STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555349	A. Building B. Wing	04/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vacaville Convalescent and Rehabilitation Center	585 Nut Tree Ct. Vacaville, CA 95687

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. Based on observation, interview and record review, the facility failed to ensure one of three sampled residents (Resident1) in a census of 88 was free from restraints when a bedsheet was knotted around his torso and tied in the back of his wheelchair (W/C) so he could not untie it.This failure resulted in Resident 1 being unable to independently free himself from the wheelchair.Findings:Resident 1 was admitted to the facility in the spring of 2026 with diagnosis which included vascular dementia with behavioral disturbance (a decline in thinking and memory caused by reduced blood flow to the brain-often due to strokes that is accompanied by significant, out-of-character changes in personality, mood, and conduct) and a history of falling.During a review of Resident 1's Baseline Care Plan (BCP), dated 4/8/26 - 4/9/26, the BCP indicated Resident 1 used a wheelchair, was cognitively impaired and had a history of falls.During a review of Resident 1's Plan of Care Note (POC, nurses notes), dated 4/9/26, the POC indicated Res [resident] noted by am [day shift] staff CNA [Certified Nurses Assistant] a bedsheet noted to be tied around res waist and w/c.During a review of Resident 1's Minimum Data Set (MDS, an assessment tool), dated 4/14/26, the MDS indicated Resident 1 was rarely or never understood, had a memory problem, and was moderately impaired making decisions regarding tasks of daily life.During a review of Resident 1's History and Physical (H&P), dated 4/15/26, the H&P indicated PATIENT ACTIVE PROBLEM LIST.FALL RISK. and he had no capacity for decision making.During a review of Resident 1's physician's orders (PO), as of 4/22/26, the PO had no order for restraints.During a concurrent observation and interview on 4/22/26 at 9:25 a.m. with the Administrator (ADM), the ADM stated, I reviewed the video. The resident had come in 4/8/26 and this happened 4/9/26 about 3:30 a.m. There are cameras. [at the] nurses' stations.The licensed nurse [LN 1] put a sheet under the resident's arms and tied the sheet behind the wheelchair. The video, dated 4/9/26 at 3:36 a.m., revealed the sheet was tied in the back of Resident 1's wheelchair.During an interview on 4/22/26 at 10:57 a.m. with the Director of Staff Development (DSD), the DSD said, Staff knows better than to restrain a resident. Restraint would be a type of abuse.It's in the [abuse] video about not using bedsheets as a restraint.During an interview on 4/22/26 at 1:22 p.m. with the Director of Nurses (DON), the stated, The resident was unable to release the sheet tied behind the wheelchair. There should be zero.restraints in the facility. The DON verified verbally there was no doctor's order for a restraint.During a telephone interview on 4/22/26 at 4:31 p.m. with CNA 1, CNA 1 stated, The patient was a fall risk and he was standing up at the nurse's station. The nurse tried to sit him down on the wheelchair. It was hard to get him to cooperate and sit down, so she called me to help.She asked someone to get her a top sheet to cover his legs on the wheelchair.The other CNA gave her a top sheet.She wrapped the sheet on the back of the wheelchair.That's against the law.During a review of the facility policy and procedure (P&P) titled, Physical Restraint Application, dated 2001, the P&P indicated, .Physical restraints are defined.as any manual method or physical.device, material.attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body.Verify physician's order for the use of restraints.

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