

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/30/2026
Form Approved OMB
No. 0938-0391

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 05/21/2026
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)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure the safety of one of five sampled residents, Resident #1, when they did not provide adequate supervision and monitoring to prevent Resident #1 from leaving the facility. This failure resulted in Resident #1 to leave the facility unnoticed and walk down a public sidewalk on the road in front of the facility. This had the potential for Resident #1 to experience a fall, wander into the street with traffic or become confused and scared. On 5/11/26 at 8 a.m., the Department was notified that Resident #1 had eloped from the facility on 5/9/26 at 7:45 p.m. The facility indicated the DON was notified by the facility nurse on 5/9/26 at 7:45 p.m., that Resident #1 had been observed on the sidewalk on the public road outside the facility. Resident #1 was easily redirected by staff back into the facility. The nurse completed an assessment and did not observe any physical injuries. During a record review, a document titled Face Sheet (resident demographics) dated 5/5/26, indicated Resident #1 was admitted on [DATE] with diagnoses that included Severe Dementia (the most debilitating stage of dementia that include profound mental decline, physical decline and behavioral problems). During an interview on 5/21/26, at 10:30 a.m., the Director of Nursing stated on 5/9/26 she was called at 7:45 p.m. and informed Resident #1 had eloped. She stated Resident #1 was observed by staff to have walked on the sidewalk on the street outside the facility. She stated Resident #1 was redirected by the staff to come back to the facility. The Director of Nursing stated Resident #1 was a newly admitted resident and staff were unfamiliar with her. She stated staff thought she was a visitor when she walked out the front doors and let herself out of the secure front gate. The Director of Nursing stated she was unaware that Resident #1 had any risk for elopement. She stated Resident #1 was admitted [DATE] and eloped on 5/9/26. During a concurrent medical record review and interview on 5/21/26 at 11:30 a.m. with the Director of Nursing, the Case Manager and the Administrator in Training (AIT), the DON stated the Interdisciplinary Team Meeting (IDT) had met the day after Resident #1 eloped on 5/9/26. The Case Manager stated the care plan for elopement was not completed until 5/12/26. The Case Manager stated if Resident #1 had the signaling device (A bracelet worn by cognitive impaired residents to prevent wandering incidents by initiating an alarm near doorways and exits when the person wearing the device is within a certain distance of an alarm sensor.) on when her elopement assessment was completed, she would not have eloped. The Case Manager stated an elopement assessment for Resident #1 was completed upon her admission on [DATE] and indicated a score of 5. She stated any score above 0 was a high risk for elopement. She stated a care plan for elopement had not been initiated and a signaling device was not applied. She stated with a high risk of elopement score of 5 a signaling device should have been applied. The Case Manager stated there was not enough supervision or monitoring for Resident #1. The AIT stated Resident #1 should have been put in a room where more staff could supervise and monitor her, but staff did not know her or that she had a high risk for elopement. She stated, They were unfamiliar with her. During a record review and interview on 5/21/26 at 1 p.m., the Minimum Data Set (MDS) (An assessment tool) staff stated Resident #1's elopement assessment was not completed and so it did not trigger a care plan (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 056361
		If continuation sheet Page 1 of 2

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/30/2026
Form Approved OMB
No. 0938-0391

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 05/21/2026
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)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	with interventions to prevent her from eloping. She stated nurses never complete it and so she was the only one who would trigger that care plan during her completion of the admission assessment documentation. She stated it would not be completed until she arrived at work. She stated she did not work evenings or weekends, so if a resident is admitted at those times, they would not have a care plan for elopement if they needed one. She stated Resident #1 had a high-risk score of 5 for elopement on her admission and if she had a care plan maybe she would not have eloped. She stated it should have been done, and maybe it would have stopped Resident #1 from eloping. Review of a facility Policy and Procedure titled Wandering and Elopement, revised 1/31/23, indicated The IDT will develop a plan of care considering the individual risk factors of the resident. A signaling device is an intervention that can be utilized as part of a Resident's plan of care when they have been identified as being at risk for elopement. Review of a facility Policy and Procedure titled Signaling Device, dated 4/22/26, indicated A signaling device is an intervention that can be utilized as part of a Resident's plan of care when they have been identified as being at risk for elopement.		