (Resident 1, 2, and 3).Above failure had the potential for lack of opportunity for resident/ resident representative (RP, a legally assigned person, authorized to make day to day decisions on behalf of the resident) right to participate in develop and implement person-centered plan of care decisions for discharge for Resident 1,2, and 3. Findings:Review of Resident 1's face sheet (FS: a document that gives resident's information at a quick glance) indicated, Resident 1 was admitted to facility on 5/12/2026 and discharged from facility 6/3/2026. This FS also indicated Resident 1 was responsible for daily decisions while in facility. Review of Resident 1's minimum data set (MDS, resident assessment tool) assessment dated [DATE] indicated Resident 1's brief interview for mental status (BIMS) score indicated 15/15 (score of 0-7, severely impaired cognition, 8-12, moderately impaired cognition, 13-15, intact cognition).Review of Resident 1's care plans indicated there was no documented evidence of person centered care plan for discharge plans.Review of Resident 2's FS indicated, Resident 2 was admitted to facility on 5/27/2026 and Resident 2 currently residing in facility. Further review of this FS indicated Resident 2 self-responsible for daily decision making. Review of Resident 2's MDS assessment dated [DATE] indicated Resident 2's BIMS score of 15.Review of Resident 2's care plans indicated there was no documented evidence of person centered care plan for discharge plans.Review of Resident 3's FS indicated Resident 3 was admitted to facility on 12/14/2025 and Resident 3 currently residing in facility. This FS also indicated Resident 3 had assigned family member as RP.Review of Resident 3's care plans indicated there was no documented evidence of person centered care plans for discharge.During a concurrent record review of care plans for Resident 1,2, and 3 and interview with facility's social service director (SSD) on 6/8/2026 at 12:50 p.m., SSD confirmed Resident 1 was discharged from facility to community, plan for Resident 2 will be discharged to community when Resident 2 reaches goals for the treatments, and for Resident 3, long term placement with no discharge plan. SSD also confirmed there was no documented care plan developed with discharge plan for Resident 1,2, and 3. SSD stated social service department responsible to develop and implement discharge care plan. SSD also stated social service staff should have coordinated with interdisciplinary team (IDT, a group of healthcare professionals who collaborate to plan, deliver, and evaluate the care, treatments, and discharge plans for resident) along with resident/RP, developed and implemented discharge care plan for above three residents.During an interview with facility's director of nursing (DON) on 6/8/2026 at 1:43 p.m., DON stated social service staff responsible to develop and implement discharge care plan for residents. DON also stated social service staff should have developed and implemented discharge care plan for Resident 1, 2, and 3.Review of facility's policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, revised March 2022, the P&P indicated, The interdisciplinary team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident