STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055734	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ukiah Post Acute	1349 South Dora St. Ukiah, CA 95482

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observations, interviews, and record reviews, the facility failed to implement a comprehensive person-centered fall care plan for one resident (Resident 1) of three sampled residents reviewed after fall incidents. This failure had the potential to result in additional falls with injury to Resident 1. A review of Resident 1's Face Sheet, indicated her medical diagnoses included difficulty in walking, unsteadiness on feet, need for assistance for personal care, muscle weakness, and abnormalities of gait and mobility. A review of Resident 1's Order Summary Report, indicated she did not have the capacity to make her own decisions. Her daughter was her decision maker. A review of Resident 1's Progress Notes, dated 5/24/26, at 3:47 p.m., indicated Resident 1 was sitting in her wheelchair in hallway at Station 1and fell asleep. This progress note indicated Resident 1 fell face forward to the floor and was sent to the ER (Emergency Room) for evaluation.A review of Resident 1's Comprehensive Person-Centered Care Plan, indicated, Resident 1 had a fall on 5/24/26 and sustained nondisplaced fracture of left nasal bone. The goal for this care plan indicated, Will resume usual activities without further incident through the review date. Target date 8/16/2026. One of the interventions on this care plan indicated, Bed in lowest position.During a concurrent observation and interview with CNA 1 (Certified Nursing Assistant 1) on 5/29/26, at 3:40 p.m., she stated Resident 1's bed was not in the lowest position. CNA 1 used the bed control for Resident 1's bed to demonstrate that the bed was not in the lowest position. Pictures of the different bed positions were taken during this observation. During an interview on 5/29/26, at 4 p.m., with LN (Licensed Nurse) 1, she stated it was her expectation that if Resident 1's care plan intervention for falls was to have her bed on the lowest position, it should be followed. During an interview on 6/1/26, at 10:30 a.m., with the DON (Director of Nursing), she stated she created the fall care plan for Resident 1 on 5/24/26. The DON stated she, the IDT (Interdisciplinary Team), Nurses, and CNAs were responsible for implementing the interventions on Resident 1's fall care plan. The DON stated if Resident 1's fall care planned interventions were not implemented, Resident 1 might fall again and could potentially sustain an injury from another fall. A review of the facility's policy and procedure (P&P) titled, Falls and Accident Prevention, dated 11/2020, indicated the purpose of the P&P, To investigate the circumstances surrounding each resident fall or other significant accidents and implement actions to reduce/prevent the incidence of additional falls/accidents and minimize potential for injury. A review of a facility P&P titled, Comprehensive Person-Centered Care Planning, dated 12/2023, indicated, Interventions are actions, treatments, procedures, or activities, designed to meet an objective.

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