

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056098	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/30/2024
NAME OF PROVIDER OR SUPPLIER  Cottonwood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  625 Cottonwood Street Woodland, CA 95695	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46995</p> <p>Based on interview and record review, the facility failed to protect the resident ' s right to be free from physical abuse for one of three sampled residents (Resident 1) when Resident 2 hit the leg and grabbed the arm of Resident 1.</p> <p>This failure resulted in an injury to Resident 1 ' s left arm.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility late 2023 with diagnoses which included heart failure and anxiety disorder.</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS, an assessment tool) dated 11/27/24, the MDS indicated a Brief Interview for Mental Status (BIMS, a standardized test that screens for cognitive impairment) score of 14/15, which showed intact cognition.</p> <p>Resident 2 was admitted to the facility late 2024 with diagnoses which included stroke, depression, and communication difficulty caused by a cognitive impairment .</p> <p>During a review of Resident 2 ' s MDS dated [DATE], the MDS indicated a BIMS score of 6/15, which showed severe cognitive impairment.</p> <p>During a review of Resident 1 ' s SBAR [Situation, Background, Appearance, Review and Notify] Communication Form, dated 12/15/24 at 9p.m., the SBAR indicated, [Resident 1] with an altercation with another resident .[Resident 1] with an abrasion to left lower arm.</p> <p>During a review of Resident 2 ' s SBAR Communication Form, dated 12/15/24 at 9p.m., the SBAR indicated, [Resident 2] was observed striking [Resident 1] on his arm and legs.</p> <p>During a review of Resident 1 ' s Progress Notes [PN] Type: IDT [Interdisciplinary Team], dated 12/16/24 at 10:30 a.m., the PN noted indicated, On 12/15/24 at [8 p.m.] , staff heard resident yelling out, when staff went into the room, [Resident 2] was observed striking [Resident 1] on his arms and legs .Abrasion noted to left forearm .</p> <p>(continued on next page)</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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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1 ' s Order Summary Report [OSR], order date 12/17/24, the OSR indicated, Monitor abrasion to left forearm for s/s [signs and symptoms] of infection .</p> <p>During an interview on 12/30/24 at 10:52 a.m. with Resident 1 in his bedroom, Resident 1 was asked about the incident with Resident 2. Resident 1 stated, My bruise is gone now .He [Resident 2] came into my room and wouldn ' t leave .He was yelling at me .he came over to my bed and grabbed my arm and jerked me up out of the bed .The nurses came in .He grabbed my left wrist, it was bruised up, he punched me in the leg in front of the nurses .My arm was sore .</p> <p>During a phone interview on 12/30/24 at 11:59 a.m. with Licensed Nurse (LN1), LN1 stated, .I heard a patient yelling for help. [Resident 2] was in [Resident 1 ' s] room and he [Resident 2] was leaning over the bed. [Resident 1] was in bed and said [Resident 2] hit him. I saw [Resident 2] slap [Resident 1 ' s] legs and he was acting like he was going to hit him. He [Resident 2] was extremely hard to re-direct. We separated them. [Resident 2] kept lunging at [Resident 1] .We assessed [Resident 1]; he had redness on his arm .</p> <p>During an interview on 12/30/24 at 1:03 p.m. with the Director of Nursing (DON), the DON stated, Residents have the right to be free from any form of abuse.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Resident-to-Resident Altercation, dated 11/22, the P&amp;P indicated, .Resident-to-Resident physical altercations that must be reported include, any willful action that results in physical injury .Willful actions include .Hitting, Slapping .</p>		