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	06/23/2026

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 0742 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure timely completion of a physicianˆordered psychological evaluation for one (1) of three (3) sampled residents (Resident 1).This failure resulted in an 11ˆmonth delay in needed mental health services, with potential exacerbation in Resident 1's continued confusion, agitation, and psychological distress.A review of Resident 1's Face Sheet (a facility demographic) indicated she was admitted on [DATE] with diagnoses including depression (a serious mood disorder that causes persistent feelings of sadness, emptiness, and a loss of interest in activities), ageˆrelated cognitive decline (difficulty with thinking, memory, concentration beyond what is typically expected due to aging), and cognitive communication deficit (an impairment in communication caused by disrupted brain function, rather than a primary speech or language issue).A review of the Minimum Data Set (MDS, resident assessment tool to evaluate each resident's physical, mental, and functional status), dated 2/25/26, indicated Resident 1 had severe cognitive impairment (a score in the 0-7 range points to serious challenges with cognitive tasks, such as repeating words, recalling items, and recognizing the current month or year) and had exhibited problematic behavior symptoms directed toward others, including threatening, yelling at, or cursing at staff.A review of the Order Summary Report, dated 6/23/26, indicated an order dated 7/30/25 for a Psychology/Psychiatry consult, with followˆup treatment as indicated. There was no evidence the ordered consult had been completed at any time during the 11ˆmonth period.A review of facility Progress Notes, dated 3/09/26 at 6 a.m., indicated, [Resident 1] has increased agitation in evening. She has had multiple outbursts towards staff.is afraid for staff to the leave the room.[Facility MD] notified with request for tele psych referral.A review of facility Progress Notes, dated 4/02/26 at 2:43 p.m. indicated, [Resident 1] noted refusing CNA [Certified Nursing Assistant] to allow care.began to yell and wave her hand aggressively stating I don't want any of you bitches to touch me.A review of facility Progress Notes, dated 4/04/26 at 7:28 p.m., indicated [Resident 1] called police to make complaint.refused care.claimed she was being held captive.A review of facility Progress Notes, dated 6/18/26 at 3:04 p.m., indicated [Resident 1] became unhappy with the way a CNA was providing care for her.she was displeased with him and started to yell out loudly abuse.During an interview on 6/22/26 at 3:10 p.m., Resident 1 stated the 6/18/26 incident she reported as abuse was due to the CNA rushing her.During an interview on 6/23/26 at 11:30 a.m., the Director of Nursing (DON) stated the psychology/psychiatry consult order was an automatic admission order and acknowledged that, based on Resident 1's documented behaviors, the consult should have been arranged and completed. The DON further stated the facility's psychology/psychiatry provider had been on maternity leave and the covering provider failed to show up, resulting in no service being provided.A review of facility Policy and Procedure (P & P) titled, Referral to Outside Services, dated 12/01/13, indicated, The Director of Social Services is responsible for locating agencies and programs to meet the need of residents, facilitating the execution of service provider contracts, and referring residents to existing contracted providers.For clinical services, a nursing designee will assist the Director of Social (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 0742 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Services in locating a provider.The Director of Social Services or his or her designee will coordinate with Nursing Staff to ensure that the Attending Physician's order and referral to outside provider is documented in the resident's medical record.