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	06/17/2026

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure one of three residents (Resident 1) maintained an acceptable weight. This failure resulted in Resident 1 having a 20.6 % weight loss.During a review of Resident 1's admission Record (AR), dated 5/8/26, the AR indicated Resident 1 was admitted from an acute care hospital where Resident 1 was treated after sustaining several fractured bones. During a review of Resident 1's Multi Data Set (MDS- an assessment tool used to plan a resident's care) Section C - Cognitive Patterns, dated 4/30/26, MDS indicated, Resident 1's Brief Interview for Mental Status (BIMS - an assessment which measures thinking ability) received a score of 6 out of a possible 15, which indicated impaired thinking ability. During an interview on 5/5/26 at 9:15 a.m. with Resident 1, Resident 1 stated, Resident 1 often did not feel like eating. Resident 1 stated, the food was not bad, she just did not feel like eating. Resident 1 also stated, staff brought her food that she requested to eat. During an interview on 5/5/26, 2026 at 10:55 a.m. with Registered Dietitian (RD), RD stated, Resident 1 lost a lot of weight. RD stated, Resident 1 was very anxious and this anxiety caused her to burn up more calories than she took in. RD stated, Resident 1 was on 1:1 staffing during meals, a fortified diet, nutritional supplements and daily weights.During an interview on 5/5/26 at 11: 20 a.m. with Restorative Nursing Assistant 1 (RNA- a certified nursing assistant who has received specialized training to help patients recover, maintain physical mobility and prevent physical decline through therapeutic rehabilitation) RNA 1 stated, RNA 1 worked with Resident 1 four days a week. RNA 1 stated, RNA 1 stayed with Resident 1 during breakfast and encouraged her to eat. RNA 1 stated, Resident 1 fed herself, ate small amounts and at times refused meals. RNA 1 stated, Resident 1 was often very anxious. During an interview on 5/5/26 at 11:58 a.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated, Resident 1 was highly anxious. LVN 1 stated, Resident 1's anti- anxiety medication, Buspar, had not been very effective, but seemed to be more effective since a recent dose increase. LVN 1 stated, Resident 1 continued to refuse some meals and also did not eat all of the meals Resident 1 did eat. LVN 1 stated, the staff helped Resident 1 by setting up her meals and remaining with her and giving her encouragement while she ate. LVN 1 also stated, staff asked Resident 1 what she wanted to eat when she refused meals or ate a small amount and would obtain what she wanted from the kitchen.During an interview on 5/5/26 at 12:18 p.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated, Resident 1 continued not eating all of her meals. CNA 1 stated, Resident 1 ate small amounts and continued to refuse food, even with a lot of encouragement to eat. During an interview on 5/5/26 at 1:40 p.m. with Director of Nursing (DON), DON stated, Resident 1's anxiety was treated with anti-anxiety medication. DON stated, Resident 1 had not been evaluated or treated by a mental health professional. DON stated, Resident 1 had not been seen by a mental health professional regarding Resident 1's anxiety.During an interview on 5/13/26 at 8:53 a.m. with Social Service Director (SSD), SSD stated, there had been no discussion with the family regarding artificial feeding and the use of a feeding tube. During an interview on 5/15/26 at 8:58 a.m., with RD, RD stated, no discussion of artificial nutrition, including use of a feeding tube had occurred. RD stated, Resident 1 would be at increased risk of aspiration with a NG tube (a tube that is inserted through the nose down into the stomach and is used for feeding liquid formula) and therefore, would (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

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	need a gastrostomy tube (a tube surgically inserted into the stomach that is used for feeding liquid formula), which needed to be put in the stomach during a surgical procedure. RD also stated, Resident 1 was able to swallow and therefore, a feeding tube had not been considered. During an interview on 5/15/26 at 12:21 p.m. with DON, DON stated, artificial nutrition via a feeding tube was not considered as an intervention for Resident 1 because Resident 1 could swallow. DON stated, the physician was referring Resident 1 to mental health due to her anxiety. During a review of Resident 1's POLST, dated January 30, 2026, the POLST indicated, Attempt Resuscitation .Full Treatment . Trial period of artificial nutrition, including feeding tubes . During a review of Resident 1's Weights and Vitals Summary (WVS), dated May 8, 2026, WVS indicated, Resident 1 weighed as follows: 106 pounds (lbs.) on 1/31/26, 95.8 lbs. on 2/28/26, 90.4 lbs. on 3/31/26, 85.8 lbs. on 4/30/26 and 84.8 lbs. on 5/7/26. WVS also indicated, 05/05/2026 . -7.5% change [Comparison weight 02/04/2026. 106.6 lbs. -20.6%, -22lbs] MDS: -5% change over 30 day(s) [Comparison Weight 04/04/2026, 90 lbs., -5.6% -5lbs]. During a review of an email, dated 5/18/26, from admission Assistant (AA), email indicated, Resident 1 weighed 83.2 lbs. on 5/18/26. During a review of Resident 1's Order Listing Report (ORD 1), dated 04/01/2026 - 04/30/2026, ORD 1 indicated, 1:1 feeder with all meals .Revision Date 04/29/2026.During a review of Resident 1's ORD 1, ORD 1 indicated, buspirone HCL (medication used to treat anxiety) Oral Tablet 5 mg (Buspirone HCL) Give 10 mg by mouth one time a day for Anxiety for 3 days . Revision Date 04/27/2026.During a review of Resident 1's ORD 1, ORD1 indicated, buspirone HCL Oral Tablet 5 mg (Buspirone HCL) Give 5 mg by mouth three times a day for anxiety until 04/27/2026 . Revision Date 04/27/2026.During a review of Resident 1's ORD 1, ORD 1 indicated, buspirone HCL Oral Tablet 5 mg (Buspirone HCL) Give 5 mg by mouth two times a day for anxiety for 3 days . Revision Date 04/27/2026.During a review of Resident 1's Order Listing Report (ORD 2), dated 05/01/2026 - 05/31/2026, ORD 2 indicated, BusPIRone HCL Tablet 5 mg Give 2 tablet by mouth every 8 hours for anxiety.During a review of Resident 1's Medication Administration Record ([DATE]) dated, 3/1/26 to 3/31/26, [DATE] indicated, Resident 1 received a regular diet with thin liquids from 1/31/26 to 3/23/26.During a review of Resident 1's [DATE], [DATE] indicated, Resident 1 received Ensure after meals if Resident 1 ate less than 60% of meals starting 3/20/26 at 0900 and ended 3/23/26 at 2029.During a review of Resident 1's [DATE], [DATE] indicated, Resident 1 received Ensure after meals - 4 ounces house supplement/MedPass 2.0 with meals starting 2/28/26.During a review of Resident 1's Medication Administration Record ([DATE]), dated 4/1/26 to 4/30/26, [DATE] indicated, Resident 1 was ordered to have 1:1 staffing during meals starting 4/29/26.During a review of Resident 1's [DATE], [DATE] indicated, Resident 1 was ordered to have a regular fortified diet with thin liquids and health shakes starting 3/24/26.During a review of Resident 1's [DATE], [DATE] indicated, Resident 1 received 4 ounces of House Supplement (high protein and calorie liquid meal supplement) after meals and MedPass 2.0 (fortified nutritional shake) six ounces starting 4/24/26 0900.During a review of Resident 1's [DATE], [DATE] indicated, Resident 1 received House Supplement and MedPass2.0 six ounces at 2 p.m. and bedtime starting 4/28/26 1700.During a review of Resident 1's [DATE], [DATE] indicated, Resident 1 received Pro-stat Oral Liquids (protein supplement) 30 ml by mouth three times a day on trays starting 4/4/26. During a review of Resident 1's [DATE], [DATE] indicated, Resident 1 was ordered to receive Lorazepam (a medication used to treat anxiety) 0.5 mg tablet by mouth as needed every eight hours for anxiety from 1/30/26 through 3/25/26. MAR indicated, Resident 1 received the Lorazepam as follows: 3/1/16 - 2 doses; 3/2/26 -1 dose; 3/3/26 - 3 doses; 3/4/26 - 2 doses; 3/5/26 - 3 doses; 3/6/26 - 1 dose; 3/7/26 - 3 doses; 3/8/26 and 3/9/26 - 2 doses; 3/10/26 - 3 doses; 3/11/26 and 3/12/26 - two doses; 3/13/26 and 3/14/26 - three doses; 3/15/26 through 3/17/26 - two doses; 3/18/26 and 3/19/26 - two doses; 3/20/26 - three doses; 3/21/26 - two doses; 3/22/26 - three doses; and no doses on 3/23/26 and 3/24/26.During a review of Resident 1's [DATE], [DATE] indicated, Resident 1 received Buspirone HCL 5 mg tablet by mouth two times a day, for anxiety, starting 3/25/26 at 1700 and ending 3/28/26 at 2100.During a review of Resident 1's [DATE], [DATE] indicated, Resident 1 received Buspirone (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	HCL 5 mg tablet by mouth three times a day, for anxiety, starting 3/29/26 at 0900.During a review of Resident 1's [DATE], [DATE] indicated, Resident 1 received Buspirone HCL 10 mg by mouth once a day for three days for anxiety, starting on 4/28/26.During a review of Resident 1's [DATE] and 2, [DATE] and 2 indicated, Resident 1 received Buspirone 5mg by mouth three times a day for anxiety from 3/29/26 through 4/27/26.During a review of Resident 1's [DATE], [DATE] indicated, Resident 1 received Buspirone HCL 5 mg by mouth twice a day for anxiety from 4/28/26 through 4/30/26.During a review of Resident 1's SBAR Communication Form (SBAR 1), dated 3/18/26, SBAR 1 indicated, Resident 1 weighed 92 pounds (lbs.) on 3/18/26. SBAR 1 indicated, notified Kaiser MD by fax waiting for orders.During a review of Resident 1's SBAR Communication Form (SBAR 2), dated 4/3/26, SBAR 2 indicated, Resident 1 weighed 88.8 (lbs.) on 4/3/26. SBAR 2 indicated, primary care clinician notified refer to RD.During a review of Resident 1's SBAR Communication Form (SBAR 3), dated 5/1/26, SBAR 3 indicated, Resident 1 weighed 85.8 lbs. on 4/30/26. SBAR 3 indicated, primary care clinician notified refer to RD.During a review of Resident 1's SBAR Communication Form (SBAR 4), dated 5/5/26, SBAR 4 indicated, Resident 1 weighed 84.6 lbs. on 5/4/26. SBAR 1 indicated, primary care clinician notified will send to Kaiser advise.