

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 12/24/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review the facility failed to report an injury of unknown origin within the required timeframe for one of one resident. The facility was visited by the police for an allegation of abuse related to this injury, and the facility failed to follow up and report the incident to State agencies as required. This failure of timely reporting had the potential to cause a delayed response by enforcement agencies to ensure resident safety. Findings: On 12/24/25 at 9:16 a.m., the Department received a report from Adult Protective Services (APS) with an allegation of abuse. EMS (Emergency Medical Services) reported to APS they transported a Resident to the hospital with bruising and pain to his hand, consistent with a grabbing injury. During an interview on 12/24/25 at 3:30 p.m., with the Assistant Director of Nursing (ADON), the ADON stated she was conducting her investigation first to determine if the facility needed to make a report to the State about this injury of unknown origin. The ADON stated she was aware the police visited the facility to look into an allegation of abuse. The ADON stated she did not send in a report to the Department because another agency had already reported the allegation of abuse. The ADON confirmed the allegation had not been reported to the Department by the facility. During a review of the facility's policy titled, Reporting Alleged Violations of Abuse, Neglect, Exploitation or Mistreatment, revised 1/15/25, the policy indicated the facility would ensure that, all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property. All alleged violations are to be reported, immediately but not later than 2 hours if the alleged violation involves abuse or results in serious bodily injury and not later 24 hours if the alleged violation involves neglect, exploitation, mistreatment or misappropriation of property and does not result in serious bodily injury.</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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