STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056300	A. Building B. Wing	11/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Granada Rehabilitation & Wellness Center, LP	2885 Harris Street Eureka, CA 95503

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 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to provide services for one resident (Resident 1) when licensed nurses did not provide care for Resident 1's surgical drains (tubes placed in the body after surgery to remove excess blood, pus, or other fluids from a wound or cavity, preventing buildup that could slow healing or cause infections) upon admission to the facility.This failure resulted in Resident 1 having to be readmitted to the hospital for care of a preventable infection.Findings:A review of Resident 1's undated hospital referral form titled [NAME] [Artificial Intelligence Discharge Agent, a software platform used to streamline a patient ?s discharge process to skilled nursing facilities] Facesheet indicated Resident 1 had a drain located on the right lateral flank (the side area of the body between the last rib and the hip bone) and another on the right medial upper quadrant (the central part of the upper abdomen) surgically placed on 10/5/25 after surgeons drained a liver abscess (a painful, pus-filled pocket which forms when the immune system walls off an infection which results in a collection of dead white blood cells, germs, and dead tissue).A review of Resident 1's admission record indicated admission to the facility on [DATE] with diagnoses which included abscess of liver, peritoneal abscess (a localized collection of pus and infected fluid within the abdominal cavity (peritoneum) and encounter for change or removal of drains.A review of Resident 1's hospital transfer orders dated 10/8/25, indicated, .Operations/Major Procedures.IR [Interventional Radiology, a medical specialty that uses imaging (i.e. x-ray) to guide minimally invasive procedures] guided drain placement x [times] 2.Drain Management: Per Nursing Protocol.A review of Resident 1's Hospitalist Discharge Summary dated 10/8/25, indicated Hospital Physician 1 (HP 1) provided instructions on how nurses were expected to care for Resident 1's drains, Nursing drain care per IR instructions (flush [to inject a solution into the drain or tube to prevent blockages] both drains with 10 cc [cubic centimeter, a unit of measurement] NS [Normal Saline- is a salt and water solution used to clean wounds] every 8 hours until discontinuation [of drains].Cleared by general surgery to be discharged to skilled nursing facility [SNF, the facility] for.wound/drain management.A review of Resident 1's progress note dated 10/8/25 at 6:08 p.m. indicated, .New admit has 2 JP drains to RUQ [right upper quadrant of abdomen] above other surgical incisions, which require packing.A review of Resident 1's progress note dated 10/8/25 at 6:45 p.m. indicated, [Resident 1] with a diagnosis of hepatic abscess [a pus-filled pocket that forms in the liver caused by an infection which requires prompt treatment to prevent serious complications], currently with two JP [Jackson Pratt, a type of surgical device with a tube and squeezable bulb used to remove fluid from surgical site] drains in place on right side.A review of Resident 1's care plan focused on his intraabdominal abscess initiated on 10/8/25 did not include any mention of Resident 1's surgical drains nor any interventions regarding care of his surgical drains.A review of Resident 1's facility physician's (Attending Physician 3) assessment note dated 10/10/25 indicated, .[Resident 1 is] now status post drain placement for bile [fluid made by the liver to help digest fats] leak and intra-abdominal fluid collection.The patient is being managed for multiple post-surgical complications and chronic conditions. He remains.appropriate for skilled nursing.care. Ongoing monitoring and medical management are required for his abscess.and surgical wounds.Monitor JP drain output and wound healing.A review of Resident (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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F 0684 Level of Harm - Actual harm Residents Affected - Few	1's progress note dated 10/13/25 at 6:50 p.m. indicated, Resident noted with small drainage from his Uresil [NAME]-Close(R) suction drainage. Notified [physician] and [physician] say [sic] no need for transfer to hospital. Continue to monitor and have tx [treatment] nurse consult with wound doctor.A review of Resident 1's after visit summary from a follow-up visit with the surgeon dated 10/14/25 indicated, Starting today, please flush both of [Resident 1's] drains once a day. To do this, swab the sideport [an opening in a drain that allows for a connection to an additional line or provides an exit point from the side rather than the bottom] with alcohol, attach a saline flush [a pre-filled syringe of normal saline injected through a line to clear it, to prevent blockages and keep the line open], apply the clips so that half of the saline flush goes into the body, and then half goes into the drain. Make sure that the drain bellows [a flexible, ridged tube used to create gentle, constant vacuum to draw blood, pus, or other fluids from surgical sites, preventing buildup and infection] are always maintained compressed.A review of Resident 1's physician's order dated 10/24/25 indicated, Continue to flush both drains daily. Ensure drains are functioning properly.A review of Resident 1's care plan focused on his need for enhanced barrier precautions (an infection control measure to prevent the spread of multidrug-resistant organisms) related to his surgical wound initiated on 10/28/25 indicated the following intervention, Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator. This care plan did not indicate person-centered care for Resident 1's specific Uresil [NAME]-Close(R) surgical drains.A review of Resident 1's encounter note with the surgical center dated 10/31/25 indicated, [Resident 1] states nursing at SNF have not been flushing drains.Medial drain appears to be clogged with thick exudative [a mass of cells and fluid that has seeped out of blood vessels or an organ] output, bag full of tan exudative output and clearly has not been emptied in several days.Medical assistant was asked to call nursing staff at [the facility] prior to [Resident 1's] arrival to determine the nursing care.[Resident 1] is receiving. When asked what wound care they are providing to the drains, they stated that they changed wound dressing daily and did not outwardly state that they were flushing drains until they were asked about it directly.[Resident 1] states nursing have not been flushing his drains . It is clear that [Resident 1] is not receiving appropriate wound care at [the facility] and despite multiple instructions to flush drains twice daily, this is not being done.The more medial drain on the right upper quadrant appeared to be clogged.Drain bag was nearly full with tan exudative output, indicating that this drain had not been cared for for at least several days.At this point in time, it appears [Resident 1] is not receiving adequate care at [the facility].A review of Resident 1's physician's order dated 10/31/25 indicated, Drain must be flushed twice daily. This is necessary for his drain to function properly. It is clear from his past visits this is not being done. FLUSH DRAIN TWICE DAILY! Change dressings on drain sites and wounds daily.A review of Resident 1's encounter note with the surgical center dated 11/2/25 indicated, .I remain very concerned about the care of this fragile patient. He had a significant closed space infection [a painful infection trapped in a body compartment with unyielding walls] requiring invasive interventions in this hospital after surgery by the on-call surgeon. When I saw him for urgent evaluation a few weeks ago, it was clear that time that his drains were not being flushed which is critical for maintenance of these.drains, despite discharge instructions to his nursing facility saying they needed to be flushed. I wrote very specific instructions on paper which were sent to [the facility] at that time for daily flushing, because an indwelling drain [a soft, flexible tube left inside the body to continuously drain fluids from an area], that is not functioning will just cause increasing pain, allow persistent close space infection, and delay his care.It is extremely disappointing to learn that despite my clear instructions during my visit, that daily nursing care by his nursing facility is not happening. This was a primary intervention for him, and a primary reason for him to remain in the supervised setting.A review of Resident 1's facility progress note dated 11/6/25 at 12:40 p.m. indicated, Resident returned from follow-up appointment; will be sent to hospital dur to intra-abdominal abscess.A review of Resident 1's hospital history and physical dated 11/6/25 at 7:55 p.m. indicated, Assessment & Plan.failure to flush this drain which has been documented repeatedly at (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few	[the facility] has resulted in close space infection which is now eroded through his abdominal wall and is freely in communication with an abdominal wound and his previous drain site.This was opened up partially in the clinic today, and I am admitting him for adequate care.A review of Resident 1's facility Medication Administration Record (MAR) and Treatment Administration Record (TAR) dated 10/8/25 through 11/6/25 was reviewed on 11/25/25 and indicated no documented evidence Resident 1's drain output measurements were not being monitored by the licensed nurses. During a concurrent interview and record review on 11/25/25 at 3:25 p.m., the Director of Nursing (DON) stated the Administrator (ADM) and the Assistant Director of Nursing (ADON) were responsible for calling the hospital for new admissions to see if their needs could be met at this facility. The DON was asked to review Resident 1's TAR dated October 2025 and was asked why there was no documentation to show Resident 1's drains were being flushed between 10/8/25 and 10/14/25. The DON stated the order from the hospital for drain management indicated per nursing protocol and our facility did not have a nursing protocol for drain management. The DON stated, the nurse called the doctor to get an order for drain management. The DON was asked to provide documented evidence of the nurse's call for drain management orders but was unable to provide any. The DON was also asked if any nurses notified Attending Physician 3 there were no orders for drain management of Resident 1's drains. The DON stated the Attending Physician 3 signed off on the hospital transfer orders which suggested the Attending Physician 3 was aware since she signed the orders. The DON was asked to provide any policies and procedures regarding nursing drain management and care. A policy for titled Jackson Pratt Drain was provided which indicated guidance on nursing care for these specific drains.During an interview on 12/16/25 at 10:58 p.m., the Hospital Physician 1 stated the admitting facility received his Skilled/Intermediate Nursing Facility Transfer Orders and Hospitalist Discharge Summary notes. Hospital Physician 1 stated it was his expectation the facility would follow under item #4 on the Hospitalist Discharge Summary which indicated the instructions for flushing Resident 1's drains (flush both drains with 10cc NS every 8 hours until discontinuation).During an interview on 12/17/25 at 2:48 p.m., the DON stated she was aware Resident 1 was going to be admitted to the facility with drains because she saw the referral sent to the facility by the hospital. The DON stated nurses should be documenting drain output. The DON acknowledged there was no documentation to indicate nurses were monitoring Resident 1's drain output from 10/8/25 to 11/6/25. The DON acknowledged both a JP drain and the type of drain Resident 1 had served the same purpose. The DON also acknowledged a care plan had not been initiated for management of Resident 1's drains. The DON stated nurses had not called the physician to obtain orders for management of Resident 1's drains upon admission.During an interview on 12/18/25 at 9:26 a.m., Hospital Physician 4 stated he expected the facility staff to follow the instructions for flushing the Resident 1's drains. Hospital Physician 4 stated he observed Resident 1's drains were blocked and neglected during Resident 1's follow-up appointments. Hospital Physician 4 stated there were multiple orders to flush Resident 1's drains but it was not being done at the nursing facility. Physician 4 described Resident 1's drain collection bag had an accordion bellow (an accordion-shaped bulb) that needed to be compressed to promote negative pressure to draw out the fluid but clarified that it would not work if the drains were not being flushed.A review of the facility's Facility Assessment, dated August 2025-July2026, indicated, Another core competency is to work together cooperatively, recognizing that the power of our combined efforts exceeds what we can accomplish individually.This is demonstrated when our team of caregivers provides personalized, highly sophisticated health care.Licensed nurses provide skilled services including wound care.clinical assessments.Prior to admit we would do some research into the diagnosis or condition to see if we can meet the person's needs. Things to consider include.staff competency and/or ability to train competency.We would involved our medical director.as needed.Competencies that are necessary to provide the level and types of support and care needed for our residents.Person-centered care- This should include but not be limited to person-centered care planning.Measurements-.recording intake and output.Resident assessment and examinations- (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few	admission assessment, skin assessment.A review of a facility policy and procedure titled Jackson Pratt Drain, dated 9/19/19, indicated, To guide licensed nurse in the provision of safe, competent, and ethical care in the procedure of caring for and emptying Jackson Pratt drains.Emptying.Empty contents into measuring container; note amount and appearance of drainage.Fully compress the collection reservoir with one hand, then replace the spout plug with the other hand.Compress the reservoir by squeezing blub flat, replacing plug while compressed.The collection reservoir should remain compressed, if not; repeat procedure and notify physician.Fasten below the level of the wound to promote drainage.Documentation: Appearance of site.Appearance of drainage.Output.Physician notified of any problems.A review of an undated [NAME]-Close(R) patient and nursing information guide indicated, Dual anti-reflux valves prevent liquids and air from backing up into the catheter or wound drain.To ensure continuous flow, attach the bag to the patient gown or bedding below the level of the drainage site.To re-activate the system, compress the bellows. The fluid in the bellows will be discharged into the bag and the suction will be re-established.Although the graduation marks on the bag are approximations only, approximate volumes collected can be recorded on the white ?write-on' area on the bag. When recording these approximations, first empty bellow contents into the bag.