STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056476	A. Building B. Wing	12/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rosewood Post Acute	1911 Oak Park Boulevard Pleasant Hill, CA 94523

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** During an interview on 7/31/25 at 9:31 a.m., with Resident 1's family member (RFM) 1, RFM 1 stated Resident 1 told her that LVN 1 hit Resident 1 in his right leg when LVN 1 told the resident to scoot back to his bed. RFM 1 stated she spoke to LVN 1 about the incident and LVN 1 denied the allegation. RFM 1 stated she could not remember the date of the incident.Review of Resident 1's departmental notes did not indicate an incident when resident accused LVN 1 of hitting his right leg.During a review of Resident 1's admission Record, dated 7/31/25, indicated, Resident 1 was admitted to the facility on [DATE] with diagnoses that included muscle weakness.During a review of Resident 1's Minimum Data Set (MDS, a resident assessment instrument used to identify resident care problems to be addressed in an individualized care plan) dated 5/18/25 under Section C, it indicated a score of 13, meaning Resident 1 was cognitively intact. During an interview on 8/4/25 at 5:15 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated she remembered an incident when Resident 1 accused LVN 1 of hitting his right leg when she was trying to assist the resident to get back to his bed. LVN 1 further stated that RFM 1 called the facility on the phone and asked LVN 1 if she hit Resident 1's leg. LVN 1 stated she denied the allegation, but she did not report the alleged abuse incident to her supervisor. LVN 1 stated she should have reported the incident to her supervisor and the Administrator per facility's abuse policy so the incident would have been investigated. LVN further stated that there were no other staff that knew of the incident, and she could not remember the date when the incident happened. During an interview on 8/6/25, at 12:30 p.m., with the Administrator (Adm), stated LVN 1 should have reported the alleged abuse incident to the Adm.During a review of the facility's undated policy and procedure (P&P) titled, Abuse Prohibition Policy and Procedure, the P&P indicated, . 7.3 Report allegations involving neglect, exploitation or mistreatment (including injuries or unknown source) . within 24 hours if the event does not result in serious bodily injury. 7.4 notify local law enforcement, Ombudsman, Licensing District Office, Licensing Boards .7.6 Initiate an investigation within 2 hours of an allegation of abuse.7.7 The investigation will be thoroughly documented.

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