

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056300	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2026
NAME OF PROVIDER OR SUPPLIER Granada Rehabilitation & Wellness Center, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview, and facility record review, the facility did not ensure an allegation of verbal abuse involving one resident (Resident 1) was reported to the California Department of Public Health (the Department) within the required timeframe of the incident. This failure delayed the Department from investigating the allegation of abuse to ensure resident safety. Findings: A review of Resident 1's admission record indicated admission to the facility on 9/27/25 with a diagnosis that included, Developmental Delay (occurs when a child reaches milestones in physical, cognitive, communication, social-emotional, or adaptive skills later than typically expected), Rheumatoid Arthritis (a chronic autoimmune disease where the immune system mistakenly attacks the joint lining, causing pain, swelling, stiffness, warmth, fatigue, and potential joint damage), Major Depressive Disorder (a serious mood disorder causing persistent sadness, loss of interest, and impacts how you feel, think, and act), and Anxiety Disorder (mental health conditions marked by excessive, persistent worry and fear about everyday situations, significantly interfering with life). A review of Resident 1's minimum data set (MDS, an assessment tool) dated 12/16/25 indicated Resident 1 had a Brief Interview for Mental Status (BIMS, an assessment tool that helps determine an individual's memory and orientation) score of 13 (indicates cognitively intact or normal thinking and memory). During an interview on 1/8/26 at 12:17 p.m., Resident 1 stated a Certified Nursing Assistant (CNA) said to her he wanted to clean her vagina. Resident 1 stated it disturbed her that the facility had male CNAs, and she did not feel comfortable having a male CNA clean her and wanted to keep her dignity. During an interview with the Administrator (ADM) and Director of Nursing (DON) on 1/8/26 at 3p.m., the ADM stated Resident 1 reported the event to the Nurse Supervisor the evening of 12/6/25, who then notified her and the DON of the incident. The DON stated she called the incident to the Department the evening of 12/6/25 however, the DON and Administrator were unable to provide documented evidence that the event was reported to CDPH on 12/6/25. A review of SOC 341 (a form used by mandated reporters to document and report allegations of suspected abuse) indicated that CDPH, Ombudsman, and Law enforcement were notified of the alleged abuse on 12/7/25. During a review of the facility's policy titled, Abuse Prevention and Management, revised 5/30/24, indicated, Notification of Outside Agencies for All Allegations of Abuse. The administrator or designated representative will notify law enforcement, by telephone immediately, or as soon as possible, but no longer than (2) hours of an initial report AND send a written SOC341 report to the Ombudsman, Law Enforcement, and CDPH Licensing and Certification within (2) hours.</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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