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	06/03/2026

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 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow resident to participate in the development and implementation of his or her person-centered plan of care. Based on interview and record review the facility failed to ensure a resident and the resident's family members were notified and invited to participate in care conferences (a collaborative meeting between a resident, their family, and the healthcare team to discuss the resident's health status, treatment progress, and update or establish a personalized care plan) for one resident (Resident 1) of three sampled residents.This failure decreased the facility's potential to ensure the resident and resident's family were given the opportunity to make decisions regarding Resident 1's healthcare goals and treatment.Findings:A review of Resident 1's Face Sheet indicated admission to the facility on 5/21/25 with diagnoses that included Chronic Atrial Fibrillation (a continuous, irregular, and often rapid heartbeat), Cervical Disc Disorders (a variety of neck conditions related to the breakdown of the spinal discs [the cushions between your neck vertebrae]), Bilateral Cystoid Macular Degeneration (an eye condition in which fluid accumulates in the central part of the eye) with blindness in both eyes, and Muscle Weakness.A review with the Minimum Data Set (MDS, a resident assessment and care screening tool) dated 5/26/25, indicated Resident 1's Brief Interview for Mental Status (BIMS, a standardized cognitive screening tool used to assess short-term memory, recall, and temporal orientation) score was 14 which meant her processes of thinking, remembering, and learning were intact.A review of the facility's census dated 6/3/26 indicated Resident 1 was no longer at the facility.A review of the facility's Interdisciplinary Team (IDT, a group of healthcare professionals who collaborate to provide personalized care to each resident) Care Conference notes on 6/3/26 indicated care conference meetings were held on 11/24/25, 2/16/26, and 5/16/26. The notes indicated a Registered Nurse/Licensed Vocational Nurse, Dietary staff, Social Worker and the Activity Department were in attendance. There was no indication Resident 1 and/or Resident 1's family members were invited or attended any of the meetings.During an interview on 6/3/26 at 11:46 a.m., the Social Service Director (SSD) acknowledged she was part of the IDT and stated Resident 1 and her family were always invited to the meetings. The SSD also stated Resident 1 always attended the meetings. The SSD further stated the attendees would be documented on the IDT notes. The SSD was asked to verify the attendees at each of the IDT meetings held on 5/16/26, 2/16/26 and 11/24/25 but was unable to provide any documented evidence to support Resident 1 and her family members had been invited and attended the care plan meetings.During a telephone interview on 6/16/26 at 11:10 am, Resident 1's Family Member (FM) stated he had not attended any care conferences for Resident 1 while she was at the facility. Resident 1's FM stated he was always invited and attended some of the care conferences at Resident 1's previous facility, but not at this facility.A review of the facility's policy and procedure (P&P) titled, Person-Centered Care Planning, revised 4/24/25 indicated, Care Planning Conference.The facility must provide the resident and representative.reasonable notice of care planning conferences to enable resident and representative participation.The care planning meeting will be documented in the resident's clinical record.

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