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	02/13/2026

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 ensure that one resident (Resident 31) of three sampled residents received a shower and nail trimming to maintain good grooming and personal hygiene.This failure decreased the facility's potential to prevent skin breakdown and other health related issues related to poor hygiene among residents.Findings:A review of Resident 31's face sheet indicated admission to the facility in September 2016 with diagnoses which included Cerebral Infarction (type of stroke characterized by the death of brain cells due to a prolonged lack of oxygen and nutrients, caused by blocked or severely restricted blood flow to the brain), hemiplegia (severe paralysis of one side of the body) and hemiparesis (weakness of one side of the body) which affected the left side of her body, cognitive communication deficit (an impairment in communication which affects starting, maintain, or following conversations), Type 2 Diabetes Mellitus (a chronic condition where the body is unable to properly use sugar in the blood for energy which can lead to tiredness, slow-healing sores or cuts in the skin, and complications to nerves, the heart, and kidney), and schizophrenia (a serious mental health condition that affects how people think, feel and behave).A review of Resident 31's Minimum Data Set (MDS- a federally mandated comprehensive assessment tool) dated 12/8/25 indicated she had a Brief Interview for Mental Status (BIMS) score of 14 which meant her ability to think, process information, and understand was intact. This MDS also indicated Resident 31 was dependent (helper does all of the effort, resident does none of the effort to complete the activity) on staff for transfers to the tub/shower.A review of Resident 31's Care Plan, initiated on 9/24/16, indicated, [Resident 31] has ADL [ADLs- essential, routine tasks required for basic personal care and independent living such as bathing, eating, dressing, etc.] self-care performance deficit [a loss, shortage, or abnormal functioning] related to hemiplegia, fatigue, impaired balance, pain. Staff were expected to implement the following interventions for this focused problem, [Resident 31] is dependent on staff assistance with bathing/shower.Check nail length and trim and clean on bath day and as necessary.A review of Resident 31's care plan initiated on 12/24/25 indicated, Resistive to care (resist to shower) related to schizophrenia. One of the interventions for this focused problem indicated, Provide consistency in care to promote comfort with ADLs. Maintain consistency in timing of ADLs, caregivers and routine, as much as possible.During a concurrent observation and interview with Resident 31 on 2/10/26 at 2:47 p.m., Resident 31 stated she had been asking staff to trim her nails for a month now. This surveyor observed that Resident 31's fingernails were long and needed to be trimmed.During a follow-up observation and interview with Resident 31 on 2/12/26 at 12:01 p.m., this surveyor observed that Resident 31's fingernails were still untrimmed, and she was growing facial hair on her chin. Resident 31 stated her last bed bath was a week ago. Resident 31 stated she did not want a bed bath; she wanted a shower so she could have her hair washed.On 2/12/26 at 12:05 p.m. a review of Resident 31's documents titled, CNA (Certified Nursing Assistant) Skin Observation and dated January and February 2026 was conducted. A review of these CNA skin observation sheets dated 1/27/26, 1/30/26, 2/3/26, and 2/6/26 indicated Resident 31 was only given a sponge bath in her bed. CNA 1, CNA 2, nor CNA 3, had not indicated if Resident 31 refused a shower or bath in the shower room. On 1/27/26, 1/30/26, and 2/3/26, CNA 1 (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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(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	and 2 indicated Resident 31's nails need clipping.During an interview on 2/12/26 at 12:11 p.m. with CNA 4 who was assigned to Resident 31 for the day CNA 4 acknowledged Resident 31 was dependent on staff to shave her and trim her nails. CNA 4 stated Resident 1 was able to state her needs. CNA 4 stated she noticed Resident 31had facial hair on her chin. CNA 4 stated she did not ask Resident 31 if she needed to shave even though other CNAs have shaved her. CNA 4 stated she believed Resident 31 had her own personal shaver but was unable to use it by herself.During a concurrent record review and interview on 2/12/26 at 3:11 p.m., Licensed Nurse 1 (LN 1) reviewed Resident 31's CNA skin observation sheets and stated she would not know if the resident refused the shower because it was not documented. LN 1 stated if the CNA notified her that the resident refused a shower, she would offer the resident a shower 1 to 2 more times and document if she still refused. During an interview on 2/12/26 at 3:35 p.m., LN 2 stated resident refusal of a shower should be documented on the CNA skin observation sheet (shower sheet) or the progress notes. LN 2 stated Resident 31 was dependent on staff for activities of daily living. LN 2 stated Resident 31 had a history of refusing showers and preferred to have showers by certain CNAs.A review of Resident 31's progress notes dated 2/1/26 to 2/9/26, indicated no documented evidence regarding Resident 31's refusal of showers nor education given to Resident 31 about the consequences of refusing showers.During a concurrent record review and interview on 2/12/26 at 3:57 p.m., the Director of Nursing (DON) reviewed Resident 31's CNA skin observation sheets and electronic medical record and acknowledged that Resident 31's refusal to have a shower were not documented on her records. The DON was also acknowledged Resident 31's CNA skin observation sheets indicated Resident 31's nails needed to be clipped and the surveyor's observation that her fingernails were untrimmed. The DON stated that she will conduct an in-service with the staff to ensure residents' needs were met.