

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/30/2026
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)		
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. Based on interview and record review, the facility failed to protect one of three sampled residents (Resident 1's) right to be free from misappropriation of property, when Certified Nursing Assistant (CNA) 1 cashed Resident 1's bank check without consent. This failure had the potential to negatively impact Resident 1's highest practicable mental and psychosocial wellbeing. Findings: A review of Resident 1's admission Record, indicated Resident 1 was admitted to the facility in 2024 with a diagnosis of hemiplegia and hemiparesis with left side nondominant weakness (total paralysis of the arm, leg, and trunk on the left side of the body). Resident 1 was responsible for himself. A review of Resident 1's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 5/7/26, indicated Resident 1's Brief Interview of Mental Status (BIMS) score was 15 out of 15 with no memory impairment. A review of the facility's document titled, [State of California; a form to document suspected abuse of vulnerable adults] SOC 341, dated 5/21/26, indicated Resident 1 reported to staff that he lost a check a few months ago and never consented to any employee to cash it. During an interview on 6/30/26 at 3:40 p.m. with Resident 1 in his room, Resident 1 confirmed a check went missing from the drawer of his nightstand and stated he did not sign the check or gave it to staff for cashing it. During an interview on 6/30/26 at 10:15 a.m. with Licensed Nurse (LN) 1, LN 1 stated Resident 1 had a check in his nightstand that went missing and the business office took care of it. During an interview on 6/30/26 at 10:49 a.m. with CNA 3, CNA 3 stated last week Resident 1 told her his check went missing from his nightstand. A review of Resident 1's Social Services Director Progress Notes, dated 5/21/26, indicated there was a conversation with Resident 1 about missing his check. During an interview on 6/30/26 at 11:18 a.m. with Administrative Assistant (AA), AA stated Resident 1 mentioned missing a check when she handed him mail on 5/20/26, specifically a law firm check. AA contacted the law firm, which confirmed a \$5,041.80 check had been cashed by CNA 1. A review of Resident 1's bank check, indicated five thousand forty-one and 80/100 dollars were paid to the order of CNA 1. Posted date was 2/27/26. A review of the facility's document titled, Resident Fund Management Service, dated 5/26/26, indicated Resident 1 authorized the facility on 5/26/26 to establish and manage a non-transferring account. During a concurrent interview and record review on 6/30/26 at 12:05 p.m. with Business Office Manager (BOM), Resident 1's document titled, Resident Statement Landscape, was reviewed. BOM confirmed a personal check was transferred from the facility to Resident 1's account on 5/27/26. Account balance was \$5,041.80. During a concurrent interview and record review on 6/30/26 at 4:40 p.m. with Administrator (ADM), CNA 1's personnel file was reviewed. ADM confirmed Resident 1 lost a check from his nightstand and the missing check was cashed by CNA 1. ADM stated CNA 1 resigned on 4/7/26. A review of the facility's policy titled, Safeguarding Personal Property / Theft-and-Loss, dated 10/2025, indicated, . In the event of verified theft . the facility reserves the right to reimburse . If Loss . have caused by a facility employee . the facility shall be responsible for full reimbursement . These findings represent past noncompliance with this regulatory requirement. Interviews and record reviews confirmed Resident 1 lost a bank check and the check was cashed by CNA 1 without Resident 1's consent. SOC 341 was completed on 5/21/26. The California Department of Public Health, Police, Ombudsman, CNA Licensing Department, and Adult Protective Services were notified on 5/21/26. The facility fully reimbursed the money to (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
--	-------	-----------

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/30/2026
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)		
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident 1's account with his written permission on 5/26/26. Resident 1 was promptly reimbursed, and the funds were deposited into his account on 5/27/26. Resident 1 was monitored for any distress and psychosocial wellbeing after the recognition of incident. Resident 1 was satisfied and happy that the facility helped him. Theft and Loss in-service training was conducted on 5/21/26. There was sufficient evidence that the facility corrected the violation as of 5/27/26, and no other occurrences of noncompliance were identified. At the time of the survey, the facility was in substantial compliance with this regulatory requirement and therefore, this violation does not require a plan of correction.		