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	04/24/2026

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 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. The facility failed to ensure a sufficient number of dietary staff were maintained to carry out required Food and Nutrition Services functions when dietary staff responsible for cleaning and sanitation were reassigned to cover vacant foodˆpreparation roles. This failure resulted in insufficient staffing to complete essential duties and placed a census of 78 residents who ate food from the kitchen at risk for potential foodborne illnesses.Findings:During a concurrent observation and interview with the Certified Dietary Manager (CDM) in the kitchen on 4/21/26 at 8:09 a.m., the facility stove was noted to have large amounts of grease and food debris built up around and beneath all burners. The backsplash behind the grill of the stove was stained with grease. The CDM stated she was an interim traveler CDM until the current CDM In Training (CDMIT) was able to resume classes to become certified. The CDMIT was pulled to work as a cook until the position could be filled. The CDM stated the kitchen was short staffed and had been employed by the facility for three months. During an interview in the dietary office on 4/22/26 at 10:35 a.m., the CDM stated the dietary staffing was short and the full-time cook was on leave, the morning cook resigned, a diet aide is out on leave, and the morning diet aide just went out on medical leave for 3 months. The CDM stated these vacancies had affected tasks such as cleaning and sanitation to be pushed to the bottom of the list of priorities. During an observation in the kitchen on 4/22/26 at 11:33 a.m., the side of the facility oven had accumulated food debris, with several rust-colored stains and areas of white residue of unknown origin. The space between the back of the oven and the wall had significant dust buildup. The facility toaster had a large amount of dust accumulated in the upper vents above the serving tray.A review of the facility's policy titled Dietary Department-General, dated 6/1/14, indicated the purpose of the policy was, To ensure that the dietary department has the requisite organization to meet the nutritional needs of residents. The primary objectives of the dietary department include.maintenance of standards for standards of sanitation and safety.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056300	A. Building B. Wing	04/24/2026

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, the kitchen and maintenance staff failed to ensure food was stored, prepared and served safely in accordance with professional standards of food service when:Dietary staff did not apply hair restraints properly;Expired food and drink were found in the refrigerator;Moldy strawberries were found in the refrigerator and moldy onions found in a bin in the dry storage area;The stovetop was encrusted with hardened black residue, the backsplash was stained with grease, the side of the oven was encrusted with white and rust-colored residue and the toaster had accumulated amounts of dust in the upper vents above the serving tray. The space between the back of the stovetop, oven and wall had clumps of dust adhering to the wall, pipe and floor; and,Ice buildup was found on the inner gasket of the freezer door.These failures posed a risk for foodborne illness for a census of 78 residents.1. During an observation in the kitchen on 4/22/26 at 10:35 a.m., the [NAME] In Training (CIT) and [NAME] 2 wore hair restraints which did not fully cover the back of their heads, exposing hair.During an interview in the dietary office on 4/23/26 at 8:38 a.m., the Certified Dietary Manager (CDM) stated she was unaware the hair nets were not entirely covering the hair for the CIT or [NAME] 2. The CDM stated their high bun hairstyle was causing the hair restraint to pull up, exposing their hair.A review of the facility's policy titled Dietary Department Infection Control for Dietary Employees, dated 3/25/26, indicated, Personal cleanliness is required in sanitary food preparation.cover hair.with an effective hair restraint.while in any kitchen and food storage areas.A review of the Food and Drug Administration (FDA, a federal agency responsible for oversight and regulation of products that directly affect public health and safety) Food Code 2022 2-402.11 (A) indicated, Food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens; and unwrapped single service and single-use articles.2. During a concurrent interview and observation in the kitchen on 4/21/26 at 8:09 a.m., the refrigerator contained a bag of shredded carrots with a use by date of 4/18/26 and a bag of parsley was observed with a use by date of 4/1/26. The CDM stated both items should have been thrown out. In a separate refrigerator, a pitcher labeled punch was marked with a use by date of 4/19/26. The CDM stated the punch should not be used and should also be thrown out.During an interview in the dietary office on 4/23/26 at 8:38 a.m., the CDM stated the facility did not have a policy regarding expired food. The CDM further stated the expectation was for all expired food and drink to be discarded as it was considered unsafe to consume.3. During a concurrent interview and observation in the kitchen on 4/21/26, at 8:11 a.m., packaged strawberries were observed in the refrigerator covered with white mold. The CDM stated she would not use those and they should be discarded.During a concurrent interview and observation in the dry storage room on 4/21/26 at 8:23 a.m., a bin containing onions was observed. A few of the onions had gray/black mold present. The CDM stated the onions should have been discarded.A review of the facility's policy titled Food Storage and Handling, dated 6/4/24, indicated, Fresh vegetables should be checked and sorted for ripeness.rotate vegetables so that the oldest produce is used first.A review of the FDA Food Code 2022 3-701.11 indicated, Food that is unsafe.shall be discarded.4. During a concurrent observation and interview in the kitchen on 4/21/26 at 8:09 a.m., the stovetop was observed to have greasy, hardened black residue around and in all burners. The CDM stated the stovetop was in use constantly throughout the day and was scheduled to be cleaned once per week. The backsplash to the stove was observed to be stained with grease. The lateral side of the oven was observed to be encrusted with white and rust-colored residue. During an interview in the dietary office on 4/22/26 at 10:35 a.m., the CDM stated the kitchen had experienced a staffing shortage, which had affected the cleaning and sanitation tasks.During a concurrent observation and interview in the kitchen on 4/22/26 at 11:33 a.m., the upper vents of the toaster, located above the serving tray, were observed to have an (continued on next page)

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	04/24/2026

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	accumulation of dust. The gap between the oven, stovetop and wall contained clumps of dust and debris adhered to the wall, surrounding pipe and floor below. The CDM confirmed these observations at the time they were identified.A review of the facility's policy titled Conventional (Gas)-Operation and Cleaning, dated 7/13/23, indicated, Sanitation of Equipment.Remove spills, spillovers, and burned food deposits from the oven as soon as practicable.Daily tasks: wipe the cool oven exterior and knobs with a warm detergent solution.A review of the FDA Food Code 2022, Section 4-601.11 indicated, Food Contact Surfaces, Nonfood Contact Surfaces, and Utensils (A) Equipment, food contact surfaces, and utensils shall be clean to sight and touch, (B) The food contact surfaces of cooking equipment and pans shall be kept free of encrusted grease deposits and other soil accumulations.(C) Nonfood contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris.5. During a concurrent observation and interview in the kitchen on 4/21/26, 8:15 a.m., the freezer door was observed to have ice buildup on the left side gasket. The CDM stated the ice accumulated when the door did not maintain an appropriate seal when the door was shut, which could potentially affect proper temperature control.During an interview in the facility hallway on 4/23/26 at 8:20 a.m., the Maintenance Director (MND) stated the gasket on the affected freezer had gone bad and needed replacement. The MND further stated he did not routinely schedule inspections of the kitchen equipment.A review of the facility's policy titled Maintenance Service, dated 1/1/12, indicated, The Maintenance Department maintains all areas of the building, grounds, and equipment. The Maintenance Department is responsible for maintaining the.equipment in a safe and operable manner at all times. The Director of Maintenance is responsible for developing and maintaining a schedule to assure that the.equipment are maintained in a safe and operable manner.A review of the 2022 Food Code 4-501.11(A) indicated, Equipment shall be maintained in a state of repair and condition that meets the requirements. (B) Equipment components such as doors, seals shall be kept intact, tight and adjusted in accordance with manufacturer's specifications.

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	04/24/2026

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. Based on observation and interview, the licensed nurse failed to ensure that resident information was protected during a medication pass when Licensed Nurse 3 (LN 3) did not lock the computer screen after preparing medication for three residents (Resident 1, Resident 11, and Resident 29) of 23 sampled residents.This failure decreased the facility's potential to protect residents' personal information from the public.Findings:During a medication pass observation with LN 3 on 4/22/26 at 11:52 a.m., 11:55 a.m., and 11:59 a.m. with, LN 3 closed the laptop lid halfway down and did not lock the screen after preparing medications. Visitors were observed walking past the laptop with the screen partially visible.During an interview with LN 3 on 4/22/26 at 12:10 p.m., LN 3 confirmed she did not lock the computer screen or log out of the resident chart. LN 3 further stated it was possible for someone to see the resident information if they lifted the laptop screen.During an interview with the Assistant Director of Nursing (ADON) on 4/23/26 at 2:24 p.m., the ADON stated she expected LN 3 to protect resident privacy by either turning the med cart to face the residents' room or use the lock screen.A review of the facility's policy and procedure titled, Electronic Protected Health Information Security, revised December 2012, indicated, Resident medical records will be maintained in a manner that protects the electronic protected health information from unauthorized use and access.monitors should face away from public view.

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	04/24/2026

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the licensed nurses failed to remove the following from one of two medication carts:One unlabeled bottle of eye drops,Two inhalers without open dates, andThree loose pills.In addition, one expired insulin (medication used to treat diabetes) pen was found in one of two medication storage room fridges.These failures decreased the facility's potential to safely administer medications and prevent drug diversion (the illegal redirection of prescription or controlled medication from their intended medical use to unauthorized or illicit use).Findings:During a concurrent observation and interview with Licensed Nurse 2 (LN 2) on [DATE] at 11:23 a.m. during a medication cart inspection, LN 2 confirmed that:One bottle of [brand name] contact lens drops was found without a resident identifier,Two budesonide (medication to treat breathing problems) inhalers were found without open dates, andThree loose pills were found in Side Two Top medication cart.LN 2 stated medications needed a resident label, otherwise it could be given to the wrong resident, and medications needed to have open dates because some medications have time frames and it could be expired. LN 2 further stated having loose pills in the cart could lead to missed medication doses or could possibly be taken by staff.During a concurrent observation and interview with LN 2 on [DATE] at 11:56 a.m., LN 2 confirmed that a long-acting insulin pen with an expiry date of [DATE] was found in the Side Two medication fridge. LN 2 stated expired medication may have a reduced or negative effect if given to a resident.During an interview with the Assistant Director of Nursing (ADON) on [DATE] at 2:24 p.m., the ADON stated she expected: all medication to have open dates to ensure meds were used at the appropriate time and not become outdated; all prescribed meds have resident names to ensure the correct medication is given to the correct person; and, expected expired meds were removed, because they could have a negative effect if given to a resident.A review of the facility's policy and procedure titled, Medication Storage in the Facility, dated [DATE], indicated, All medications dispensed by the pharmacy are stored in the container with the pharmacy label.Outdated medications are immediately removed from inventory.Medication storage areas are kept clean and free of clutter.

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	04/24/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the nursing, therapy, and maintenance staff failed to ensure infection prevention and control practices were implemented for a census of 78 residents when:Staff did not wear Personal Protective Equipment (PPE- clothing and equipment that is worn or used to provide protection against hazardous substances and/or environments) for residents three residents (Resident 25, Resident 40, and Resident 96) on Enhanced Barrier Precautions (EBP- to reduce transmission of multidrug-resistant organisms in nursing homes. EBP involves gown and glove use during high-contact resident care activities such as transferring and changing bed linen); and,12 rooms were observed without proper infection precaution signage or easily accessible PPE supply containers; and,Staff failed to maintain a clean oxygen concentrator for Resident 46.These failures decreased the facility's potential to prevent the spread an infection amongst residents and decreased the facility's potential to prevent bacteria and debris from directly entering Resident 46's lungs, placing her at risk for an infection.1. A review of Resident 25's face sheet indicated admission to the facility in March 2026 with a diagnosis of a unspecified elevated white blood count (which can be indicative of infection). During an observation on 4/23/26 at 10:22 a.m. Certified Nursing Assistant 1 (CNA 1) was inside Resident 25's room changing the bed linens without wearing a gown or gloves. A sign was posted right outside Resident 25's room which indicated, Enhanced Barrier Precautions.Everyone Must.Wear gloves and a gown for the following High-Contact Resident Care Activities.Changing Linens. A review of Resident 40's face sheet indicated admission to the facility in March 2026 with an elevated white blood count, u, and an open wound of the right back wall of the thorax (chest region). An observation on 4/23/2026 at 10:26 a.m., CNA 2 was transferring Resident 40 to a wheelchair without wearing a gown or gloves. A sign was posted right outside Resident 40's room which indicated, Enhanced Barrier Precautions.Everyone Must.Wear gloves and a gown for the following High-Contact Resident Care Activities.Transferring. In an interview with CNA 2 on 4/23/2026 at 11:41 a.m., CNA 2 stated, The precautions are for me and the residents. It's for our safety. If we are cleaning the patient, I wear it. I haven't used it for transferring because she is all clean. I'm just noticing this sign now. I usually just use PPE if [I am] cleaning a resident. I have learned my lesson. I will now use it during transfer as well. In an observation on 4/23/26 at 11:45 a.m., a Physical Therapist and an Occupational Therapist was assisting Resident 40 with ambulation (walking) in Resident 40's room and transferred Resident 40 to a wheelchair to go to the Physical Therapy room. Neither staff members were wearing PPE despite signage in front of Resident 40's door and above the Resident 40's bed. In an interview with the Certified Occupational Therapist Assistant (COTA) on 4/23/2026 at 12:04 p.m., the COTA stated, Barrier precautions means you gown up. Oh, I never noticed that [EBP sign]. No one has ever told me. Why doesn't she not have a container in here? [the PPE container was located under resident belongings in the far corner of the room] I'm really bad about reading signs, and I've never noticed anyone else wearing PPE in this room. I know she has a wound VAC [vacuum-assisted closure, a medical device used to accelerate the healing of large, chronic, or severe wounds], and she's been here awhile. No one else wears it in [this room]. In an interview with CNA 1 on 4/23/2026 at 1:25 p.m., CNA 1 stated, I wear PPE in the evenings and (continued on next page)

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	04/24/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the mornings, and when doing patient care. I didn't wear PPE earlier because I was making a bed that was already cleaned. There was no food or soilage, so I felt the bed was in clean condition. This is my policy with all residents, and wear PPE if the sheets are soiled. If they appear clean; I usually put gloves on, this one time was unusual, I wasn't wearing them. CNA 1 further stated, We use PPE to protect ourselves and the patients from the spread of bacteria or disease. A review of a Resident 96 Face sheet, indicated Resident 96 was admitted to the facility in April 2026 with diagnoses which included bacteremia (bacteria in the bloodstream) and methicillin-resistant staphylococcus aureus (MRSA- a type of bacteria that is resistant to several antibiotics). During an observation and interview with the Speech Language Pathologist (SLP) and CNA 3 on 4/22/26 at 3:25 p.m., the SLP and CNA 3 were seen transferring Resident 96 to bed without wearing any gowns. Signage outside the room indicated Resident 96 was on EBP. Both the SLP and CNA 3 confirmed they were not wearing gowns and stated not wearing a gown could spread infection. A review of Resident 96's Care Plan Report, dated 4/19/26, indicated, Resident is on EBP related to a history of MRSA.[staff were expected to] Implement EBP to prevent the spread of infections. 2. On 4/23/26 beginning at 10:15 a.m., 12 rooms were observed for infection control signage and PPE storage. One room had no infection control precaution signage posted; Two rooms had no PPE supplies present outside of the room; 11 rooms had the PPE supplies stored deep inside the room; and, the PPE supplies in three of the 11 rooms were not easily noticeable. In an interview with the Infection Preventionist Nurse (IP) on 4/23/26 at 9:13 a.m., the IP stated, My expectation is that everyone wears PPE in rooms with precautions. If they don't, disease can spread to the worker and other residents. In an interview with the Director of Staff Development (DSD) on 4/23/26 at 4:30 p.m., the DSD stated, Our last infection control in-services were on 4/10/26 and 4/20/26; and the Blood borne pathogens in-service was on 4/13/26 and 4/17/26. We also did competencies on Hand Hygiene and Donning and Doffing PPE. The DSD further stated, It is my expectation that all staff put on their gown and gloves when they are providing care to an EBP resident in their room. A review of the facility's policy titled, Enhanced Barrier Precautions, revised 10/15/24, indicated, For residents for whom EBP are indicated, EBP is employed when performing the following high-contact resident care activities for those at risk of transmission or acquisition of MDROs [multi-drug resistant organisms].Dressing, Bathing/showering, Transferring within the resident room, Providing hygiene, Changing linens, Changing briefs or assisting with toileting.Wound care: any skin opening requiring a dressing.Per the CDC [Centers for Disease Control], this generally includes residents with chronic wounds.Examples of chronic wounds include.Pressure ulcers, diabetic foot ulcers, and chronic venous stasis ulcers.Post the appropriate Enhanced Barrier Precautions sign on the resident's room door to inform caregivers of the appropriate tasks requiring the use of PPE.To facilitate compliance with EBP.Make PPE, including gowns and gloves, available outside of the resident room. 3. A review of Resident 46's face sheet indicated admission to the facility on 2/21/25 with diagnoses of Acute and Chronic Respiratory Failure with Hypoxia (a serious condition in which the respiratory system fails to provide enough oxygen to the blood to support vital organ function) and Chronic Obstructive Pulmonary Disease with Acute Exacerbation (COPD- an irreversible disease which restricts airflow, making it difficult to breathe. An acute case involves worsening symptoms usually (continued on next page)

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	04/24/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	triggered by respiratory infections or pollutants). A review of Resident 46's physician orders dated 1/7/26 indicated, Oxygen at 2 L [liters, a unit of measure] via NC [nasal cannula- a flexible device used to deliver oxygen through the nose] to keep O2 Sat [oxygen saturation-measures the amount of oxygen carrying cells in the blood] every shift. A review of Resident 46's Care Plan dated 1/7/26, indicated Resident 46 required the use of oxygen related to her respiratory failure and COPD. Resident 46's goal was to be compliant with oxygen therapy and to maintain unlabored breathing and a patent airway. To reach this goal, staff were expected to change humidifier and oxygen tubing, monitor for signs of hypoxia (the body's tissues do not receive enough oxygen to function properly) and to observe oxygen precautions. During an observation in Resident 46's room on 4/21/26 at 9:36 a.m., an oxygen concentrator (a medical device that pulls air from the surrounding environment, filters out impurities and delivers medical-grade oxygen to residents with a respiratory condition) was located near Resident 46's bed. The oxygen concentrator was noted to have visible dust and debris on the overall outside of the concentrator. The external filter contained a visible accumulation of dust, lint and debris. During an interview in Resident 46's room on 4/21/26 at 2:21 p.m., Licensed Nurse 1 (LN 1) stated housekeeping or maintenance staff was responsible for ensuring the oxygen concentrators were kept clean. LN 1 further stated the oxygen concentrator should not have been in the condition it was observed to be in. During an interview in the Maintenance Director's (MND) office on 4/21/26 at 2:25 p.m., the MND stated a third-party vendor visits the facility monthly to clean, repair and replace the filters on the oxygen concentrators, if needed. The MND further stated there was no documentation received for work completed by the third-party vendor. During an interview in the hallway on 4/21/26 at 2:28 p.m., the Housekeeping Supervisor (HS) stated housekeeping did not clean the oxygen concentrators. The HS further stated he believed nursing was responsible for cleaning the outside of the oxygen concentrators and the third-party vendor cleans them during their monthly visits. During an interview in the Assistant Director of Nursing (ADON) office on 4/21/26 at 2:34 p.m., the ADON stated nursing staff should be cleaning the outside of the oxygen concentrators, and the third-party vendor changed the internal filters and troubleshoots functional problems. The Surveyor and the ADON walked to Resident 46's room. The Surveyor turned the oxygen contractor around to show ADON dirty outside filter, she stated Oh no! This is not good for the resident. During a phone interview on 4/21/26 at 3:16 p.m., the Regional Manager of the third-party vendor (REV) stated Resident 46's oxygen concentrator was last serviced by their staff in July 2025. During that visit, the machine was checked for operation and function. The REV further stated they were responsible for internal cleanliness only. During an interview in the Infection Preventionist (IP) office on 4/23/26 at 9 a.m., the IP stated Oh, that's bad when shown the picture of Resident 46's oxygen concentrator outside filter. The IP stated the resident would not get the prescribed amount of oxygen with that much dust buildup and dust carried various bacteria and other spores which could further compromise Resident 46. The IP further stated she was disappointed and the system must change. (continued on next page)

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	04/24/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the facility's policy titled Infectious Disease Management, dated 5/4/23, indicated the facility, will use appropriate infection control.and prevention measures for the prevention.of infectious diseases. A review of the facility's policy titled Cleaning and Disinfection of Resident Care Equipment, dated 1/1/12, indicated, Resident care equipment.is cleaned and disinfected according to current CDC recommendations.The following are used to distinguish the levels of sterilization/ disinfection necessary for items used in resident care.semi-critical items consist of items that come in contact with mucous membranes (moist, thin sheets of tissue that line body organs exposed to the external environment) (e.g., respiratory therapy equipment). Such devices are free from microorganisms. A review of [Brand Name] 10 L Oxygen Concentrator Instruction Guide, dated March 2023, indicated the company recommended cleaning intervals for the outer cabinet and the filter door vents to be seven days.

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	04/24/2026

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. Based on interview and record review, the facility's admissions or social service staff failed to ensure residents were asked about their Advanced Directives (a legal document indicating resident preference on end-of-life treatment decisions), for one resident (Resident 20) of eight sampled residents when there was no documented evidence in Resident 20's medical record that a discussion was had about an Advanced Directive.This failure decreased the facility's potential to ensure Resident 20's wishes were carried out during an emergency.Findings:A review of Resident 20's admission record indicated the resident was admitted in February 2026 with a diagnosis of cellulitis (a common, potentially serious bacterial infection affecting the deep layers of skin and underlying tissue) of the buttocks. This document also indicated Resident 20 had a Public Guardian (a court-appointed official or agency that acts as the decision-maker for individuals unable to care for themselves) as their Responsible Party (RP, a person who is appointed as the decision-maker for a resident who is no longer able to make decisions for themselves [usually a family member or friend]).A review of Resident 20's medical record on 4/20/26 indicated Resident 20 was conserved on 3/19/25. A review of Resident 20's progress notes showed no documented evidence that admissions or social service staff had a conversation with Resident 20's RP regarding an Advanced Directive.A review of Resident 20's admissions agreement signed on 4/2/26 indicated the section titled Advanced Directive was left blank and none of the questions in the section were reviewed or asked of Resident 20's RP.In an interview with the Medical Records Director (MRD) on 4/22/26 at 10:10 a.m., the MRD stated Resident 20 did not have any Advance Directive paperwork because he was in the process of getting conserved. During an interview on 4/22/26 at 12:03 p.m., with the Assistant Director of Nursing (ADON) and the Interim Director of Nursing (IDON), both stated all residents or their RPs were expected to be asked about Advanced Directives and life-sustaining treatment wishes upon admission to the facility. In an interview with Resident 20's RP on 4/23/26 at 4:23 p.m. the RP confirmed Resident 20's conservatorship commenced on 3/19/26. The RP stated they were unaware Resident 20 did not have an Advanced Directive and they wanted Resident 20 to have one.In a subsequent interview with the MDR on 4/24/26 at 8:22 a.m., the MDR stated, We do not have advanced directive paperwork for [Resident #20].A review of the facility's policy titled, Advance Directive, dated 2/25/2024, indicated, Upon admission, the Admissions Staff or Designee will provide written information to the resident concerning his or her right to make decisions concerning medical care.and the right to formulate advance directives.During the Social Service Assessment process, the Director of Social Services or Designee will also ask the resident if they have a written advance directive.If the resident does not have an Advance Directive and additional information is requested, the Social Service Director or Designee may provide the resident with a copy of the Advance Directive form for their review.An Advance Directive is defined as a resident's written preference regarding treatment options.

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	04/24/2026

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted Based on interview and record review, the licensed nurses and social service staff failed to provide written summaries of resident baseline care plans to communicate the initial goals of care for two residents (Resident 8 and Resident 14) of three sampled residents.This failure decreased the facility's potential to safeguard against adverse events right after admission to the facility by ensuring continuity of care and communication of residents' care needs.Findings:A review of Resident 8's Face Sheet, indicated admission to the facility in February 2026 with diagnoses of age-related osteoporosis (a chronic bone disease characterized by a weakened bone structure and high fracture risk), muscle weakness, a pressure ulcer (localized, pressure-related damage to the skin and/or underlying tissue usually over a bony prominence) of the right heel, and repeated falls. The face sheet also indicated Resident 8 was her own Responsible Party (a person designated as the decision-maker).A review of Resident 8's Baseline Care Plan, indicated Resident 8 was her own RP yet she did not sign the document; however, the baseline care plan was signed by the Assistant Director of Nursing (ADON), Social Service Director (SSD), and Director of Rehabilitation (DOR) on 2/27/26.A review of Resident 14's Face Sheet, indicated admission to the facility in March 2026 with diagnoses of polyosteoarthritis (generalized osteoarthritis, a common degenerative wear-and-tear joint disease caused by the gradual breakdown of cartilage, leading to pain, stiffness, and reduced mobility which can affect multiple joints and be characterized by pain, stiffness, and swelling), hypoxemia (lower-than-normal levels of oxygen in the blood), and muscle weakness.A review of Resident 14's Baseline Care Plan, indicated Resident 14 was her own RP yet she did not sign the document; however, the baseline care plan was signed by the ADON, the SSD, and the DOR on 3/18/26.During an interview on 4/23/26 at 10:09 a.m., Resident 14 stated she did not receive a copy of her baseline care plan summary.During a concurrent interview and record review on 4/23/26 at 12:37 p.m., the ADON read the facility's policy regarding base line care plans and stated, The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to.During an interview on 4/23/26 at 2:33 p.m., Resident 8 stated she never received a copy of her baseline care plan summary.A review of the facility's policy and procedure titled, Person-Centered Care Planning, dated 5/22/25, indicated, Baseline Care Plan Summary.The facility must provide the resident and their representative with a summary of the baseline care plan that includes.Initial goals of the resident.A summary of the resident medications and dietary instructions.Any service and treatments provided to the resident.