STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055438	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Grove Post-Acute	124 Walnut Street Woodland, CA 95695

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. Based on interview and record review the facility failed to protect one of three sampled residents (Resident 1) from verbal abuse when Resident 2 made derogatory remarks toward Resident 1.This failure had the potential to negatively affect Residents 1's mental health.During a review of Resident 1's Minimum Data Set (MDS: federally mandated assessment) Section C dated 3/16/26, MDS-C indicated Resident 1 had a Brief Interview for Mental status (BIMS: a standardized assessment used by healthcare professionals to evaluate cognitive function, with a score 13-15: indicating Intact cognition) score of 13. This indicated Resident 1's cognition (ability to think and rationalize) was intact.During a review of Resident 1's Order Review History Report dated 3/2/26-4/2/26, report indicated, Resident 1 had an order indicating Resident is capable of making her own health decisions. Order start date 11/18/23.During an interview on 4/2/26, at 8:05 a.m., with Licensed Nurse (LN 1), LN 1 stated, Resident 1 told her recently that she has been unable to sleep due to her roommate, and that she notified the Provider who increased some of her medication to let her sleep better. LN 1 stated, Resident 1 told her yesterday (4/1/26) that her roommate (Resident 2) called her a f . c . [a delegatory and offensive insult] .During an interview on 4/2/26, at 8:46 a.m., with Resident 1, in Resident 1's room, Resident 1 stated, she had not been getting along with her roommate (Resident 2). Resident 1 stated, for several weeks her T.V. has been too loud, and she curses at me every day. Resident 1 stated she was told by staff there is nothing they can do, and they cannot force Resident 2 to move rooms and that she can move if she doesn't get along with her roommate. Resident 1 stated, she should not have to move rooms when she's been in this room for years and has not had any issues before her current roommate. Resident 1 stated, her roommate (Resident 2) moved to this room around 2 months ago. Resident 1 stated, she feels like she is less than a person, because the staff won't move her roommate who has been cursing at her and making her feel uncomfortable.During an interview on 4/2/26, at 8:58 a.m., with Resident 2, Resident 2 stated, in an aggressive tone I liked my old room better, the staff were better over there. Resident 2 stated, she did not like her current roommate (Resident 1).During an interview on 4/2/26, at 10:09 a.m., with Social Services Director (SSD), SSD stated, they changed the process for grievances recently. SSD stated, she was informed the new process for grievances is, if a family member or resident has a grievance they will complete a form, and the form will go to the department involved in the grievance, they will then investigate the concern and fill in the outcome on the form. SSD stated, regarding room changes, if a resident has a concern with their roommate we will usually move the roommate who has the concern, unless it's a safety concern then we will move the other resident. SSD stated, she had a care conference with Resident 1's family member (FM) on 3/18/26. SSD stated, she was informed by FM that Resident 1 and Resident 2 were not getting along. SSD stated, yesterday (4/1/26) we were notified by LN 1 that Resident 2 used curse words towards Resident 1. SSD stated, FM filed a grievance regarding the curse words on 4/1/26 around 3 p.m. SSD stated, she reviewed the incident of the curse words with the Administrator who is the abuse coordinator. SSD stated, she believes verbal abuse can only occur in residents who are cognizant (having knowledge or being aware of) or if they were cognitively intact and saying the words purposefully. SSD stated, if she saw or heard of residents verbally abusing one (continued on next page)

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

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	another she would separate them immediately for their safety. SSD stated, neither of the residents have any disease which cause them to say things out loud uncontrollably (like Tourette's Syndrome: a nervous system disorder characterized by involuntary, repetitive movements and sounds). SSD stated, both residents are capable of making their own medical decisions.During a review of Resident Grievance/Complaint Form dated 4/1/26, form indicated a grievance was made by FM regarding Resident 1, the form indicated, [Resident 1's] roommate was upset her T.V. was not working. It was after hours & she asked her [Resident 1] for the remote to be turned on, [Resident 1] said no, the roommate called her a f . c .what actions or recommendations do you feel need to be taken? The roommate need to be changed to a room that she cannot abuse [Resident 1] or bully her.During a review of Resident 1's Nurses Notes, dated 4/1/26, notes indicated, Resident informed writer that her roommate called her a f . c . last night. Signed by LN 1.During an interview on 4/2/26 at 12:40 p.m., with LN 1, LN 1 stated, she had noticed issues between Resident 1 and Resident 2 for a while. LN 1 stated, I don't think its appropriate the words Resident 2 stated to Resident 1 yesterday. LN 1, stated, I guess it is abuse, verbal abuse is yelling or saying bad words.During an interview on 4/2/26, at 12:53 p.m., with MDS Nurse, MDS Nurse stated, she was aware of the incident between Resident 1 and Resident 2 sometime around noon yesterday 4/1/26. MDS Nurse stated, we had a care conference with FM about the issues of a room change for Resident 2, but since then, they were still having issues. We let FM know she can file a grievance regarding the words Resident 2 stated to Resident 1. MDS stated, she had LN 1 put in the chat for their charting system to notify management about the incident, the administrator is in that chat so he can see it. MDS Nurse stated, It would constitute abuse the cursing of Resident 2 to Resident 1.During an interview on 4/2/26, at 1:17 p.m., with Administrator (ADM), ADM stated, he was notified of the incident between Resident 1 and Resident 2 yesterday from the SSD. ADM stated, the incident was not an allegation of verbal abuse because Resident 2 did not have intent.During a concurrent interview and record review on 4/2/26, at 1:19 pm, with ADM, the facility's Policy and Procedure (P&P) titled, Abuse Prevention Policy dated, 2024 was reviewed. The P&P indicated, [facility name] will prohibit abuse.for all residents.Verbal Abuse: Verbal abuse is defined as the use of oral, written or gestured language that willfully includes disparaging and derogatory [expressions intended to insult, belittle, or diminish a person or group, expressing a low opinion or disrespect] terms to residents or their families, or within hearing distance regardless of their age, ability to comprehend or disability. if the suspected abuse is patient to patient, the patient who has in any way threatened or attacked another will be removed from the setting. The ADM stated, there was no intent so we did not consider this an allegation of abuse. ADM was unable to point out where in the abuse policy the word intent was stated. ADM stated, I'm not sure, it depends whether it was okay for residents to use derogatory remarks to one another. ADM stated, Yes it is the facility's policy to protect residents from verbal abuse. ADM further stated, I think I've already said what I need to say in this particular case, there is a differentiation of understanding of what abuse is, our understanding may differ. ADM was not willing to explain the incident further.

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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 interview and record review the facility failed to identify and to report an allegation of verbal abuse to the California Department of Public Health (CDPH) when: an incident between Resident 1 and Resident 2 was not identified as a verbal abuse allegation or reported timely per Federal regulations.This failure resulted in the Department being unaware of the abuse allegation between Resident 1 and Resident 2 and, had the potential for Resident 1 to be continually subjected to verbal abuse by Resident 2, who was not separated from Resident 1.During a review of Resident 1's Minimum Data Set (MDS: federally mandated assessment) Section C dated 3/16/26, MDS-C indicated Resident 1 had a Brief Interview for Mental status (BIMS: a standardized assessment used by healthcare professionals to evaluate cognitive function, with a score 13-15: indicating Intact cognition) score of 13. This indicated Resident 1's cognition (ability to think and rationalize) was intact.During a review of Resident 1's Order Review History Report dated 3/2/26-4/2/26, report indicated, Resident 1 had an order indicating Resident is capable of making her own health decisions. Order start date 11/18/23.During an interview on 4/2/26, at 8:05 a.m., with Licensed Nurse (LN 1), LN 1 stated, Resident 1 told her recently that she has been unable to sleep due to her roommate, and that she notified the Provider who increased some of her medication to let her sleep better. LN 1 stated, Resident 1 told her yesterday (4/1/26) that her roommate (Resident 2) called her a f . c . [a delegatory and offensive insult].During an interview on 4/2/26, at 8:46 a.m., with Resident 1, in Resident 1's room, Resident 1 stated, she had not been getting along with her roommate (Resident 2). Resident 1 stated, for several weeks her T.V. has been too loud, and she curses at me every day. Resident 1 stated she was told by staff there is nothing they can do, and they cannot force Resident 2 to move rooms and that she can move if she doesn't get along with her roommate. Resident 1 stated, she should not have to move rooms when she's been in this room for years and has not had any issues before her current roommate. Resident 1 stated, her roommate (Resident 2) moved to this room around 2 months ago. Resident 1 stated, she feels like she is less than a person, because the staff won't move her roommate who has been cursing at her and making her feel uncomfortable.During an interview on 4/2/26, at 8:58 a.m., with Resident 2, Resident 2 stated, in an aggressive tone I liked my old room better, the staff were better over there. Resident 2 stated, she did not like her current roommate (Resident 1).During an interview on 4/2/26, at 10:09 a.m., with Social Services Director (SSD), SSD stated, they changed the process for grievances recently. SSD stated, she was informed the new process for grievances is, if a family member or resident has a grievance they will complete a form, and the form will go to the department involved in the grievance, they will then investigate the concern and fill in the outcome on the form. SSD stated, regarding room changes, if a resident has a concern with their roommate we will usually move the roommate who has the concern, unless it's a safety concern then we will move the other resident. SSD stated, she had a care conference with Resident 1's family member (FM) on 3/18/26. SSD stated, she was informed by FM that Resident 1 and Resident 2 were not getting along. SSD stated, yesterday (4/1/26) we were notified by LN 1 that Resident 2 used curse words towards Resident 1. SSD stated, FM filed a grievance regarding the curse words on 4/1/26 around 3 p.m. SSD stated, she reviewed the incident of the curse words with the Administrator who is the abuse coordinator. SSD stated, she believes verbal abuse can only occur in residents who are cognizant (having knowledge or being aware of) or if they were cognitively intact and saying the words purposefully. SSD stated, if she saw or heard of residents verbally abusing one another she would separate them immediately for their safety. SSD stated, neither of the residents have any disease which cause them to say things out loud uncontrollably (like Tourette's Syndrome: a nervous system disorder characterized by involuntary, repetitive movements and sounds). SSD stated, both residents are capable of making their own medical decisions. SSD stated, she did not report this incident as abuse because she did think it constituted abuse.During a review of Resident (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Grievance/Complaint Form dated 4/1/26, form indicated a grievance was made by FM regarding Resident 1, the form indicated, [Resident 1's] roommate was upset her T.V. was not working. It was after hours & she asked her [Resident 1] for the remote to be turned on, [Resident 1] said no, the roommate called her a f . c .what actions or recommendations do you feel need to be taken? The roommate need to be changed to a room that she cannot abuse [Resident 1] or bully her.During a review of Resident 1's Nurses Notes, dated 4/1/26, notes indicated, Resident informed writer that her roommate called her a f . c . last night. Signed by LN 1.During an interview on 4/2/26 at 12:40 p.m., with LN 1, LN 1 stated, she had noticed issues between Resident 1 and Resident 2 for a while. LN 1 stated, I don't think its appropriate the words Resident 2 stated to Resident 1 yesterday. LN 1, stated, I guess it is abuse, verbal abuse is yelling or saying bad words.During an interview on 4/2/26, at 12:53 p.m., with MDS Nurse, MDS Nurse stated, she was aware of the incident between Resident 1 and Resident 2 sometime around noon yesterday 4/1/26. MDS Nurse stated, we had a care conference with FM about the issues of a room change for Resident 2, but since then, they were still having issues. We let FM know she can file a grievance regarding the words Resident 2 stated to Resident 1. MDS Nurse stated, she had LN 1 put in the chat for their charting system to notify management about the incident, the administrator is in that chat so he can see it. MDS Nurse stated, It would constitute abuse the cursing of Resident 2 to Resident 1.During an interview on 4/2/26, at 1:17 p.m., with Administrator (ADM), ADM stated, he was notified of the incident between Resident 1 and Resident 2 yesterday from the SSD. ADM stated, the incident was not an allegation of verbal abuse because Resident 2 did not have intent.During a concurrent interview and record review on 4/2/26, at 1:19 pm, with ADM, the facility's Policy and Procedure (P&P) titled, Abuse Prevention Policy dated, 2024 was reviewed. The P&P indicated, [facility name] will prohibit abuse.for all residents.Verbal Abuse: Verbal abuse is defined as the use of oral, written or gestured language that willfully includes disparaging and derogatory [expressions intended to insult, belittle, or diminish a person or group, expressing a low opinion or disrespect] terms to residents or their families, or within hearing distance regardless of their age, ability to comprehend or disability.if the suspected abuse is patient to patient, the patient who has in any way threatened or attacked another will be removed from the setting. Immediately means as soon as possible but ought not exceed 2 hours after discovery of the incident, the facility administrator or designee will report the immediate allegations to the California Department of Health using the SOC 341 form . Staff will identify events - such as suspicious bruising of patients, occurrences, patterns, and trends that may constitute abuse - and determine the direction of the investigation. This also includes patient to patient abuse.Upon receiving information concerning a report of suspected or alleged abuse, mistreatment, or neglect. the ED or designee will perform the following: a. Report allegation not later than two hours after the allegation is made. The ADM stated, there was no intent so we did not consider this an allegation of abuse, which is why it was not reported. ADM was unable to point out where in the abuse policy the word intent was stated. ADM stated, I'm not sure, it depends whether it was okay for residents to use derogatory remarks to one another. ADM stated, Yes it is the facility's policy to protect residents from verbal abuse. ADM further stated, I think I've already said what I need to say in this particular case, there is a differentiation of understanding of what abuse is, our understanding may differ. ADM was not willing to explain the incident further.