

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056476	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/05/2026
NAME OF PROVIDER OR SUPPLIER Rosewood Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure for one out three sampled residents (Resident 1), there was no personal belongings inventory form filled out. Resident 1's personal inventory form was not filled out during admission. This failure resulted in an inaccurate inventory f resident's personal belongings. Findings:A review of the facility's admission Record indicated Resident 1 was admitted on [DATE] with diagnoses that included Nonrheumatic tricuspid valve disorder, (a type of heart valve disease, when the two right heart chambers doesn't close as it should. Blood flows backward through the valve into the upper right chamber). Resident 1 was discharged home from the facility on 08/18/2025.During a concurrent interview and record review on 01/05/2026 at 12:42 p.m., with Administrator (ADM), ADM reviewed Resident 1's Inventory of Personal Effects, ADM stated the form was not filled out.During a review of facility's Inventory of Personal Effects form, it indicated Resident 1's list of personal belongings was not filled out, the Certification of Receipt during admission or discharge had no signatures from Resident 1 or responsible party, and facility staff representative.During a review of facility's policy and procedures titled Resident's Personal Property with effective date 08/25/2021 it read: Purpose: To protect the Resident right to retain his/her personal belongings and preserve the Resident individuality and dignity. Policy: Personnel will identify and record the Resident belongings upon admission to a Facility. Procedure: 3. All items brought into the Facility will be listed on the Inventory of Personal Effects form and kept in the Resident clinical chart. Any additional items brought into the Facility after admission must be added to this list. Obtain the following signatures on the Inventory of Personal Effects: Resident or resident representative/date, Employee/date. 5. Resident or resident representative will sign the Inventory of Personal Effects again at discharge to acknowledge receipt of personal property.

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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