

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 02/20/2026
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)		
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interviews, the facility failed to ensure three of four shower rooms were maintained in a clean and homelike environment. These failures had the potential to expose all residents who receive shower services to conditions that are not safe, clean and comfortable. During an observation on 2/20/26 at 9:44 am, of three of four shower rooms, two Shower Rooms in Station 1, had a dark black substance along the floor-to-wall seams and within the corners of the shower stall. The discoloration was concentrated along the grout lines and caulked joints. One of the shower rooms in Station 1 had six (6) 4 inch by 4 inch wall tiles missing from the wall surface beside and beneath the shower faucet handle mounted on the wall. The exposed surface beneath the missing tiles contained a brown and black substance. During an observation on 02/20/26 at 11:11 am, shower room in Station 2 had black substance throughout floor seams where wall meets the floor and in the corners of the shower stall. The affected area extended along the perimeter of the shower floor. The grout lines were visibly darkened and uneven in coloration with gray and black staining noted across multiple areas of the floor. Several tiles showed cracks and signs of wear. During a concurrent observation and interview with Administrator (Admin), on 2/20/26 at 1:57 pm, in Shower room [ROOM NUMBER] located in Station 1, when asked about the discolored area along the floor seams and the area by faucet in the shower wall missing six (6) 4 by 4 tiles, Admin acknowledged discoloration and the tiles of shower wall missing. Admin stated that it has been requested to be repaired. Admin acknowledged and confirmed area exposed by missing tiles having brown and black substance covering the area. Admin acknowledged area is uncleanable, Admin stated, the expectation is for a resident to be showered in an area that is in good condition and is a home like.</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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