| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 555283 | A. Building<br>B. Wing | 01/15/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Crystal Ridge Care Center | 396 Dorsey Drive<br>Grass Valley, CA 95945 |

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 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure resident safety for one resident (Resident 1) when the facility did not provide adequate monitoring and supervision of Resident 1, for a census of 98.This failure resulted in Resident 1 eloping from the facility and reducing the facility's potential in keeping Resident 1 safe from harm.Resident 1's admission Record (AR), indicated that Resident 1 was admitted in September of 2024 with diagnoses including unspecified dementia (memory loss), with anxiety (persistent, excessive fear and worry) and mood disturbance.Resident 1's Order Summary dated 1/10/26 indicated, Check placement of wander guard located on left ankle every shift, monitor skin and notify MD [physician] as needed.Resident 1's MDS (MDS-a federally mandated resident assessment tool), the MDS dated [DATE] indicated Resident 1 had severe cognitive impairment.Resident 1's Care plan (CP) initiated 9/19/24, the CP indicated that Resident 1 had an elopement score of 14 (very high elopement risk), a goal: Resident will not leave the facility without a responsible party and an intervention: assure identification band or other form of identification is in place.During an interview on 1/15/26 at 11:18 a.m., with the Director of Staff Development (DSD), the DSD stated that Resident 1 left the facility through a door near the smoking area and unlatched a gate and walked to a road behind the facility. A green truck picked him up and took him to a nearby apartment complex where a resident called 911.During an interview on 1/15/26 at 12:17 p.m. with Licensed Nurse (LN) 1, LN 1 stated that Resident 1 will frequently try to elope and will take off wander guard.During an interview on 1/15/26 at 12:46 p.m. with LN 2, LN 2 stated she was here the day Resident 1 eloped from the facility. LN 2 stated she did not hear an alarm go off. LN 2 stated that Resident 1 has tried to elope before and will wiggle out or cut off his wander guard.During a concurrent observation and interview on 1/15/26 at 2:19 p.m. in Resident 1's room with LN 1, Resident 1 was not wearing an identification band and LN 1 confirmed this finding.During an interview on 1/15/26 at 2:30 p.m. with the Director of Nursing (DON) and LN 1, LN 1 stated she replaced the identification band for Resident 1. DON asked LN 1, Did he take his identification band off again? The DON acknowledged that a wander guard is only effective when a resident is wearing it and that residents have the right to be safe in the facility.Review of the facility policy (P&P), Wandering and Elopements dated March 2019, the P&P indicated, The facility will identify residents who are at risk of unsafe wandering and strive to prevent harm . |

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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