

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/17/2025
NAME OF PROVIDER OR SUPPLIER  Hillcrest Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  450 Hayes Lane Petaluma, CA 94952	

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)
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>36790</p> <p>Based on interview and record review, the facility failed to provide a Report of the results of their investigations to the State Survey Agency, within 5 working days of the incident. This was for one of one reports of alleged elder abuse. This failure has the potential for the facility to miss data and not make the needed changes to prevent abuse.</p> <p>Findings:</p> <p>During a review on 3/17/25 at 9:00 a.m., the report of suspected dependent adult/elder abuse, dated 3/14/25, was reviewed. The document indicated the alleged incident occurred on 3/14/25.</p> <p>During an interview on 3/17/25 at 10:25 a.m., the Administrator stated the 5-day report was in process and acknowledged that the 5-day report needed to be completed and sent to the department in one or two days.</p> <p>During record review on 3/24/25 at 9:20 a.m., the 5-day report from the facility about their investigation into the alleged abuse, was not available. The Department sent an email to the facility administrator on 3/24/25 at 9:20a.m., to request a copy of the 5-day report and documentation that the report had been sent timely.</p> <p>During an interview on 3/24/25 3:00 p.m., Administrator stated that she was busy with personal business and forgot to send in the 5-day report to the department. Administrator stated she would send the report as soon as possible.</p> <p>During a review of emails, paper mail, and attachments in the federal electronic program, on 3/27/25 at 9:30 a.m., the 5-day report was not available.</p>

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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