STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555499	A. Building B. Wing	06/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Redwood Healthcare Center LLC	3145 High Street Oakland, CA 94619

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure that one of five sampled residents (Resident 1) received scheduled pain medications as prescribed by the physician when Resident 1 did not receive Hydromorphone (brand name Dilaudid, a strong pain medication) and Lidocaine Patch (a topical patch used to relieve localized pain) as ordered for multiple days, from 3/20/26 to 3/29/26.This failure to administer the prescribed pain medications resulted to Resident 1 experienced uncontrolled pain and was sent back to the hospital on 3/29/26 for pain evaluation and management.During a review of Resident 1's admission Record (AR), printed on 6/15/26, the AR indicated Resident 1 was admitted to the facility on [DATE] with a diagnosis of spinal cord (a long, tubular bundle of nervous tissue that runs from the brainstem down to the lower back) injury.A review of Resident 1's facility document After Visit Summary, printed on 3/20/26, indicated Resident 1 underwent a cervical (neck area) spinal fusion (a surgical intervention involving the spinal cord).During a review of Resident 1's facility document Medication Administration Record (MAR) for March, MAR indicated a physician order for Dilaudid 2 milligrams (mg), three tablets to be taken orally three times daily at 6:00 a.m., 2:00 p.m., and 10:00 p.m. The MAR indicated Resident 1 did not receive the prescribed Dilaudid doses from 2:00 p.m. on 3/24/26 through 3/25, 3/26, 3/27, 3/28 and 3/29.A review of Resident 1 ?s facility document Progress Notes (PN) dated from 3/24/26 to 3/29/26, the PN indicated Dilaudid was unavailable during this period.During a review of Resident 1's facility document MAR for March, the MAR indicated a physician order for Lidocaine patch 4% to be applied topically to the pain area once daily in the morning, with removal in the evening. The MAR indicated Resident 1 did not receive the Lidocaine patch on 3/21/26, 3/22, 3/23, 3/25, 3/26, 3/27, 3/28, and 3/29.A review of Resident 1's facility document PN from 3/21/26 through 3/28/26 indicated the Lidocaine Patch was not available for Resident 1 during this period.During a review of Resident 1's facility documents MAR for March and PN on 3/29/26, both facility documents indicated Resident 1 was transferred to the hospital on 3/29/26 for pain management.During an interview on 6/15/26 at 2:00 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated that the pharmacy supplied Dilaudid 2 mg for a duration of three days. Subsequently, they contacted UCSF Hospital to request a triplicate order for refill but did not receive a response. LVN 1 stated nursing staff administered Tylenol to Resident 1 on an as-needed basis for pain management; however, Tylenol did not adequately control Resident 1's pain. LVN 1 stated the facility's pharmacy E-kit (emergency kit containing select medications) contains Dilaudid and confirmed nursing staff are responsible for administering Dilaudid to Resident 1.During a concurrent interview and record review on 6/15/26 at 2:29 p.m. with Director of Nursing (DON), MAR for March was reviewed. The DON confirmed Resident 1's Dilaudid and Lidocaine Patch were not given for multiple days. The DON stated the facility was responsible for clarifying orders, coordinating with physician and pharmacy, and ensuring prescribed medications were administered to Resident 1. The DON was unable to provide information regarding the availability of Dilaudid and Lidocaine for Resident 1.During a review of the facility's Policy and Procedure (P&P) titled Administering Medications, revised in April 2019, the P&P indicated medications are administered in a safe and timely manner, and as prescribed.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or get specialized rehabilitative services as required for a resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure one of five sampled residents (Resident 1), was provided physician-ordered physical therapy (PT) five times per week. Multiple PT sessions were not provided to Resident 1 during the first three weeks of admission from 3/20/26 through 4/9/26.This failure to provide PT sessions to Resident 1 had a potential risk for delayed recovery following a spinal cord surgery. During a review of Resident 1's facility document admission Record (AR) printed on 6/15/26, AR indicated Resident 1 was admitted to the facility on [DATE] with a diagnosis of spinal cord (a long, tubular bundle of nervous tissue that runs from the brainstem down to the lower back) injury.A review of Resident 1's facility document After Visit Summary (AVS) printed on 3/20/26, AVS indicated Resident 1 underwent a cervical (neck area) spinal fusion, a surgical intervention involving the spinal cord.During a review of facility document Order Listing Report (OLR) printed on 6/15/26, OLR indicated an order for skilled PT services five times a week for four weeks to address muscle weaknesses to include therapeutic exercises, therapeutic activities, neuromuscular education, wheelchair mobility training and patient/caregiver education. During a concurrent interview and record review on 6/15/26, at 11:53 p.m., with Director of Rehabilitation (DOR), Resident 1's Net Health Therapy (NHT, a cloud-based Electronic Health Record) and Physical Therapy Treatment Encounter Notes (PTTEN) from 3/20/26 through 4/9/26 were reviewed. The NHT indicated Resident 1 received PT four times during week one: 3/20, 3/22, 3/24, and 3/26. During week two, PT was provided two times: 3/29 and 4/2. During week three, Resident 1 received four PT sessions: 4/3, 4/4, 4/6, and 4/8. The DOR stated the lack of therapist availability might have contributed to missed scheduled sessions but could not confirm this definitively.During an interview on 6/15/26 at 2:50 p.m. with the Director of Nursing (DON), the DON stated it is the facility's responsibility to provide therapy for residents according to the physician order. During a review of the facility's policy and procedure (P&P) titled Scheduling Therapy Services, revised in 7/2013, the P&P indicated therapy is scheduled in coordination with nursing service and is documented in the resident's medical records.During a review of the facility's P&P, titled Referral for physical, occupational, and speech therapy services, no revision date, the P&P indicated it is the policy of the skilled nursing facility to ensure that all residents who demonstrate a need for rehabilitation services, including PT, occupational therapy (OT), and speech-language pathology (SLP), are promptly identified and appropriately referred. The interdisciplinary team (IDT) and nursing staff are responsible for recognizing changes in resident conditions and initiating timely referrals to promote optimal functional outcomes, safety, and quality of care.