

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055987	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/08/2025
NAME OF PROVIDER OR SUPPLIER Broadway Villa Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1250 Broadway Sonoma, CA 95476	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to prevent abuse for one resident (Resident 1) when Resident 2 pushed and hit Resident 1. This failure resulted in Resident 1 sustaining two skin tears. Findings: A review of an admission record indicated Resident 1 was admitted to the facility on [DATE] with diagnosis which included Alzheimer's disease (a disease characterized by a progressive decline in mental abilities), muscle weakness, and a need for assistance with personal care. A review of an admission record indicated Resident 2 was admitted to the facility on [DATE] with diagnosis which included unspecified psychosis (a severe mental condition in which thought, and emotions are so affected that contact is lost with reality), dementia, and muscle weakness. A review of Resident 1's progress note dated 8/17/25 at 7 a.m. indicated, '[Resident 1] stated, '[Resident 2] had pushed me and punched me as I was falling.' [Resident 1] noted with new skin tears to Left Elbow (2 cm [centimeters, a unit of measurement] x [by] 2 cm) and Right forearm (1 cm x 0.5 cm). A review of Resident 2's progress note dated 8/17/25 at 7 a.m. indicated, 'Resident [2] redirected and asked if she hit [Resident 1]. [Resident 2] stated, 'yes.' In an interview on 9/8/25 at 12:48 p.m. with the Director of Nursing (DON) and Assistant Director of Nursing (ADON) both the DON and ADON acknowledged Resident 2 did hit Resident 1. A review of the facility's policy and procedure titled Resident Rights .Abuse Prevention revised November 2023 indicated, It is the policy of this facility that each resident has the right to be free from abuse .Resident must not be subjected to abuse by anyone, including, but not limited to .other residents .Abuse is defined as the willful infliction of injury .This presumes that instances of abuse of all residents, even those in a coma, cause physical harm .</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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