

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: 056300	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2026
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 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Post nurse staffing information every day. Based on observation interviews and record review, the facility failed to ensure the required daily patient census and direct care service hours per patient day information was posted for 7/02/26 for a facility census of 83. Observation revealed the facility continued to display a daily patient census and direct care service hours per patient day form dated 6/30/26, rather than the current day's required posting. The facility's failure to post the required daily patient census and direct care service hours per patient day information prevented residents, residents' representatives, staff, and members of the public from having access to current staffing information as required by law. During an observation on 7/02/26 at 9:22 a.m. of the facility's designated staffing information posting location in the front lobby area across from the administrator's office in a display cabinet behind glass, revealed the posted daily patient census and direct care service hours per patient day form was dated 6/30/26. The required posting reflecting the facility's census and direct care service hours for 7/02/26 was not displayed. During an interview on 7/02/26 at 10:10 a.m., the director of nursing (DON) confirmed the required daily census and direct care service hours per patient day (HPPD) form for 7/02/26 was not posted in the facility at 9:22 a.m. and that the only form displayed was dated 6/30/26. The DON acknowledged the form must be updated daily and that the posted information was not current. During an interview on 7/02/26, at 3:44 p.m., the administrator (ADM) confirmed the required daily census and direct care service hours per patient day (HPPD) form for 7/02/26, was not posted in the facility at 9:22 a.m. on 7/02/26, and that the only form displayed at that time was dated 6/30/26. The ADM acknowledged the form must be updated daily and that the posted information was not current. During a review of the facility's policy and procedure titled, Nursing Department - Staffing, Scheduling & Postings revised July, 2018, indicated, Nurse Staffing Postings. The Facility will post the following information on a daily basis. Facility name. The current date. The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift. a. Registered Nurses. b. Licensed Practical Nurses or Licensed Vocational Nurses. c. Certified Nurse Aides. d. Resident Census. B. Posting requirements. The Facility will post the nurse staffing data specified above, on a daily basis at the beginning of each shift. Data must be posted as follows. a. Clear and readable format. b. In a prominent place readily accessible to residents and visitors.		

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