

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056259	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2025
NAME OF PROVIDER OR SUPPLIER Northvine Postacute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 446 Arrowood Dr Santa Rosa, CA 95407	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on observation, interview, and record review, the facility failed to protect residents from Resident 1's aggressive behavior when facility staff were not able to verbalize Resident 1's care plan for aggression. This failure resulted in Resident 1 becoming physically aggressive with two residents.</p> <p>Finding:</p> <p>On 5/20/25, the Department received a report from the facility that Resident 1 had hit Resident 2 when their wheelchairs became stuck together while in the hallway.</p> <p>During an observation on 5/27/25 at 9:44 a.m., Resident 1 was in her wheelchair holding a teddy bear and a piece of paper in the room where three male residents resided at the end of a hallway. Immediately outside the door to this room Licensed Nurse A was standing at the treatment cart. Across the hall, a housekeeping cart was in front of the doorway to a resident room. Resident 3, in her wheelchair, approached Licensed Nurse A and asked him to move the housekeeping cart so she could enter her room to use the bathroom. Resident 1 came to the doorway of the room she was in, and Licensed Nurse A asked Certified Nursing Assistant (CNA) B to move Resident 1 so the housekeeping cart could be moved. A second CNA (CNA C) came to help, and Licensed Nurse A told her Resident 3 was waiting to get into her room to use the bathroom. As CNA B pushed Resident 1 past the housekeeping cart, Resident 1 grabbed onto the handle of the cart and would not let go. Licensed Nurse A, CNA B, and CNA C all tried to get Resident 1 to release her grip on the cart. Resident 1 finally let go of the housekeeping cart and as CNA B pushed Resident 1 past CNA C, Resident 1 kicked repeatedly at CNA C's shins. Then, as CNA B pushed Resident 1 past Resident 3, Resident 1 attempted to kick Resident 3.</p> <p>On 5/27/25, the Department received a report from the facility that Resident 1 had struck Resident 3 with a piece of paper as she was passing her in the hallway.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056259	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2025
NAME OF PROVIDER OR SUPPLIER Northvine Postacute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 446 Arrowood Dr Santa Rosa, CA 95407	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a record review on 5/27/25 at 1:36 p.m., Resident 1's facesheet indicated an admission date of 11/13/24 and multiple diagnoses including Alzheimer's Disease (a progressive disease that destroys memory and other important mental functions; memory loss and confusion are the main symptoms) and dementia with behavioral disturbance (changes in behavior and mood that can manifest as various symptoms, including agitation, aggression, anxiety, depression, and psychosis), among others. Review of Resident 1's care plan revealed a focus area, dated 12/27/24, The resident is experiencing increase in behavior problem manifested by, striking, spitting, grabbing out at others, refusing [medications], [treatment], care, throwing inanimate objects, cups of water, intrusiveness, persistent wandering, behaviors are difficult to redirect. Behaviors tend to escalate in the late afternoon and early evening hours. Further review of this focus area revealed an intervention, dated 3/6/25, Remove from area of increased stimulation/congestion to minimize agitation.</p> <p>Continuing the record review on 5/27/25 at 1:36 p.m., review of Resident 1's nurse progress notes revealed a note dated 5/27/25 at 10:50 a.m., [Resident 1] was in the process of being assisted to activity room and passed [Resident 3] outside of her unit. [Resident 1] was holding on to a stuffed animal and a single piece of copy paper. As the 2 got closer to each other [Resident 1] leaned over and struck [sic] [Resident 3] with the piece of paper making contact on her upper arm.</p> <p>During an interview on 5/27/25 at 2 p.m., CNA B stated she was the CNA for Resident 1 today. CNA B stated her resident assignment changed every day. CNA B stated Resident 1 had a behavior of hitting all of the sudden. CNA B stated she did not know of anything that triggered Resident 1 to hit. CNA B stated there was nothing that could prevent Resident 1 from hitting, she just had to keep a close eye on her.</p> <p>During an interview on 5/27/25 at 2:10 p.m., Licensed Nurse A stated he had been working at the facility since April 2025 and was not familiar with Resident 1. Licensed Nurse A stated they managed Resident 1's aggressive behavior by keeping a close eye on her. Licensed Nurse A stated it did not take much to trigger Resident 1's aggressive behavior. Licensed Nurse A stated her aggression could be triggered by moving her, transfers, working with her, and doing activities of daily living (eating, dressing, bathing, etc).</p> <p>During an interview on 5/27/25 at 3:38 p.m., Licensed Nurse D stated she was Resident 1's nurse. Licensed Nurse D stated Resident 1 liked to hit. Licensed Nurse D stated Resident 1 could hit at any time, she did not have any triggers for hitting. Licensed Nurse D stated to prevent Resident 1 from hitting, they had medication they could give her and kept her distracted when she seemed agitated.</p> <p>During an interview on 6/3/25 at 2:02 p.m., Social Services Director verified that Resident 1's behavior had been discussed by the facility leadership in their morning meeting after the two reported incidents but could not recall what the plan was to manage her aggression towards other residents.</p> <p>During a record review and concurrent interview on 6/3/25 at 2:32 p.m., MDS Nurse verified Resident 1's care plan for her aggressive behavior included the intervention added 3/6/25 to remove Resident 1 from increased stimulation/congestion to minimize agitation. MDS Nurse stated that on the morning of 5/27/25 when Resident 1 struck Resident 3 with the piece of paper Resident 1 was in an area that was too congested.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056259	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2025
NAME OF PROVIDER OR SUPPLIER Northvine Postacute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 446 Arrowood Dr Santa Rosa, CA 95407	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of facility policy, Abuse and Neglect Prohibition Policy, last revised 6/30/2020, revealed, The facility's abuse and neglect training program will be provided to all employees, through orientation and on-going sessions related to abuse prohibition practices at a minimum of annually and will include review of: . Appropriate interventions to deal with aggressive . reactions of residents. Review of policy section titled Prevention of Occurrences revealed, The following actions to prevent abuse . will include: . Identifying, correcting, and intervening in situations in which abuse . is more likely to occur. This includes analysis of: . The deployment of staff on each shift in sufficient numbers to meet the needs of the residents, and assure that the staff assigned have knowledge of the individual residents' care needs.</p>		