STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056090	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Creekside Rehabilitation & Behavioral Health	850 Sonoma Ave Santa Rosa, CA 95404

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **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) of two sampled residents when Resident 2 threw water at Resident 1.This failure resulted in Resident 1 having had water thrown at him.Findings:A review of an admission record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses which included respiratory failure, hemiplegia (paralysis of one side of the body) and hemiparesis (partial weakness of one side of the body) after a stroke, and major depressive disorder.A review of Resident 1's Minimum Data Set (an assessment tool) dated 6/18/25 indicated a Brief Interview for Mental Status (BIMS, an assessment of cognitive function (the mental processes the brain uses to perceive, learn, remember, reason)) score of 12 which meant Resident 1's cognition was moderately intact.A review of an admission record indicated Resident 2 was admitted to the facility on [DATE] with diagnoses which included stroke, anxiety disorder (a mental health condition characterized by excessive and persistent worry, fear, and nervousness that can interfere with daily life), and aphasia (a disorder that makes it difficult to speak).A review of Resident 2's MDS dated [DATE] indicated a BIMS score of 15 which meant Resident 2's cognition was intact.A review of Resident 2's change of condition note dated 8/29/25 at 8:47 a.m. indicated, [Resident 2] agitated by his neighbor being noisy and threw a pitcher of water at the noisy resident [Resident 1].A review of Resident 1's change of condition note dated 8/29/25 at 9:26 a.m. indicated, [Resident 1] did not realize he was being 'noisy' and agitating his neighbor and was surprised when his neighbor threw a pitcher of water at him.In an interview on 9/8/25 at 3:16 p.m., Resident 1 acknowledged a man from down the hall entered his room and threw water at him.In an interview on 9/8/25 at 3:25 p.m., Resident 2 stated he threw water on Resident 1 because Resident 1 continuously yells, and no one has done anything about it.A review of the facility's policy and procedure titled Abuse, Neglect, Exploitation and Misappropriation Prevention Program revised April 2021 indicated, Residents have the right to be free from abuse .Protect a facility-wide commitment .to support the following objectives .Protect residents from abuse .by anyone including .other residents .

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

FORM CMS-2567 (02/99)
Previous Versions Obsolete

Event ID:

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If continuation sheet
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