

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 01/23/2026
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on interview and record review, the facility failed to ensure one of 11 sampled residents (Resident 1) was treated with respect and dignity when a licensed nurse (LN) took her call light and bed remote away from her. This failure had the potential to result in Resident 1 being unable to request assistance when needed. Findings: A review of Resident 1's admission record indicated she was admitted in March 2023 with the diagnosis of chronic kidney disease. A review of Resident 1's nursing note, dated 11/30/25 and written by LN 1, indicated LN 1 had taken the resident's call light and bed remote away from her while in her room. LN 1 indicated Resident 1 had been moving her bed up and down and pushing her call light repeatedly and she expected the behavior to stop. During an interview, on 1/22/26 at 12:50 p.m. with the Director of Nursing (DON), the DON stated LN 1 had acted inappropriately when she took Resident 1's call light and bed remote away from her. The DON stated the facility is Resident 1's home, she considered the call light and bed remote Resident 1's personal property and agreed it was a resident's rights issue. During a review of the facility's policy titled, Resident Rights, revised 1/1/12, the policy stipulated, Employees are to treat all residents with kindness, respect, and dignity and honor the exercise of residents' rights.</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