

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/21/2024
NAME OF PROVIDER OR SUPPLIER  Fortuna Rehabilitation and Wellness Center, LP		STREET ADDRESS, CITY, STATE, ZIP CODE  2321 Newburg Road Fortuna, CA 95540	

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)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36790</b></p> <p>Based on observation, interview, and record review the facility did not maintain a safe and functional environment when the transition strip (flooring strip designed to smooth out the junction of different flooring types) at two of four doorways was in the wrong position to make a smooth surface at the threshold, (the bottom of the doorway.) The two doorways were at room [ROOM NUMBER] and the 1st shower room on the same hall. This failure resulted in Resident 1 falling at the doorway of room [ROOM NUMBER] and breaking her arm. This failure had the potential to cause Resident 1 to fall again, as well as cause other residents, staff, and the public, (due to unsafe and poorly maintained flooring,) to fall.</p> <p>Findings:</p> <p>During a review of Resident 1's medical records on 11/20/24, Resident 1's Progress note dated 9/9/24 at 15:37 and titled IDT Progress Notes - Falls documented that Resident 1 had a fall on 9/7/24 at 2:50 p.m. IDT Progress note indicated resident was walking/ambulating out of her room, without her walker, . CNA (Certified Nursing Assistant) told her to grab her walker. During her turn to goback to get her walker, she tripped on the threshold and then tried to grab the hall side rail and could not prevent from falling and fell to the floor - and landed on her right arm, elbow shoulder and immediately had severe pain. IDT progress note indicated Resident 1 was ambulating without her walker . she turned then tripped on the threshold strip, falling to the floor on her right side. IDT Progress note indicated Resident 1 was sent to the emergency department where she was diagnosed with a fracture of the right arm.</p> <p>During a review of the facility records on 11/20/24, review revealed a document titled Room Threshold Inspection dated 9/9/24 in with their investigation report of Resident 1's fall. The facility adapted the room temperature check sheet showing a table with columns for the room numbers and the room temperature. The temperature columns were used to note the conditions of the room thresholds. The maintenance man indicated that the threshold for room [ROOM NUMBER] was Gone and indicated that room [ROOM NUMBER] and 53 needed to be fixed.</p> <p>During an observation on 11/20/24 at 9:10 a.m., the threshold at the doorway of room [ROOM NUMBER] had a strip of black tape along the edge of the tile at the threshold but stopped before the laminate flooring of the hallway. The laminate edge was taller than the tile floor. Surveyor, when stepping on the threshold, could feel the uneven floor and the tape was sticking to the sole of the shoe.</p> <p>(continued on next page)</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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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 11/20/24 at 9:10 a.m., the threshold at the doorway of shower 1 on the hall with room [ROOM NUMBER] and 24, had a tile floor for the bathroom that ended at the sub flooring. The laminate started about 1 inch from the tile leaving an uneven space at the threshold.</p> <p>During an observation and concurrent interview on 11/20/24 at 10:00 a.m., DON observed the threshold at the doorway at room [ROOM NUMBER] and acknowledged that the threshold was uneven and a trip hazard. DON stated she thought that her maintenance man had repaired the threshold at this doorway.</p> <p>During a review of the facility's policy and procedure titled Resident Safety dated 4/15/21 indicated the purpose was to provide a safe and hazard free environment. The procedure directed: Any facility staff member who identifies an unsafe situation, practice or environmental risk factor should immediately notify their supervisor or charge nurse.</p>		