

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055656	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2025
NAME OF PROVIDER OR SUPPLIER  Oakwood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  375 Cohasset Rd Chico, CA 95926	

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)
<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43755</p> <p>Based on interview and record review, the facility failed to report a physical abuse allegation for one of two residents (Resident 1) to the California Department of Public Health (CDPH) within two-hours after Resident 1 alleged a tall, thin, male staff member, physically abused her.</p> <p>This had the potential for Resident 1, and other residents, to be vulnerable and unprotected from mistreatment, and negatively impact their emotional and psychosocial well-being.</p> <p>Findings:</p> <p>A review of the facility's policy titled, Abuse Prevention and Management revised 5/30/24, indicated, The administrator or designated representative will notify law enforcement, by telephone immediately, or as soon as practicable possible, but no longer than (2) hours of initial report AND send a written SOC341 (a form used to report suspected dependent adult/elder abuse to certain entities) report to the Ombudsman (a person who investigates and tries to resolve complaints for residents), Law Enforcement, and CDPH Licensing and Certification within (2) hours.</p> <p>On 2/12/25, an onsite visit was made to the facility to investigate a self-reported abuse allegation dated 2/10/25, which had occurred on 2/6/25 at 5:30 pm. Resident 1 alleged that she was physically abused by an unknown male staff member.</p> <p>Resident 1's medical record was reviewed. Resident 1 was admitted to the facility on [DATE], with diagnoses that included: bipolar (a mental health condition causing extreme mood swings that include emotional highs and lows) disorder, anxiety, mood disorder, stroke, pain, and fracture of left leg. Resident 1 had severe cognitive (memory, thinking, and decision making) impairments, as evidenced by a cognition score of 2 out of a total of 15.</p> <p>A review of Resident 1's nursing progress note dated 2/6/25 at 9:00 pm, Licensed Vocational Nurse (LVN) A documented, resident (Resident 1) informed other staff members on 2/6 approx. 1730 (5:30 pm) that she was getting physically abused by an unknown male staff member. All resident was able to recall was that it was tall skinny male with brown hair A skin check was done, and police were called.</p> <p>(continued on next page)</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review with the Administrator (Admin) on 2/12/25 at 11:32 am, fax transmission verification reports (a report that verifies that a fax was sent and received by the receiving party) concerning Resident 1's allegation dated 2/6/25 at 6:31 pm, was reviewed. There was a fax transmission verification report confirming that the Ombudsman had been notified but there was no fax transmission verification report confirming that CDPH had been notified of the abuse allegation. The Admin indicated she mistakenly thought CDPH had been informed but they had not been. Admin confirmed that there was no phone call made to CDPH, or fax sent to CDPH concerning this allegation within two- hours of the occurrence and there should have been.</p>