STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555258	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley of the Moon Post Acute	347 Andrieux St Sonoma, CA 95476

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 0600 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to protect one (Resident 1) of five sampled resident's right to be free from physical abuse when Resident 1 was struck by Resident 2 during an altercation that occurred on 3/06/26.This failure resulted in Resident 1's suffering bruising and skin tears to the face and arms. Resident 1 also experienced lasting anxiety following the facility failure.A review of Resident ?s admission Record (facility demographic) indicated he was admitted to the facility on [DATE] with diagnoses that included cerebral infarction (oxygen and nutrients to part of the brain is blocked causing brain tissue death) with hemiplegia and hemiparesis (hemiparesis indicates weakness on one side of the body; hemiplegia indicates partial or total paralysis) diabetes (when your blood sugar is too high), and heart failure (a chronic, progressive condition where the heart cannot pump enough blood to meet the body's needs, causing fatigue, shortness of breath, and fluid buildup).A review of Resident 1's Minimal Data Set (MDS-a standardized assessment tool used in nursing homes), dated 2/5/26, indicated Resident 1 had Brief Interview for Mental Status (BIMS) (short test used to check a person's memory and thinking) of 15 of 15 points possible, indicating intact cognition (thinking, memory, perception, attention, and language).A review of Resident 2's admission Record indicated he was admitted to the facility 1/22/26 with diagnoses of amnesia (the significant, partial or total loss of memory, usually caused by brain injury or severe stress/trauma) and dementia (a decline in memory, reasoning, and communication caused by progressive brain cell damage).A review of Resident 2's MDS, dated [DATE], indicated Resident 2 had a BIMS score of 0 of 15 points possible, indicating significant problems with memory, orientation, and decision-making.During a record review of Resident 1's nursing Progress Notes, dated 3/06/26 at 7:31 a.m., it indicated at 7 a.m., nursing staff witnessed Resident 2 strike Resident 1's left arm with a wheelchair footrest, and bleeding injuries to Resident 1's nasal bridge and left arm were seen. Both residents were assessed immediately following the incident, first aid treatment was administered to Resident 1's wounds, and 911 emergency services were called. Paramedics transported Resident 1 to [Emergency Room] at 7:15 a.m. on 3/6/26.During a record review of Resident 2's nursing Progress Notes, dated 3/6/26 at 12:42 p.m., Resident 2 was sent to [Acute Care Hospital] via ambulance at approximately 10:30 a.m., due to potential danger to other residents.During a record review of Resident 1's [Emergency Room] After Visit Summary, dated 3/6/26, indicated Resident 1 was assessed for injuries from the earlier physical assault, and indicated Resident 1 suffered a nose laceration (a traumatic, irregular tear or cut in the skin and underlying tissues), left forearm contusions (soft tissue injuries caused by blunt force that ruptures blood vessels beneath the skin), and abrasions (superficial skin injuries caused by skin rubbing against rough surfaces) at various sites. Resident 1 was also noted to have higher than normal blood pressure readings at the time of the examination. X-ray exams did not reveal broken bones, but Resident 1 was recommended to have ongoing wound monitoring. During a record review of Resident 1's physician's Progress Notes, dated 3/9/26 at 9:20 p.m. (Late Entry for service date 3/7/26) it was noted that during a psychiatric (focused on diagnosing, treating, and preventing mental, emotional, and behavioral disorders) consult, (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0600 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Resident 1 stated he was anxious about other residents in the facility, and requests that his new neighbor [Resident 1's next roommate] does not communicate with him and that he has adequate privacy. Resident 1 was also noted to be anxious and having PTSD [Post Traumatic Stress Disorder-a mental health condition triggered by experiencing or witnessing terrifying, life-threatening events] of event.During a record review of Resident 1's nursing Progress Notes, dated 3/8/26 at 7:04 p.m., it indicated Resident 1 displays a concerned affect [represents the outward display of emotion] and makes statements with concerns of continued distress.During a concurrent observation and interview on 4/15/26 at 10:30 a.m. in the facility conference room with Resident 1 and Certified Nursing Assistant 1 (CNA 1-interpeter), Resident 1 stated Resident 2 hit him on the left side of his face near his nose/eye, and on his arms. Resident 1's nasal bridge near his left eye appeared slightly red and swollen. Resident 1 also had several red, raised marks on his left wrist. Resident 1 stated he did not like to talk about the assault.During a review of facility policy and procedure (P & P) titled Resident Rights, dated 11/28/17, indicated, It is the policy of this Facility that each resident has the right to be free from abuse, neglect, misappropriation of resident property, exploitation, and mistreatment.Residents must not be subjected to abuse by anyone, including, but not limited to, facility staff, other residents.During a review of facility P & P titled Reporting Alleged Violations of Abuse, Neglect, Exploitation or Mistreatment, dated 12/2023, indicated Abuse is a willful infliction of injury.with resulting physical harm, pain, or mental anguish.having a mental disorder or cognitive impairment does not automatically preclude a resident in deliberate or non-accidental actions.