

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 07/02/2026
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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to report to the California Department of Public Health (CDPH), potential abuse and unusual occurrences for two of three sampled residents who had falls with major injuries (Resident 1 and 2) when, Resident 1 fell and broke her wrist and Resident 2 fell and broke her hip and the facility had not notified CDPH. This failure had the potential of creating an unsafe environment for residents where conceivable abuse or unusual occurrences go unreported to appropriate authorities resulting in significant physical harm and emotional suffering to residents affected without being properly investigated. During a review of the facility's policy and procedure titled, P-AP12 Unusual Occurrence Report, dated Revision 5/30/24, the policy indicated, The facility reports the following events by phone and in writing to the appropriate State or Federal agencies. Other Occurrences. Major Accidents. Allegations of abuse. A review of Resident 1's medical record indicated that Resident 1 was admitted [DATE] with diagnoses that included Nondisplaced Fracture of Greater Trochanter of Right Femur with Subsequent Encounter for Closed Fracture (Hip Fracture with surgical intervention), Breast Cancer, and Osteoporosis (progressive disease that weakens bones). A review of Resident 1's medical record document titled, Progress Notes, dated 6/5/26 at 07:18 am, indicated that Resident 1 experienced an unwitnessed fall in [their] room. Resident with right wrist not in alignment sent to [acute hospital] to evaluate and treat. A review of Resident 1's medical record document titled, XR (Xray) Wrist Limited 2 VW (view) Right, dated 6/5/26, indicated, Distal Radial and Ulnar Fracture (wrist fracture) diagnosed, which required a closed reduction hospital intervention (procedure to set a broken bone without cutting skin open). During an interview on 6/17/26 at 10:25 am, with Resident 1, in Resident 1's room while sitting in their wheelchair, Resident 1 stated, I fell and broke my wrist. I was sent to the hospital and have to wear this cast. During a concurrent interview and record review on 6/18/26 at 4:30 pm, with Administrator (Admin) and Director of Nursing (DON) in the DON's office, a document titled, TX Result Report (fax report), along with an Unusual Incident/Injury Report regarding Resident 1's fall, dated 6/5/26, was reviewed. The report indicated that on 6/5/26 at 14:36 (2:36) pm, the facility attempted to fax CDPH a copy of an Unusual Incident/Injury Report regarding Resident 1's fall. The fax report indicated that there was No Ans (No Answer), confirming the fax was not successfully sent nor received because it was faxed to CDPH's telephone number instead of CDPH's fax number. Thus, the faxed report of Injury/Accident was never received by CDPH. The DON confirmed she did not call to confirm the fax number for CDPH, nor did she check the confirmation status of the fax after sending it. The Admin confirmed the fax report reflected the status of No Answer, and verbalized understanding that this meant the fax regarding the injury/accident report for Resident 1, was not received by CDPH and stated that should have been checked for confirmation of successful completion but was not. A review of Resident 2's medical record indicated that Resident 2 was admitted on [DATE] with diagnoses that included Fracture of Unspecified part of Neck of Right Femur with Surgical Intervention (Hip Fracture), Osteoporosis, Rheumatoid Arthritis (RA, Autoimmune disease where your immune system attacks the lining of joints), and Contractures of Right and Left Hands (permanent (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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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	tightening and shortening of muscles, tendons, skin, and connective tissue causing stiffness, and restricting movement).A review of Resident 2's medical record document titled, Progress Note, dated 6/9/2026 at 11:15 am, indicated that resident 2 had an unwitnessed fall, resident was lying on the floor on the right side of the bed in resident room.right hip 7/10 [pain].Resident had noted external rotation on the right leg and shortening (hip misalignment).Resident was transferred to the ED [Emergency Department].A review of Resident 2's medical record document titled, XR Hip 2-3 VW Right XR Pelvis 1 VW , dated 6/9/26, indicated, Fracture deformity is noted of right femoral neck (hip fracture) diagnosed, which required hospital surgical intervention.During an interview on 6/17/26 at 8:45 am, with Resident 2, in Resident 2's room while they are lying in bed, Resident 2 stated, I fell out of bed reaching for something. I went to the hospital, they did surgery. I am recuperating.During an interview on 6/18/26 at 4:30 pm, with DON and Admin, in DON's office, DON and Admin confirm CDPH was not notified of Resident 2's accident/injury which resulted in a right broken hip.		