

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055208	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/21/2024
NAME OF PROVIDER OR SUPPLIER  Seaview Rehabilitation & Wellness Center, LP		STREET ADDRESS, CITY, STATE, ZIP CODE  6400 Purdue Drive Eureka, CA 95503	

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>48660</p> <p>Based on observation, interview, and record review, the facility failed to report an injury of unknown origin potentially resulting from abuse to the Department within two hours. This failure delayed the Department's investigation of the injury and potential abuse. The facility further failed to ensure staff were trained on reporting abuse allegations. This failure placed residents at risk of abuse.</p> <p>During an interview on 5/21/24 at 2:00 PM, the Administrator in Training (AIT) stated injury of unknown origin for Resident 1 was reported on 5/17/24.</p> <p>During an interview on 5/21/24 at 2:35 PM, Unlicensed Staff A stated she entered Resident 1's room on 5/17/24 to assist him with getting dressed. Unlicensed Staff A helped Resident 1 remove his shirt and she observed bruising on his left upper chest and going into his left armpit. The bruising was all shades - purple, blue, yellow, and green. Unlicensed staff A asked Resident 1 what happened. Resident 1 stated it happened last night when a guy came in and roughed me up. Unlicensed Staff A immediately reported the bruising to Licensed Nurse B.</p> <p>During an interview on 5/21/24 at 3:00 PM, Licensed Nurse B stated she reviewed a shower sheet (a record of resident's skin condition observed during shower time) for Resident 1, dated 5/13/24. The shower sheet had a drawing of a body and the unlicensed staff who showered Resident 1 marked skin conditions on the drawing. The drawing showed Resident 1 had bruising on his chest, left upper arm, and left underarm. Licensed Nurse B stated Licensed Nurse C looked at the bruising after it was documented on the shower sheet on 5/13/24.</p> <p>During an interview and record review on 5/21/24 at 3:28 PM with Licensed Nurse C, Licensed Nurse C verified the shower sheet for Resident 1, dated 5/13/24, showed bruising on chest, left upper arm, and left arm pit. Licensed Nurse C stated no one reported bruising to her on 5/13/24. Licensed Nurse C further stated she looked at Resident 1's bruising on his left chest and left arm pit when it was reported to her on 5/17/24. Licensed Nurse C requested an order for a chest x-ray for Resident 1 on 5/17/24. Licensed Nurse C stated shower sheets were reviewed the day of the shower or the next day by a licensed nurse.</p> <p>During an interview on 5/21/24 at 4:35 PM, Unlicensed Staff H stated she had 24 hours to report abuse but reported as soon as possible.</p> <p>(continued on next page)</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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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview and observation on 5/21/24 at 4:40 PM, with Unlicensed Staff D, Resident 1 was lying in his bed. Unlicensed Staff D held up Resident 1's shirt and he had multicolored (blue, purple, green, and yellow) bruising on his left chest and left armpit. Unlicensed Staff D stated she reported suspected abuse immediately, but we have 24 hours.</p> <p>During an interview on 5/21/24 at 4:55 PM, Licensed Nurse B stated we reported abuse immediately and we had 24 hours to report to the state.</p> <p>During an interview on 5/21/24 at 4:56 PM, Unlicensed Staff E stated she provided a shower to Resident 1 on 5/13/24. Unlicensed Staff E stated she observed bruising on Resident 1's left chest and left armpit during his shower on 5/13/24. Unlicensed Staff E documented the bruising on the shower sheet and reported to the charge nurse on the same day.</p> <p>During an interview on 5/21/24 at 5:25 PM, Licensed Nurse F stated he did not recall if Unlicensed Staff E reported Resident 1's bruising on 5/13/24.</p> <p>During an interview on 5/21/24 at 5:35 PM, the Director of Nursing (DON) stated Licensed Nurse F worked a double shift on 5/13/24 and was the charge nurse for both AM and PM shifts.</p> <p>Record review of documents for Resident 1 titled Weekly Assessment Worksheet , with instructions to be completed by CNA and given to charge nurse on bath/shower day . , the following was indicated:</p> <p>4/22/24 bandage on right hip with bruising</p> <p>4/26/24 no new skin conditions</p> <p>4/27/24 no new skin conditions</p> <p>4/29/24 refused 3 times</p> <p>5/2/24 resident refused because he was sleeping</p> <p>5/6/24 no new skin issues</p> <p>5/9/24 shower offered and refused 3 attempts</p> <p>5/13/24 scab left lower arm and right wrist, bruising on chest, left upper arm, and armpit</p> <p>5/16/24 resident refused shower and/or bed bath</p> <p>5/20/24 scab right hand, bruising on chest left upper body and left arm</p> <p>Record review of policy titled Abuse Reporting and Investigations , policy indicated as the purpose, To protect the health, safety, and welfare of Facility residents by ensuring that all reports of resident abuse, mistreatment, neglect, exploitation or injuries of unknown source .are promptly reported . The policy also indicated, Administrator or designated representative will also notify .CDPH by telephone and in writing (SOC 341) within two (2) hours of initial report.</p> <p>(continued on next page)</p>		

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