STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055512	A. Building B. Wing	01/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wolf Creek Care Center	107 Catherine Lane Grass Valley, CA 95945

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 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. Based on interview and record review, the facility failed to obtain consent for the administration of a Covid Vaccine (vaccine designed to induce immunity against SARS-Co-V-2, virus responsible for coronavirus disease 2019) for one of two sampled residents (Resident 1) when Resident 1 was administered the vaccine after Resident 1's RP's (Responsible Party) declined the vaccine. This failure resulted in Resident 1 to receive a covid vaccine without consent and violated the resident's RP's right to make health care decisions.Findings: Resident 1 was admitted to facility 4/10/13 with diagnoses that included, TBI (Traumatic Brain Injury, a complex injury by sudden external trauma that damages brain tissue), and cognitive deficit (impairment in mental processes including memory, attention, and executive function-that affect ability to learn, reason and make decisions). During an interview on 1/27/26 at 5 p.m. with Resident 1's daughter (RP), the RP stated on 1/27/26 that Resident 1 was not supposed to receive a Covid Vaccination, the chart was marked in big red letters not to vaccinate. RP stated that resident was at a physician's appointment and stated he had been given a Covid vaccine, resident had a band aid on his arm where the resident stated the vaccine had been administered. The RP stated that a nurse (could not remember name) had told her that the resident did receive a Covid vaccine and they were apologetic. During a review of Resident 1's progress note, dated 4/30/21 at 6:33 p.m., the progress note indicated that licensed nurse (LN 3) spoke with Resident 1's RP who declined the vaccination. During a review of Resident 1's progress note, dated 5/4/21 at 7:32 p.m., the progress note indicated that Resident 1 had received a Covid-19 vaccine that morning. During an email correspondence received 2/5/26 from the current Administrator, (Admin) who had notes from the previous Administrator on 5/20/21 that the vaccine had been given without consent from the RP. The notes indicated that LN 4 stated she was responsible for the vaccine being administered without RP or resident consent. During a review of the facility's policy and procedure (P&P) titled, COVID-19 Vaccine, dated (updated 1/26/22), the P&P indicated the facility recognizes the residents' right to accept or refuse the Covid-19 vaccine, and the right to change their mind from an earlier decision. Before receiving the Covid-19 vaccine, facility will provide the resident or legal representative and staff member information regarding the benefits and potential side effects of the Covid-19 vaccine. An informed consent will be obtained by the facility. If Resident refuses the Covid-19 vaccine, appropriate entries will be documented in each resident's medical 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