STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055208	A. Building B. Wing	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Seaview Rehabilitation & Wellness Center, LP	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interviews and record reviews, the facility failed to ensure: 1. staff were knowledgeable of the abuse reporting guidelines: whom to report abuse allegations and the time frame for reporting abuse allegations, and 2.an abuse allegation was reported within the two-hour reporting time frame. These failures could put all facility residents at risk to experience abuse without timely reporting to the designated agencies. Findings: 1. During an interview on 6/18/25 at 10:54 a.m., Unlicensed Staff A stated abuse allegations should be reported to the state (California Department of Public Health or CDPH) and the Administrator (ADM) within 24 hours. Unlicensed Staff A stated it was important for abuse allegations to be reported to the right agencies and at the appropriate time frame so the allegations could be investigated while the details were still clear for the safety and wellbeing of the residents. During an interview on 6/18/25 at 12:57 a.m., Licensed Nurse (LN) B stated abuse allegations were expected to be reported to the state and the Ombudsman (an advocate for residents of nursing homes, board and care centers, and assisted living facilities). LN B stated the police should be notified depending on type of abuse. LN B stated it was important to know the correct agency to report abuse allegations to ensure residents safety. During an interview on 6/18/25 at 1:21 p.m., Unlicensed Staff C stated was expected to report abuse allegations only to the ombudsman and the state. Unlicensed Staff C stated as far she knew, abuse allegations should be reported within 24 hours to get the story straight and to get the alleged abuser away to protect the resident. During an interview on 6/18/24 at 2:04 p.m., the Minimum Data Set assessment Coordinator (MDSC, a licensed nurse, often an RN, who manages the assessment process for residents in long-term care facilities using the MDS system) stated was expected to report abuse allegations to the ombudsman and then asked, was there more? The MDSC stated it was important to report abuse allegations to the right agencies to protect the resident. (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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 6/18/25 at 3:19 p.m., Unlicensed Staff D stated was expected to report abuse allegations within 24 hours only to law enforcement and the Ombudsman. Unlicensed Staff D stated it was important abuse allegations were reported to the right agencies to protect residents' rights and to snip the abuse in the bud really quick. During an interview on 6/18/25 at 3:25 p.m., the Infection Preventionist (IP) stated was expected to report abuse allegations only to the ombudsman and law enforcement to protect the resident. A review of the All Facilities Letter (AFL, information contained may include changes in requirements in healthcare, enforcement, new technologies, scope of practice, or general information that affects the health facility) 21-26, dated 7/26/21, indicated, . Pursuant to Title 42 CFR section 483.12(c)(1) . facilities must report any instance of suspected or alleged abuse, neglect, exploitation, and/or mistreatment of elders or dependent adults to their local law enforcement agency, LTC ombudsman, and [CDPH]. When to Report . for incidents that involve abuse or result in serious bodily injury, facilities must: Call local law enforcement immediately, but no later than two hours after the allegation is made. File a written or electronic report to the LTC ombudsman, local law enforcement, and [CDPH] within two hours . for any other reasonable suspicion that does not result in abuse or serious bodily injury, facilities must: Call local law enforcement as soon as possible, but no later than 24 hours after the allegation is made. File a written or electronic report to the [Ombudsman], local law enforcement and [CDPH] within 24 hours . 2. During a review of the Report of suspected dependent adult/elder abuse, dated 5/24/25, indicated an allegation abuse occurred on 5/23/25 when, .observe [Certified Nursing Assistant] holding a sheet over [Resident's] head and pushing her down . A review of the facility's fax confirmations, for date 5/24/25, indicated the Report of suspected dependent adult/elder abuse was faxed to the Ombudsman on 5/24/25 at 9:43 a.m. and the Humboldt Sheriff Department (HSD) on 5/24/25 at 11:39 a.m. During a concurrent interview and record review on 6/18/25 at 3:56 p.m., with the ADM, Report of suspected dependent adult/elder abuse and email and fax confirmation receipts, dated 5/24/25, were reviewed. The ADM confirmed the abuse allegation occurred on 5/23/25 and all abuse allegations should be reported to the state, the Ombudsman and law enforcement within 2 hours. The ADM verified the facility did not meet the two hour reporting time frame requirement when the abuse allegation was reported to the Ombudsman on 5/24/25 at 9:43 a.m. and the HSD on 5/24/25 at 11:39 a.m.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interviews and record reviews, the facility failed to ensure staff followed the facility's enhanced barrier precautions (EBP, an infection control intervention, that involves the use of gowns and gloves during high-contact care activities to reduce the transmission of Multidrug-Resistant Organisms [MDROs, bacteria, that have become resistant to multiple antibiotics]) for one out of two sampled residents (Resident 2) when staff did not wear gown while changing Resident 2's incontinence brief (a type of absorbent undergarment, similar to an adult diaper). This failure could result in a higher risk of transmitting MDROs to residents and could make residents sick. Findings A review of Resident 2's face sheet (front page of the chart that contains a summary of basic information about the resident) indicated Resident 2 was admitted to the facility in September 2017 with diagnoses including Neuromuscular Dysfunction of Bladder (neurogenic bladder-a problem in which a person lacks bladder control due to a brain, spinal cord, or nerve condition). A review of Resident 2's care plan (CP, a detailed, written document that outlines a resident's individual needs, goals, and how their care will be managed), dated 1/2025, indicated Resident 2 had an Indwelling Catheter (IC-a hollow tube inserted into the bladder to drain or collect urine). During a concurrent observation and interview on 6/18/25 at 2:58 p.m., Resident 2 was noted to have an IC. Unlicensed Staff E and Unlicensed Staff F was observed not wearing gowns while changing Resident 2's incontinence brief. Resident 2's room had a document by the door titled Enhanced Barrier Precautions (EBP). The EBP document indicated staff should wear gown and gloves when changing incontinence briefs. During an interview on 6/18/25 at 3:00 p.m., Unlicensed Staff E and Unlicensed Staff F verified they did not wear gowns when they changed Resident 2's incontinence brief. Unlicensed Staff E verified Resident 2 had an IC and they should have worn gowns when changing Resident 2s incontinence brief. Unlicensed Staff E stated following the EBP, such as wearing gown when changing incontinence briefs, was for infection prevention and to prevent cross contamination (when bacteria or other microorganisms are unintentionally transferred from one object to another). During an interview on 6/18/25 at 3:05 p.m., Resident 2 verified Unlicensed Staff E and Unlicensed Staff F did not wear gowns when they changed her incontinence brief earlier. Resident 2 stated she was surprised to learn that staff should be wearing a gown whenever they changed her incontinence brief and added, staff had never wore a gown when they were changing her incontinence brief. During an interview on 6/18/25 at 3:17 p.m., Licensed Nurse (LN) G stated residents with ICs were placed on EBP and staff should wear gowns when they were changing incontinence briefs as an infection control measure, to prevent cross contamination and getting others sick. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 6/18/25 at 3:25 p.m., the Infection Preventionist (IP) stated all residents who had an IC were placed on EBP. The IP verified Resident 2 had an IC and staff should wear gown when they were changing Resident 2's incontinence brief. The IP stated if staff did not wear a gown while changing Resident 2's incontinence brief, it meant the EBP was not followed. The IP stated it was important to follow the EBP as an infection prevention measure and to prevent cross contamination. A review of the document from California Department of Public Health (CDPH, licensing) titled Enhanced Barrier Precaution (EBP) indicated, .anyone participating in any of these six moments must also: [NAME] [put on] gown and gloves .toileting and changing incontinence briefs . A review of the facility's policy and procedure (P&P) titled Enhanced Barrier Precautions, revised 6/7/24, it indicated, . EBP applies for all residents with any of the following: .wounds or indwelling medical devices such as urinary catheter and to wear gown and gloves when changing briefs .