

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 12/23/2025
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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. (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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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on interview and record review, the facility failed to report an allegation of abuse timely for one of two sampled residents, Resident 1, when Resident 1's allegation of harm was not reported to the Department within two hours. This failure of timely reporting had the potential to cause a delayed response by enforcement agencies to ensure resident safety. On 1/31/25 at 4:40 p.m., the Department received a document titled Report of Suspected Dependent Adult/Elder Abuse (a critical document used by mandated reporters to report allegations of abuse of elders; also called SOC 341) from the facility that indicated, On 1/31/25 at 2:45 pm during chart review Nurse Consultant identified a progress note written that a resident felt that she was abused by the nurse who did her treatment on Sunday on 1/26/25 . The report further indicated that Resident 1 was the resident who reported the abuse. During a record review on 12/23/25 at 4 p.m., Resident 1's face sheet indicated an admission date of 11/18/24, age of 81 years, and multiple diagnoses including heart failure (heart is too weak to adequately pump blood and oxygen out to meet the needs of the body) and venous insufficiency (failure of the veins to adequately circulate the blood, especially from the lower extremities). Resident 1's nurse progress note written by Licensed Nurse (LN) A, dated 1/30/25 at 5:14 p.m., indicated, This nurse was assisting the treatment nurse with treatments 1/29/25 at about 1130 AM. Resident brought up that someone had come [sic] by at about 10:30 at night to speak with her about the incident that occurred on Sunday with the fill in treatment Nurse [staff named], who on 1/26/25 performed the wrong treatment, by using scissors to 'debride' [remove damaged tissue] the thick dry skin on her legs, that the resident expressed multiple times for her to stop because she was having 9/10 pain screaming and gripping onto the bed, [staff named] refused to stop. After providing education the resident stated what happened to her was abuse . This resident expressed she feels unsafe . This nurse and [treatment] nurse immediately reported this to our administrator . both [treatment] nurse and this nurse felt more needed to be done to protect our resident who expressed multiple times she doesn't feel safe, and feels she was abused during this [treatment] error. During a phone interview on 12/30/25 at 9:24 a.m., LN A stated she remembered speaking with Resident 1 and writing the progress note dated 1/30/25 about the conversation. LN A stated she felt what Resident 1 told her on 1/29/25 about the painful treatment and feeling abused was reportable to the Department. LN A stated Administrator was responsible for reporting allegations of abuse and it needed to be reported to the Department within two hours. During a phone interview on 1/13/26 at 3:14 p.m., Administrator stated allegations of abuse needed to be reported to the Department within two hours. Review of facility policy Abuse Prevention and Management, last revised 6/30/24, indicated, Policy: . The facility will report all allegations of abuse and criminal activity as required by law and regulations to the appropriate agencies. Definitions: . 'Covered Individual' and 'mandated reporter' are defined as anyone who is an . employee . of the facility. Notification of Outside Agencies for All Allegations of Abuse: The Administrator or designated representative will . send a written SOC341 report to . [the Department] within (2) hours. Review of the General Instructions page of the document Report of Suspected Dependent Adult/Elder Abuse, last revised 2/2024, indicated Any mandated reporter, who in his or her professional capacity, or within the scope of his or her employment, has observed or has knowledge of an incident that reasonably appears to be abuse or neglect, or is told by an elder or dependent adult that he or she has experienced behavior constituting abuse or neglect, or reasonably suspects that abuse or neglect has occurred, shall complete this form for each report of known or suspected instance of abuse (physical abuse, sexual abuse, financial abuse, abduction, neglect (self-neglect), isolation, and abandonment) involving an elder or dependent adult immediately or as soon as practicably possible.</p>		