

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056215	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/20/2026
NAME OF PROVIDER OR SUPPLIER Northbrook Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 64 Northbrook Way Willits, CA 95490	
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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure an allegation of resident-to-resident abuse involving one of four sampled residents (Resident 2) was reported to the State Survey Agency and the Long-Term Care Ombudsman within the required timeframe. This finding had the potential to result in an inability for the appropriate authorities, such as the State Survey Agency and the Long-Term Care Ombudsman to promptly intervene and ensure the safety and well-being of residents. In addition, the delay in reporting could have prevented a timely investigation, protective measures, and corrective actions, increasing the risk of further harm or unaddressed abuse within the facility. Record review of Resident 1's face sheet indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including dementia (decline in mental ability severe enough to interfere with daily life) with behavioral disturbance. Record review further indicated Resident 1 had a history of behavioral symptoms requiring staff intervention. Record review of Resident 2's face sheet revealed Resident 2 was admitted to the facility on [DATE] with diagnoses including dementia. Record review of the Minimum Data Set (MDS), dated [DATE], indicated Resident 2 had a Brief Interview for Mental Status (BIMS) score of 12, indicating Resident 2 was able to participate in interviews. Record review of the nursing progress note dated 6/03/26 indicated that at approximately 11:45 p.m., Resident 1 was found in Resident 2's room. The progress note documented that Resident 2 alleged Resident 1 struck him in the groin. Because the allegation involved resident-to-resident physical abuse, the allegation required immediate reporting to the State Survey Agency and the Long-Term Care Ombudsman. During an interview on 7/17/26 at 12:21 p.m., Resident 2 stated Resident 1 entered his room during the night and alleged Resident 1 struck him in the groin. Resident 2 stated he declined a physical assessment following the alleged incident. During an interview on 7/17/26 at 12:30 p.m., the Administrator stated the night shift charge nurse did not notify administration immediately after the alleged incident. The Administrator stated administration first became aware of the allegation at approximately 6 a.m. on 6/04/26. The Administrator acknowledged the reporting delay and stated the night shift charge nurse received disciplinary action as a result. During a follow-up interview on 7/17/26 at 4:29 p.m., the Administrator confirmed the SOC 341 (Report of Suspected Dependent Adult/Elder Abuse), was submitted to the California Department of Public Health at approximately 8:15 a.m. on 6/04/26, approximately eight hours after the allegation of abuse occurred. Record review of the facility policy titled, Abuse Prevention, revised 03/2025, indicated, All alleged incidents of abuse, mistreatment or neglect are to be reported to State Licensing Agency immediately or within two (2) hours. The policy further indicated, All allegations of abuse, mistreatment and neglect are to be reported immediately or within two (2) hours to the Long-Term Care Ombudsman.		

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