

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056109	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/10/2024
NAME OF PROVIDER OR SUPPLIER  Woodland Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  678 3rd 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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50282</b></p> <p>Based on interview and record review, the facility failed to ensure an allegation of sexual abuse was reported within the required timeframe for two of seven sampled residents (Resident 4 and Resident 6), when the Department did not receive a report of the alleged sexual abuse incident within two hours of occurrence.</p> <p>This failure to report timely had the potential to compromise vulnerable residents' health and safety.</p> <p>Findings:</p> <p>A review of an admission record indicated Resident 4 was admitted to the facility on [DATE], with diagnoses including paranoid schizophrenia (brain condition in which the mind does not agree with reality), difficulty walking; spinal stenosis in lumbar region (nerve damage to lower back); and cognitive communication deficit (mental processing communication problem).</p> <p>A review of an admission record indicated, Resident 6 was admitted to the facility on [DATE], with diagnoses including unspecified dementia without behavioral disturbance (progressive decrease in brain function with no disturbing actions to self or others).</p> <p>During an interview on 9/10/24 at 1:35 p.m. with Licensed Nurse 2 (LN 2), LN 2 stated on 9/2/24 around 9 a. m. heard Certified Nursing Assistant 2 (CNA 2) scream from Resident 4's and Resident 6's room. LN 2 saw Resident 6 with no clothes on, no pants on, laying lateral and on top of Resident 4, in Resident 4's bed. LN 2 stated CNA 2 helped with getting Resident 6 out of the bed. Resident 6 was aggressive and cursing, initially refusing to move out of bed. LN 2 reported the incident to the Director of Nursing (DON) and made no other reports.</p> <p>During an interview on 9/10/24 at 5 p.m., with Administrator (ADM) and DON, ADM and DON stated the alleged abuse incident was not reported. ADM and DON acknowledged that it was the facility's policy to report an allegation of abuse within two hours to Department and local law enforcement. ADM and DON stated that failures to report abuse could potentially lead to greater harm to residents.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's policy and procedure titled, Policy/Procedure Abuse Prevention Program, revised 12/1/2022, indicated The Facility shall report any and all allegation of abuse to the [Department] .Local Ombudsman and/or Local Law enforcement, either by phone, email or facsimile, within 2-hour timeframe.</p>