

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  03/06/2026
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to implement comprehensive care plan interventions for one of two residents (Resident 1) when the facility failed to provide documentation that fall risk and post fall care plan (written, and personalized document outlining a resident's medical, physical, and emotional needs, along with specific goals and treatment strategies) interventions were implemented. These failures resulted in Resident 1 experiencing repeated falls with potential for more severe injuries. Findings: During a review of Resident 1's face sheet (front page of the chart that contains a summary of basic information about the resident) indicated he was admitted to the facility on [DATE] with diagnoses including progressive decline in mental abilities with anxiety (a feeling of fear, dread, and uneasiness), generalized muscle weakness, trouble falling asleep or staying asleep, impaired ability to communicate effectively, and abnormalities of gait (walking) and mobility. During a review of Resident 1's Minimum Data Set (MDS - federally mandated resident assessment tool), dated 12/25/25, indicated he had memory impairment based on the Brief Interview for Mental Status (BIMS, an assessment tool used to screen and identify memory, orientation, and judgement), and had two or more falls since the previous assessment. During a review of Resident 1's SBAR Communication Form (situation, background, assessment, recommendation - a communication tool used by healthcare workers when there is a change of condition among the residents), dated 4/15/25, 4/28/25, 5/3/25, 7/24/25, 10/3/25, and 10/12/25, each of these forms indicated Resident 1 had a fall incident accounting for Resident 1 falling six times in 2025. During a review of Resident 1's care plan titled, [Resident] is at high risk for falls., initiated 3/5/25 with a target date of 5/19/26, indicated interventions the facility would implement included: .Verify and document resident location every 2 hours Date Initiated: 05/27/2025 .Resolved date 7/30/25.offer toileting Q [every] 2 hours while awake r/t [related to] fall on 7/24/25. Date initiated 7/30/25.resolved date 1/28/26.Review information on past falls and attempt to determine cause of falls. Record possible root causes [this is known as a root cause analysis]. Alter remove any potential causes if possible. Educate resident/family/caregivers/IDT as to causes. Date Initiated: 10/04/25. A review of Resident 1's care plan titled, [Resident 1] has had an actual unwitnessed fall with no injury., initiated 1/26/26, indicated, .continue interventions on the at-risk [for falls] plan [care plan]. A review of Resident 1's care plan titled, [Resident 1] has had an unwitnessed fall with serious injury., initiated 1/28/26, indicated, continue interventions on the at-risk [for falls] plan [care plan]. and new intervention .PT [physical therapy- treatment that helps you improve how your body performs physical movements] eval [evaluation]. During a concurrent record review and interview on 3/5/26 at 3:29 p.m., with the Director of Nursing (DON), Resident 1's fall risk evaluations (Standardized screening instrument used by healthcare professionals to evaluate a patient's likelihood of falling. Where a score of 10 or higher indicates the resident is at high risk of falls), dated 3/4/25 to 12/12/25, were reviewed. The DON verified the scores ranged from 10 to 20, which indicated Resident 1 was at high risk of falls. During an interview on 3/6/26, at 11:42 a.m. the Administrator confirmed, despite searching, the facility was unable to produce documentation indicating Resident 1's root cause analysis was performed. The (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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Administrator acknowledged the absence of documentation indicated Resident 1's specified interventions from the care plan of care was not done. During an interview on 3/6/26, at 12:25 p.m., the Administrator confirmed, despite searching, the facility was unable to provide the documentation to indicate Resident 1's location was monitored and toileting was offered every two hours. The Administrator also acknowledged the facility was unable to produce documentation that Resident 1 had a PT evaluation completed as the care plan indicated should have been done. During a review of the facility's policy titled, Person-centered care planning, effective 5/22/25, indicated, the facility must develop and implement a comprehensive person-centered care plan for each resident and describe services that are to be furnished to attain or maintain the resident's well-being.</p>