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	05/08/2026

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure professional standards for food service safety was maintained for a census of 123, when:Inside the walk-in refrigerator and reach-in freezer were unlabeled and undated food; Multiple food spices containers had cracked lids and with whitish-brownish-dust-like substances; and, Spoiled bananas were found inside the dry storage area. Two kitchen trash bin lids had scattered brownish-sticky-substances; The can opener blades had orange-color-substances; Inside the walk-in refrigerator: the floor and the metal food shelves had brownish-blackish-sticky-substances;The juice dispenser spouts and connection tubing had scattered sticky-brownish-substances;Several pots and pans were stored under the working table and were exposed to kitchen dusts and debris particles; Multiple baking sheet pans were worn out and the inner rims had rust-stained-like color; Cooking hood range had dust-oil-like-substances; Two soiled wiping cloths were left on top of the food preparation area;Twelve pieces of dish-racks had grayish-blackish-sticky substances, chipped, old, and worn out; and,Six movable dry goods container bins and sidings had scattered fluid-like-brownish-and blackish-colored substances. These failures had the potential to result in foodborne illnesses (refers to illness caused by the ingestion of contaminated food or beverages) cross contamination (means the transfer of harmful substances or disease-causing microorganisms to food by hands, food contact surfaces, sponges, cloth towels, or utensils which are not cleaned after touching raw food, and then touch ready-to-eat foods), bacteria, pathogens, and pests to thrive.Findings:1.During a kitchen observation on 5/5/26 at 8:14 a.m., with the Dietary and Nutrition Supervisor (DNS) and the Director of Dietary and Nutrition (DDN), the following were found: 1.1. Inside the reach-in freezer were undated/unlabeled: 1 box of brussels sprout;1 box of beef strips;1 box of egg roll;1 box of meatless meat balls;1 box of lima beans;1 box of wheat roll; and1 box of tofu. 1.2. Inside the walk-in refrigerator were undated/unlabeled: 1 box of sliced turkey; 1 box of fish cod fillet;1 container with sliced lettuce; and 3 trays of vanilla-flavored ice cream. 2.Multiple containers of food spices had cracked lids and whitish-brownish-dust-like substances; and, 3. Inside the dry storage area were several pieces of spoiled bananas. During a concurrent observation and interview on 5/5/26 at 8:14 a.m. with DDN in the kitchen, the DDN confirmed the findings. The DDN stated everything should be dated, labeled, clean and in sanitary condition to prevent food spoilage, cross contamination, and foodborne illnesses. The DDN also stated undated and unlabeled food especially prepared and perishable food could present a significant risk of foodborne illness. During a kitchen observation on 5/5/26 at 8:14 a.m., with the Dietary and Nutrition Supervisor (DNS) and the Director of Dietary and Nutrition (DDN), the following were found: 4.Two kitchen trash bin lids had scattered brownish-sticky-substances; 5.The kitchen can opener blades had orange-color-substances; and, 6. Inside the walk-in refrigerator, the floor and the metal shelves had brownish-blackish-sticky-substances.During a concurrent observation and interview on 5/5/26 at 8:14 a.m. with the DDN, the DDN confirmed the findings in the kitchen. The DDN stated everything should be cleaned to prevent cross contamination and foodborne illnesses and eliminate breeding grounds for bacteria.On 5/6/26 at 8:18 a.m., with the DDN, the following were found: 7.The juice dispenser spouts and connection tubing had scattered (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	sticky-brownish-substances;8.Several pots and pans were stored under the working table and were exposed to kitchen dusts and debris particles; 9.Multiple baking sheet pans were worn out and the inner rims had rust-stained-like color; and, 10.The kitchen cooking-hood-range had dust-oil-like-substances.During a concurrent observation and interview on 5/6/26 at 8:18 a.m. with the DDN, the DDN confirmed the findings in the kitchen. The DDN stated keeping the equipment clean and organized was crucial for food safety, prevention of foodborne diseases and bacteria build-up, extended life of the kitchen equipment and maximized equipment efficiency. On 5/7/26 at 1:05 p.m., with the Registered Dietician (RD), the following were found: 11.Two soiled wiping cloths were left on top of the food preparation area;12.Twelve pieces of dish-racks had grayish-blackish-sticky substances, chipped, old, and worn out; and13. Six movable dry goods container bins and sidings had scattered fluid-like-brownish-and blackish-colored substances;During a concurrent observation and interview on 5/7/26 at 1:05 p.m. with RD, the RD confirmed all the findings in the kitchen. The RD stated those soiled cloth should be inside the sanitized bucket to disinfect between used, to prevent the growth of bacteria and reduced the risk of cross-contamination in food service area. The RD confirmed a wet, dirty cloth used to wipe food surfaces can quickly breed bacteria. The RD also stated dirty dish rack ruined the effort of washing dishes, transferred bacteria and pathogens to clean plates, cups and cutlery. The RD stated dirty dry goods bins trapped food particles and moisture could attract insects to the kitchen. During a review of the facility's Policy and Procedure (P&P), titled, SANITIZATION, revised 11/22, the P&P indicated, The food service area is maintained in a clean and sanitary manner: 1. All kitchens, kitchen areas and dining areas are kept clean, free from garbage and debris, and protected from rodents and insects. 2. All utensils, counters, shelves and equipment are kept clean, maintained in good repair and are free from breaks, corrosions, open seams, cracks and chipped areas that may affect their use or proper cleaning. Seals, hinges and fasteners are kept in good repair. 3. All equipment, food contact surfaces and utensils are cleaned and sanitized using heat or chemical sanitizing solutions. 9. Service area wiping cloths are cleaned and dried or placed in a chemical sanitizing solution of appropriate concentration. 12. Plastic ware, china and glassware that cannot be sanitized or are hazardous because of chips, cracks or loss of glaze are discarded. Damaged or broken equipment that cannot be repaired is discarded. 14. Garbage and refuse containers are in good condition, without leaks, and waste is properly contained in dumpsters/compactors with lids (or otherwise covered). 15. Areas used for garbage disposal are free from odors and waste fats, and maintained to prevent pests.During a review of the facility's undated Policy and Procedure (P&P) titled, LABELING AND DATING OF FOODS, the P/P indicated, All food items in the storeroom, refrigerator, and freezer need to be labeled and dated .Produce is to be dated with received date .

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to ensure infection prevention and control practices were maintained for a census of 123, when: The staff failed to remove PPE (Personal Protective Equipment) inside an enhanced barrier precaution (EBP - a patient's room where staff must take extra steps to prevent the spread of hard-to-treat germs) and after handling dirty laundry;Staff reused contaminated PPE and touched clean items after contact with soiled equipment;The CK, with her gloved hands, kept pulling the lower back portion of her clothes, touched the side rim of the food tray-line area; touched the moving trays parked near her; side-touched her apron to remove food dripped on her gloves; and, The outside dumpster side-mounted opening was uncovered, garbage were dumped inside and flies flew around the dumpster. These failures had the potential to result in food cross-contamination, foodborne illness and transmission of infectious pathogens to residents, staff, equipment, and clean linens. Findings: 1.During a concurrent observation and interview on 05/05/2026 at 10:30 AM with Laundry Staff (LS 3), LS 3 exited an EBP room wearing a blue PPE gown. LS 3 removed the blue PPE gown in the hallway and carried the gown under their arm down the hallway. LS 3 stated PPE should be kept away from their clothing and should be taken off and disposed of inside the room to avoid contamination. During an interview on 05/06/2026 at 11:50 AM with Certified Nursing Assistant (CNA 6), CNA 6 stated staff should wear PPE items inside an EBP and do not come out with PPE items before leaving the room.to prevent infections to getting to other residents. During a concurrent observation and interview on 05/08/2026 at 8:45 AM with Laundry Staff (LS 3) in the laundry room, LS 3 acknowledged they touched a dirty washer and then obtained clean gloves, placing the clean gloves into their back pocket. LS 3 acknowledged it was an infection control risk. During a concurrent observation and interview on 05/08/2026 at 8:46 AM with Laundry Staff (LS 1) in the laundry room, LS 1 removed a reused cotton PPE gown after washing clothes and placed the gown on a hanger. The gown touched a trash can, and the dirty gown was placed in a holding area on a hook instead of being discarded. LS 1 did not perform hand hygiene after touching the gown and stated the gown was washed after every few washes. During an interview on 05/08/2026 with the Housekeeping Supervisor (HS), HS acknowledged LS 3 did not perform hand hygiene after touching the washing equipment and acknowledged LS 1 reused a cotton gown and confirmed it had touched the trash. HS stated personal clothing should not be contaminated and staff should follow PPE and EHB procedures when handling personal clothing or items. 2.During an observation on 05/08/2026 at 2:30 PM, a staff member was handling clean laundry while wearing the same clothing worn earlier during soiled laundry handling. During an interview on 05/08/2026 at 1:42 PM with the Infection Prevention Nurse (IPN), IPN stated staff were expected to remove gowns and gloves without touching contaminated surfaces and perform hand hygiene immediately. IPN stated PPE was not expected to be reused after handling dirty laundry. IPN stated reusing or touching contaminated PPE after exposure to soiled items could transfer pathogens to clean linens, equipment, and individuals, increasing the risk of illness. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The Centers for Disease Control and Prevention (CDC) stated, soiled textiles and linens should be handled with minimal agitation to avoid contamination of air, surfaces, and persons, and staff must remove gloves and perform hand hygiene after handling contaminated laundry. gowns and gloves used under Enhanced Barrier Precautions should not be worn outside the resident's room, and must be removed and discarded prior to exiting to prevent transmission of multidrugˆresistant organisms. 3.During a kitchen tray-line observation on 5/7/26 at 11:30 a.m. through 12:45 p.m., the [NAME] (CK), with her gloved hands and in between tray-line service, also did the following: Kept pulling the lower back portion of her clothes, touched the side rim of the service tray-line area, touched the moving trays parked near her, and, side-touched her apron to remove food dripped on her gloves. The CK did not change her gloves. During a concurrent observation and interview on 5/7/26 at 12:45 p.m., the CK acknowledged all the findings. The CK confirmed she did not change her gloves during the entire tray-line service. The CK stated she should have safely handled food during tray-line to prevent cross contamination and germ transmission. During an interview on 5/7/26 at 1:15 p.m. with Registered Dietician (RD), the RD stated the contaminated gloves should have been changed and discarded immediately to prevent cross-contamination. During a review of the facility's Policy and Procedure (P&P) titled, FOOD PREPARATION AND SERVICE, dated 11/22, the P&P indicated, Food and nutrition services employees prepare, distribute and serve food in a manner that complies with safe food handling practices. 2. Cross-contamination can occur when harmful substances, i.e., chemical or disease-causing microorganisms are transferred to food by hands (including gloved hands), food contact surfaces, sponges, cloth towels, or utensils that are not adequately cleaned. Cross-contamination can also occur when raw food touches or drips onto cooked or ready-to-eat foods. 3. Food preparation staff adhere to proper hygiene and sanitary practices to prevent the spread of foodborne illness. During a review of the facility's document titled, JOB DESCRIPTION: DIETARY COOK, undated, the document indicated, The primary purpose of your job position is to prepare food in accordance with current applicable federal, state, and local standards, guidelines and regulations, with our established policies and procedures .to assure that quality food service is provided at all times .you are delegated .the accountability necessary for carrying out your assigned duties. Safety and Sanitation: Perform duties in accordance with regulations and established policies and procedures .Follow established Infection Control and Universal Precautions policies and procedures when performing daily tasks . 4. On 5/8/26 at 12:55 p.m. with the Maintenance Director (MD) and the Regional Operations Director (ROD), the following were found: The outside dumpster side-mounted opening was uncovered, no functional lid; garbage were dumped inside; and flies flew around the dumpster. During a concurrent observation and interview, on 5/8/26 at 12:55 p.m., with the MD, the MD confirmed the dumpster side-mounted opening was uncovered and had no functional lid, garbage were dumped inside and flies flew around the dumpster. The MD stated flies spread bacteria from garbage. During a review of the facility's Policy and Procedure (P&P), titled, SANITIZATION, revised 11/22, the P&P indicated, Damaged or broken equipment that cannot be repaired is discarded. 14. Garbage and (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	refuse containers are in good condition, without leaks, and waste is properly contained in dumpsters/compactors with lids (or otherwise covered). 15. Areas used for garbage disposal are free from odors and waste fats, and maintained to prevent pests.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain a comfortable room temperature for one out of 30 sampled residents (Resident 57) when Resident 57's room temperature was below 71 degrees Fahrenheit (*F). This failure negatively impacted Resident 57's comfort, and created an environment that was not homelike. Findings: A review of Resident 57's admission Record, indicated that Resident 57 was admitted to the facility on [DATE] with diagnoses which included kidney disease. A review of the Resident 57's MDS, dated [DATE], the MDS indicated Resident 57 had a BIMS score of 11 out of 15, suggestive of moderate cognitive impairment.During a concurrent observation and interview on 5/5/26 at 10 a.m. with Resident 57 in her room, Resident 57 was fully covered with multiple blankets in bed. Resident 57 stated room always felt cold, was discussed in resident council, had not noticed any changes yet. Resident pointed to a folded towel placed over the floor vent, by the staff, to prevent cold air from entering room. Resident stated had shivering anxiety. There is no thermometer temperature dial in room. During a concurrent observation and interview on 5/5/26 at 11 a.m., standing at Unit 3's nursing station, with Certified Nursing Assistant 14 (CNA 14) and Licensed Nurse 16 (LN 16) who stated they felt cold on the unit. CNA 14 stated it was usually cold on the floor, and needed to wear an extra jacket. LN 16 stated the facility had one blanket warmer machine for the residents, which was being repaired. CNA 14 and LN 16 acknowledged they had heard complaints from residents that their rooms were cold, and staff had placed towels over the floor vents to prevent cold air flow. CNA 14 and LN 16 stated staff were expected to notify maintenance for temperature adjustments in residents' rooms. CNA 14 and LN 16 stated it was important for residents' comfort and quality of life. During an interview on 5/5/26 at 11:40 a.m., on hallway Unit 3 with Maintenance Director (MD), MD stated building felt cold when he arrived at work this morning, and that he had closed approximately five of the resident's windows on Unit 2. MD acknowledged towels were placed over floor vents in residents' rooms. MD stated he would remove the towels, and instructed residents to notify maintenance staff for temperature adjustments. MD did not have a room temperature check routine for the residents. During a concurrent observation and interview on 5/6/26 at 12:30 p.m. with Resident 57 in her room, Resident 57 stated her room was cold overnight, cold air currently felt from floor vent. Resident 57 stated it was okay if the MD came to room for a temperature check. During a concurrent observation and interview on 5/6/26 at 12:40 p.m. with MD in Resident 57's room, MD used a hand-held laser temperature gun, and measured several areas of the room: mid-room showed 69*F, floor showed 67*F, ceiling showed 69*F. MD acknowledged room temperatures were below the recommended 71-81*F. MD stated the entire building was set with the air conditioner, in anticipation of the warmer weather this week. Resident 57 stated felt cold, I'm not very comfortable right now. During an interview on 5/8/26 at 1 p.m., in the social service's office with MD, MD stated it was important that residents' rooms had comfortable temperature levels.their [residents] rights, this is where they [residents] live. During a review of the facility's policy and procedure (P&P) titled, Homelike Environment, revised 12/2023, the P&P indicated, .comfortable and safe temperatures (71*F - 81*F).

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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. Based on interviews and record reviews the facility failed to ensure a safe and appropriate discharge for one of three sampled residents (Resident 58) when Resident 58 was discharged from the facility while an application for Medi-Cal (state run Medicaid program under federal guidelines) was still in process and without a discharge plan .This failure resulted in Resident 58's discharge to a hotel without appropriate resources or discharge instructions. Findings:A review of Resident 58's admission Record (AR) indicated Resident 58 had been admitted to the facility in December 2025 with diagnoses which included alcoholic hepatitis (severe liver inflammation and damage caused by long-term, heavy alcohol consumption) and cognitive communication deficit (a difficulty with verbal or nonverbal communication). The AR indicated Resident 58 was homeless.A review of Resident 58's 48 Hour Baseline Care Plan/Discharge Planning, dated 12/18/25, by Social Services Director (SSD) 1, SSD 1 indicated Resident 58's initial discharge goal was to return to the community. SSD 1 identified Resident 58's concern of not have any housing at this time. SSD 1 indicated she was unable to contact [Resident 58's] family.During a review of the Progress Note - Psych Provider Note (supportive psychotherapy visit) dated 1/15/26, the progress note indicated Resident 58 as homeless and experienced situational anxiety (an intense, temporary stress response triggered by a specific event) related to discharge planning and that collaboration with the interdisciplinary team (IDT, a team of physicians, nurses, social workers, and therapists who coordinate holistic care plans for residents) to ensure the continuity of discharge planning support was provided. The note indicated the following recommendations: continue supportive reassurance and orientation related to discharge planning and encourage resident engagement with SS for discharge coordination.During a review of the Minimum Data Set (MDS, an assessment tool) dated 3/16/26, the MDS indicated there was not an active discharge plan for Resident 58 to return to the community. A review of the Order Summary Report (OSR, physician orders) dated 4/29/26, the OSR indicated Resident 58 may discharge home with a home health registered nurse (HH RN, a registered nurse who provides in-home care to individuals receiving services under a plan of care established and periodically reviewed by a physician). A review of the IDT Discharge Summary (IDT DCS) finalized on 4/30/26, the IDT DCS indicated due to insurance pending status a primary care physician for Resident 58's transfer of care was unattainable. During a concurrent interview and record review on 5/7/26 at 11:44 p.m. with SSD 1, the MDS Coordinator and the Social Services Assistant (SSA), Resident 58's medical record was reviewed. SSD 1 stated, Discharge planning starts upon the first meeting with the resident. SSD 1 confirmed Resident 58 was homeless and a current application for Medi-Cal was pending at the time of Resident 58's discharge from the facility. SSD 1 was unable to provide documentation regarding ongoing discharge planning for Resident 58. During a telephone interview on 5/8/26 at 9:50 a.m. with the Home Health Agency (HHA), Resident 58's HHA referral, received on 4/29/26, was reviewed. The HHA stated, There were different discharge addresses provided, one address only identified the city, and we don't have staff to send to that area. The HHA verified Resident 58's insurance information provided by the facility and stated, We were not informed of [Resident 58's] insurance or that an application [Medi-Cal] was pending, that wasn't provided to us at the time of discharge, [Resident 58] wouldn't qualify for HH RN services with the insurance information provided. During a concurrent interview and record review on 5/8/26 at 11:44 a.m. with the Business Office Manager (BOM) Resident 58's insurance status was reviewed. The BOM confirmed Resident 58's application for Medi-Cal was still pending at the time of discharge. A review of the facility's policy and procedure (P&P) titled Transfer or Discharge Notices revised March 2025, the P&P indicated, Residents (or resident representatives) are notified of an impending transfer or discharge and the reasons for the move in writing and in a language and manner they understand. A copy of this notice is sent to the Office of the State Long-Term Care Ombudsman. Notice of Transfer or Discharge (Anticipated): 1. (continued on next page)

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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Except as specified below, the resident and his or her representative are provided with a written notice of an impending transfer or discharge at least 30 days prior to the transfer or discharge. 3. The resident and representative are notified in writing of the following information: a. The specific reason for the transfer or discharge, including the basis under 483.15(c)(1)(i)(A)-(F); b. The effective date of the transfer or discharge; c. The specific location (such as the name of the new provider, description, and/or address if the location is a residence) to which the resident is being transferred or discharged ; d. An explanation of the resident's rights to appeal the transfer or discharge to the state, including: (1) the name, address, email, and telephone number of the entity which receives such appeal hearing requests; (2) information about how to obtain an appeal form; and (3) how to get assistance in completing and submitting the appeal hearing request; e. The name, address, and telephone number of the Office of the State Long-term Care Ombudsman; 5. Nursing notes will include documentation of appropriate orientation and preparation of the resident prior to transfer or discharge.

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F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. Based on interview and record reviews, the facility failed to ensure two out of nine sampled Certified Nurse Assistant (CNA) employee personnel records were current in their annual Resident Abuse Prevention and Department of Justice (DOJ) trainings. This failure had the potential to result in staff not recognizing, preventing, and reporting any possible resident abuse for a census of 123 residents.Findings:During a concurrent interview and record review on 5//6/26 at 3:23 p.m., of nine sampled CNA employee personnel records with the Director of Staff Development (DSD), the CNAs personnel records were reviewed. The CNA personnel records were reviewed for the completion of the annual Abuse Prevention, and Department of Justice (DOJ) trainings.The following CNA employee records were reviewed for completion Abuse Prevention and DOJ trainings:CNA 1, Date of Hire 11/1/23 (DOH) - No Abuse Prevention and DOJ Training for 2025.CNA 3, DOH 8/21/06 - Training is currentCNA 4, DOH 9/4/24 - No Abuse Prevention and DOJ Training for 2025.CNA 5, DOH 2/7/24, Terminated 12/9/25 - Training is currentCNA 9, DOH 6/26/14 - Training is currentCNA 10, DOH 1/23/25 - Training is currentCNA 11, DOH 10/21/24 - Training is current.CNA 13, DOH 5/29/24 Terminated 4/8/26 - Training is CurrentCNA 16, DOH 12/20/23 - Training is current During a concurrent interview with the DSD she confirmed that the Abuse Prevention and DOJ Trainings are conducted annually. The expectations are employees must attend the provided trainings annually. The DSD after concurrent review of CNA 1, and CNA 10's employee files indicated CNA 1 and CNA 10 had not completed the annual Abuse Prevention and DOJ training for 2025. Review of a facility policy Abuse Prevention Program revised 12/16 indicated: .3. Develop and implement policies and procedures to aid our facility in preventing abuse, neglect, or mistreatment of our residents.4. Require staff training/orientation programs that include such topics as abuse prevention, identification and reporting of abuse.