

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555516	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/23/2026
NAME OF PROVIDER OR SUPPLIER  Jerold Phelps Comm Hosp Snf		STREET ADDRESS, CITY, STATE, ZIP CODE  733 Cedar Street Garberville, CA 95542	
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 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews and records reviews, the facility did not ensure that an allegation of financial abuse was reported within two hours of notification of the abuse to the State Survey Agency (California Department of Public Health (CDPH)) for one resident (Resident 1). This failure decreased the facility's potential to meet the minimum standards of reporting abuse and ensure Resident 1 would be free from further financial abuse. A review of Resident 1's Face Sheet indicated she was admitted to the facility on [DATE] with a diagnosis of Dementia (a progressive state of decline in mental abilities) associated with Parkinson's disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements). On 2/23/26 at 4:49 p.m., CDPH received a fax from the facility of a Report of Suspected Dependent Adult/Elder Abuse form (SOC 341). The SOC 341 was dated 2/20/26 and completed by the facility's Director of Nursing (DON), and indicated Resident 1 was an alleged victim of financial abuse. A review of the facility's undated document titled [Resident 1's] 5-day summary for Alleged Financial Abuse Incident indicated the facility became aware of the allegation of financial abuse toward Resident 1 on 2/19/26 at 3:30 p.m. On 2/19/26 at 3:49 p.m., the abuse coordinator was notified of the allegation. On 2/23/26 at 3:58 p.m., the facility called CDPH and left a message to notify them of the alleged financial abuse. On 2/26/26 at 4:48 p.m., the facility faxed the SOC 341 to CDPH. A review of Resident 1's Short Term Care Plan dated 2/19/26, indicated, Resident [Resident 1] called bank to check balance, was upset d/t [due to] debits from account. A review of CDPH's messages dated 2/19/26 to 2/24/26 indicated no voicemail messages received from the facility. During an interview on 3/23/26 at 10:25 a.m., the Chief Nursing Officer (CNO) confirmed that she was the facility's abuse coordinator. The CNO stated she did not know if CDPH was called to report the incident on 2/19/26. The CNO stated it was her expectation that any staff who suspected abuse should report to CDPH within 2 hours. The CNO stated it was her responsibility to check that allegations of abuse were reported to CDPH within 2 hours. A review of a facility policy and procedure (P&amp;P) titled, Preventing, Identifying, and Reporting Abuse, Neglect, and Exploitation, undated, indicated, It is the policy of this facility to prevent, identify, report, and follow up promptly and appropriately regarding actual or suspected abuse, neglect, and exploitation. Pursuant to Title 42 CFR (Code of Federal Regulations) 483.12 (c) (1) for incidents that involve abuse or result in serious bodily injury, facility must: Call local law enforcement and the Department of Public Health immediately, but not later that 2 hours after the allegation is made.</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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