

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

Printed: 10/09/2026
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 07/24/2026
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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide a notice of transfer to 51 long-term care residents and/or their representatives at least 30 days before transfer, when 51 residents were transferred to other facilities within 10 days of transfer notification. This failure decreased the facility's potential to provide safe and effective transition of care while maintaining the residents' highest practicable physical, mental and psychosocial wellbeing. Findings: A review of the admission records for 51 long-term care residents indicated the following:- Resident 1 was readmitted to the facility in March 2025 and transferred to another facility on 7/17/26;- Resident 2 was readmitted to the facility in July 2025 and transferred to another facility on 7/16/26;- Resident 3 was readmitted to the facility in June 2025 and transferred to another facility on 7/16/26;- Resident 4 was readmitted to the facility in May 2026 and transferred to another facility on 7/24/26;- Resident 5 was readmitted to the facility in November 2023 and transferred to another facility on 7/22/26;- Resident 6 was readmitted to the facility in September 2021 and transferred to another facility on 7/22/26;- Resident 7 was readmitted to the facility in September 2025 and transferred to another facility on 7/21/26;- Resident 8 was admitted to the facility in September 2023 and transferred to another facility on 7/19/26;- Resident 9 was readmitted to the facility in March 2024 and transferred to another facility on 7/17/26;- Resident 10 was readmitted to the facility in February 2026 and transferred to another facility on 7/18/26;- Resident 11 was readmitted to the facility in January 2024 and transferred to another facility on 7/20/26;- Resident 12 was admitted to the facility in June 2024 and transferred to another facility on 7/16/26;- Resident 13 was readmitted to the facility in May 2024 and transferred to another facility on 7/20/26;- Resident 14 was readmitted to the facility in May 2024 and transferred to another facility on 7/18/26;- Resident 15 was admitted to the facility in September 2021 and transferred to another facility on 7/19/26;- Resident 16 was admitted to the facility in July 2018 and transferred to another facility on 7/20/26;- Resident 17 was admitted to the facility in April 2024 and transferred to another facility on 7/17/26;- Resident 18 was readmitted to the facility in November 2023 and transferred to another facility on 7/20/26;- Resident 19 was admitted to the facility in September 2024 and transferred to another facility on 7/18/26;- Resident 20 was admitted to the facility in October 2024 and transferred to another facility on 7/21/26;- Resident 21 was readmitted to the facility in January 2023 and transferred to another facility on 7/19/26;- Resident 22 was readmitted to the facility in February 2026 and transferred to another facility on 7/20/26;- Resident 23 was readmitted to the facility in January 2022 and transferred to another facility on 7/21/26;- Resident 24 was readmitted to the facility in October 2025 and transferred to another facility on 7/19/26;- Resident 25 was admitted to the facility in May 2023 and transferred to another facility on 7/20/26;- Resident 26 was admitted to the facility in November 2024 and (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
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