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	05/15/2026

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 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. Based on interview and record review, the facility failed to ensure the facility assessment (an assessment of the resources and staffing that the facility needs to competently care for the specific patient population) was complete when the following required components were not included. 1. Staffing plan 2. Staff training/education and competencies This failure had the potential to negatively affect a vulnerable population.Findings: 1. During a record review of the facility assessment dated 3/23/26, there was no documented evidence that the facility assessment included the following required component: a. Staffing plan During a review of the facility's, Program Flex (a waiver that allows a Skilled Nursing Facility to deviate from state requirements using alternative methods), with a start date of 7/1/2025, the program flex indicated, Workforce Shortage Waiver, (an exemption that allows the facility to temporarily operate below staffing requirements). There was no documented evidence that the facility assessment addressed how the program flex would meet the needs of the residents, how the facility determined the required number of staff, or described the required staff qualifications to meet the needs of the residents in the facility. During an interview with the Director of Nursing (DON) on 5/14/2026 at 4:38 p.m., the DON stated, I was unaware the facility assessment was incomplete. 2. During a record review of the facility assessment dated 3/23/2026, the facility assessment did not indicate training/education and competencies required to meet the needs of the residents including the specialty population. A review of the facility's Resident Matrix. (a tool used to identify all residents and pertinent resident care areas) that was provided upon entrance, the Resident Matrix showed the following: 5 residents who received dialysis (a medical treatment that filters waste products and excess fluid from the blood) 25 residents with tracheostomies (a surgically created opening in the front of the neck that leads directly into the windpipe to help a person breathe) 14 residents who were on ventilators (a medical device that pushes air into and out of the lungs to help a person breathe) During an interview on 5/11/2026 at 2:35 p.m. with the Administrator (Admin), the Admin confirmed the facility provided care and services for residents receiving dialysis, residents with tracheostomies and residents on ventilators. During an interview with the Director of Nursing (DON) on 5/14/2026 at 4:38 p.m., the DON stated, I was unaware the facility assessment was incomplete.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure cold drinks were held at 41 degrees Fahrenheit or below during lunch tray line.This failure had the potential to result in the growth of bacteria, placing the residents at risk for contracting a food borne illness.Findings:During a concurrent observation and interview on 5/13/26 at 11:53 a.m. with the Registered Dietitian (RD), RD stated that the temperature checks were going to be performed and logged. The cold drinks were taken out of the refrigerator, placed on a cart in a plastic tub of ice, and placed next to the tray line to be placed on the meal trays. The juice temperature was registered at 45 degrees Fahrenheit (F) (unit of temperature), and the milk temperature was registered at 43 degrees F. RD was observed pouring more ice into the plastic tubs that the drinks were sitting in. The drinks were then placed on meal trays and placed into the carts for delivery to the units.During an interview on 5/13/26 at 2:25 p.m. with the RD, RD stated that the required temperature for cold drinks was 41 degrees F or lower. RD verified that the temperatures for the cold drinks in tray line for lunch were above the required temperatures. The RD stated a potential concern for the cold drinks being above the required temperature would be a risk for bacteria to grow and potential illness for the residents. During a review of the facility's policy and procedures (P&P) titled Food: Preparation, dated February 2025, the P&P indicated . All foods will be held at appropriate temperatures, greater than 135 degrees F (or as state regulation requires) for hot holding, and less than 41 degrees F for cold food holding.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure two of 23 sampled residents received ordered Restorative Nursing Assistant services (RNA-services to help regain and maintain functional abilities through rehabilitative care) when:1.Resident 65 did not receive passive range of motion (PROM-movement of a joint through its full range by external force) or RNA services three days a week, as ordered by the physician, for approximately 8 months.2.Resident 30 did not receive RNA services as ordered by the physician.These failures had the potential to result in a decrease in mobility, decrease in muscle tone, and functional decline for Resident 65 and Resident 30.Findings:1. During a review of Resident 65's Face Sheet (Resident Demographics), the Face Sheet indicated Resident 65 was admitted to the facility on [DATE] with diagnoses which included intracerebral hemorrhage (type of stroke that occurs when a blood vessel in the brain ruptures or leaks) and muscle weakness.During an observation on 5/12/2026 at 8:56 a.m. with Resident 65, Resident 65 was laying in his bed. Resident 65 had a tracheostomy (a surgically created opening in the front of the neck that goes directly into the windpipe to help a person breathe) that was connected to an oxygen concentrator (a medical device that delivers purified oxygen to people with breathing difficulties). During a review of Resident 65's Medical Doctor Orders (MD Orders), dated 8/26/2025, the MD Orders indicated, RNA: PROM to all joints BUE/BLE as tolerated to maintain joint integrity. 3d/wk. Started on 8/26/25.During a review of Resident 65's Care Plan, dated with an initiation date of 7/31/2025 and target date of 7/20/2026, the Care Plan indicated, Resident 65 had a care plan for will remain free of complications related to immobility, including contractures . The Care Plan further indicated that Resident 65 had a care plan for RNA services for three days a week to maintain joint integrity and it was to be started on 8/26/2025.During an interview on 5/14/2026 at 9:01 a.m. with the Director of Staff Development (DSD), the DSD confirmed that Resident 65 had a doctor's order for RNA services that started on 8/26/2025. The DSD stated that there was no documentation of RNA services for Resident 65 because he had not received RNA services. The DSD further stated that Resident 65's doctor, Medical Doctor (MD) 1, was not aware that Resident 65 had not received RNA services for the past 8 months.During an interview on 5/14/2026 at 9:39 a.m. with the Director of Rehabilitation (DOR), the DOR stated that every Monday she met with the DSD and RNAs to discuss the residents that were currently receiving RNA services. The DOR further stated that Resident 65 was not receiving RNA services and had not been discussed in previous Monday meetings with the DSD and RNAs.During a review of Resident 65's medical chart, Resident 65's chart did not have any RNA services documented. (Total of 8 months after RNA services were ordered.)During an interview on 5/14/2026 at 2:26 p.m. with the MDS Nurse, the MDS Nurse stated that when a resident did not receive RNA services, the resident was at risk for contractures, skin issues, and muscle wasting (progressive loss, thinning, or shrinking of muscle mass).During an interview on 5/14/2026 at 4:52 p.m. with the Director of Nursing (DON), the DON stated that Resident 65's RNA services should have been started right after being ordered on 8/26/2025. The DON also stated that the Sub Acute Director and herself performed monthly reviews of the doctor's orders and it should have been noticed that Resident 65 had not received RNA services. During an interview on 5/14/2026 at 5:52 p.m. with MD 1, MD 1 stated that Resident 65 should have received RNA services for range of motion and he was not aware that RNA services were not performed.During a review of the facility's policy and procedure (P&P) titled, Restorative Nursing Services, undated, the P&P indicated, Residents will receive restorative nursing care as needed to help promote optimal safety and independence.2. During a review of Resident 30's Face Sheet (Resident Demographics), the Face Sheet indicated Resident 30 was admitted to the facility on [DATE] with diagnoses which included absence of the right and left leg above the knee and muscle weakness.During a record review of Resident 30's Annual Minimum (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Data Set (MDS- standardized assessment tool), dated 4/24/2026, the Annual MDS indicated, Resident 30 had a BIMS (brief interview for mental status- standardized cognitive screening test) score of 14 out of 15, cognitively intact.During a concurrent observation and interview on 5/11/2026 at 5:12 p.m. with Resident 30, Resident 30 was laying in his bed with his bedside table positioned in front of him. On Resident 30's bedside table was a pair of hand weights. Resident 30 stated he had above the knee amputations (removal of a limb or body part) for both his legs. Resident 30 stated that he was supposed to receive rehabilitation therapy three times a week, however, he had not received any services. Resident 30 also stated that his brother brought him the hand weights on his bedside table so he could work out his arms while he was in his bed. Resident 30 further stated that if he received rehabilitation services, he would be able to go out of the facility with his family.During an interview on 5/13/2026 at 2:28 p.m. with the Director of Staff Development (DSD), the DSD stated that Resident 30 should have received RNA services three times a week. The DSD further stated that when a resident did not receive RNA services when ordered, it can affect their mobility and muscle tone.During a review of Resident 30's Restorative Assessment/Referral, dated 2/11/2026, the Restorative Assessment/Referral indicated, Resident 30 was at risk for decline in upper and lower extremities, range of motion, and strength, and the goal was to maintain upper and lower extremity strength and range of motion. The Restorative Assessment/Referral further indicated that the treatment plan was RNA services three times a week for upper and lower extremities.During a review of Resident 30's Documentation Report, Intervention/Task, for February 2026 through 5/13/2026, the Documentation Report, Intervention/Task indicated, Resident 30 did not receive scheduled RNA services on the following dates: 2/27/2026, 4/10/2026, 4/22/2026, and 5/8/2026 (a total of 4 times since 2/11/2026).During a review of the facility's policy and procedure (P&P) titled, Restorative Nursing Services, undated, the P&P indicated, Restorative goals may include, but are limited to supporting and assisting the resident in:.Developing, maintaining or strengthening his/her physiological and physiological resources;.maintaining his/her dignity, independence and self-esteem.