

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: 056296	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2026
NAME OF PROVIDER OR SUPPLIER Crescent City Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1280 Marshall Street Crescent City, CA 95531	
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 abuse was reported to the California Department of Public Health (the Department) within the required timeframe for one (1) of four (4) sampled residents (Resident 1), when the facility did not report an allegation of abuse involving Resident 1 within two (2) hours after the allegation was made. This failure had the potential to result in delayed abuse identification and intervention, compromising the well-being and protection of vulnerable residents within the facility. A review of Resident 1's admission Record (a facility demographic) indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including metabolic encephalopathy (a brain function loss caused by a chemical imbalance or illness in the body), depression (a persistent feeling of sadness, emptiness, and a loss of interest in life that lasts for weeks or longer and affects how you think, feel, and act), Parkinson's disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements), bipolar disorder (a lifelong mental health condition that causes extreme shifts in mood, energy, and activity levels), and anxiety. A review of SOC-341 (a state form used by mandated reporters to report suspected abuse, neglect, or exploitation of elders or dependent adults), dated 7/07/26, indicated Resident 1 made the report of facility staff giving care in a potentially abusive manner on 7/07/26 between the hours of 1 a.m. and 2 a.m. There was no evidence this abuse allegation was reported to the Department until 7/20/26. During an interview on 7/29/26 at 9:30 a.m. with the Social Services Aide (SSA), she stated she completed the SOC-341 on 7/07/26, and thought someone called the Department to make a report of the abuse allegation. The SSA and the facility medical records department did not provide chart documentation or fax confirmation indicating the abuse allegation was reported to the Department within two (2) hours of its occurrence. A review of the facility policy and procedure titled, Abuse, Neglect and Exploitation, dated 12/19/22, indicated, it is the policy of the facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. All alleged violations are to be reported to the Administrator, state agency, adult protective services and to all other required agencies immediately, but not later than 2 hours after the allegation is made.		

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to thoroughly investigate an abuse allegation involving staff and one (1) of four (4) sampled residents (Resident 1). This failure had the potential to delay the implementation of necessary protective measures and oversight to safeguard the health and safety of Resident 1 and other residents of the facility. A review of Resident 1's admission Record (a facility demographic) indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including metabolic encephalopathy (a brain function loss caused by a chemical imbalance or illness in the body), depression (a persistent feeling of sadness, emptiness, and a loss of interest in life that lasts for weeks or longer and affects how you think, feel, and act), Parkinson's disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements), bipolar disorder (a lifelong mental health condition that causes extreme shifts in mood, energy, and activity levels), and anxiety. A review of SOC-341 (a state form used by mandated reporters to report suspected abuse, neglect, or exploitation of elders or dependent adults), dated 07/07/26, indicated Resident 1 made the report of facility staff giving care in a potentially abusive manner on 07/07/26 between the hours of 1 a.m. and 2 a.m. A review of facility document titled #2978 Alleged Abuse, dated 7/07/26, indicated Certified Nursing Assistant 1 (CNA 1) made the statement, 2 CNA's [Certified Nursing Assistant 2 (CNA 2) and Certified Nursing Assistant 3 (CNA 3] that mistreated [Resident 1]. [Resident 1] alleged that they pulled their arm and refused to cover them with a blanket stating you can do it yourself. During a phone interview on 7/29/26 at 12:22 p.m. with the Administrator (ADM), the ADM stated when the abuse allegation was under investigation, CNA 3 was placed on suspension, but CNA 2 was not placed on suspension during the course of the investigation, potentially placing Resident 1 at risk for additional harm. A review of facility policy and procedure titled, Abuse, Neglect and Exploitation, dated 12/19/22, indicated, the facility will make efforts to ensure all residents are protected from physical and psychosocial harm, as well as additional abuse, during and after the investigation. Examples include but are not limited to. responding immediately to protect the alleged victim and integrity of the investigation. room or staffing changes, if necessary, to protect the resident(s) from the alleged perpetrator.		