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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION            | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055222 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>07/17/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Springs Road Healthcare |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1527 Springs Road<br>Vallejo, CA 94591 |  |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(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>Based on interview and record review, the facility failed to ensure an allegation of abuse was reported timely within the required timeframe for two of four sampled residents (Resident 1 and Resident 2) when an allegation of abuse was not reported to the California Department of Public Health (CDPH). This failure of timely reporting had the potential to cause a delayed response by enforcement agencies to ensure resident safety. During a review of Resident 1's admission record (AR), the AR indicated Resident 1 was admitted to the facility in June 2025 with multiple diagnoses including gastroenteritis (an inflammation of the stomach and intestines, causing symptoms like nausea, vomiting, diarrhea, abdominal cramps). During a review of Resident 2's AR, the AR indicated Resident 2 was admitted to the facility in December 2018 with multiple diagnosis including congestive heart failure (CHF-a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling). During an interview on 7/11/25 at 11:59 a.m. with Resident 1, Resident 1 stated Resident 2 hit him with a cane on his shin. Resident 1 further stated the incident happened the previous week. During a review of Resident 1's and Resident 2's medical records, there was no documented evidence that indicated the alleged abuse was reported to appropriate agencies prior to 7/11/25. During a follow up interview on 7/17/25 at 11:36 a.m. with Resident 1, Resident 1 stated he immediately notified staff when Resident 2 hit him with a cane on his left shin. Resident 1 further stated he was moved to a different room after the incident. During an interview on 7/17/25 at 11:54 a.m. with Licensed Nurse (LN) 3, LN 3 stated approximately 2 weeks ago, she was notified by Resident 1 that he was hit with a cane on his left shin by Resident 2. LN 3 further stated she immediately notified the Director of Staff Development (DSD) of the alleged abuse so it could be investigated. During an interview on 7/17/25 at 12:05 p.m. with DSD, DSD confirmed LN 3 notified him of alleged abuse between Resident 1 and Resident 2 immediately after the incident. DSD further stated he did not report alleged abuse to the appropriate agencies because he was not sure if alleged abuse happened. DSD acknowledged alleged abuse should have been reported. DSD further stated there was a risk of injury and prolonged abuse when alleged abuse was not reported. During a review of the facility's policy and procedure (P&amp;P) titled Abuse Investigation and Reporting, revised July 2024, the P&amp;P indicated, .All reports of resident abuse shall be promptly reported to local, state, and federal agencies and thoroughly investigated by the facility. All alleged violations involving abuse will be reported. an alleged violation of abuse will be reported immediately, but no later than: Two (2) hours or Twenty -four (24) hours.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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