

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555703	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER Ridgeway Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 523 Hayes Lane Petaluma, CA 94952	
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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>46132</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure two out of three sampled residents (Resident 2 and Resident 3) received services to maintain grooming and personal hygiene (the practices and habits that maintain cleanliness and promote health by preventing the spread of germs and disease) when:</p> <ol style="list-style-type: none"> 1. Residents 2 and Resident 3 were not provided regular nail trimming and nail care , and 2. Resident 3 did not receive showers or bed baths as scheduled. <p>These failures could result in discomfort, potential skin impairments, and infection.</p> <p>Findings:</p> <p>A review of Resident 2's face sheet (front page of the chart that contains a summary of basic information about the resident) indicated Resident 2 was admitted to the facility in August 2023 with a diagnoses of multiple sclerosis (MS- a chronic, progressive disease involving damage to the nerve cells in the brain and spinal cord) and muscle weakness.</p> <p>A review of Resident 2's Activities of Daily Living (ADLs-routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) flow sheet, dated 1/27/25, indicated Resident 2 needed assistance performing personal hygiene.</p> <p>During a concurrent observation and interview on 4/16/25 at 11:11 a.m., Resident 2 stated staff do not trim her fingernails regularly and she could not recall when the last time staff had trimmed her fingernails. Resident 2 showed her long fingernails and stated, it's been a while . Resident 2 stated she had requested staff to cut her fingernails for weeks, but they still were not cut. Resident 2 stated she disliked having long fingernails, they were uncomfortable being long. Resident 2 stated not only had she accidentally scratched herself, but she was also concerned she might accidentally scratch staff with her long fingernails.</p> <p>(continued on next page)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555703
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/16/25 at 11:16 a.m., Unlicensed Staff A stated the facility did not have a set date nor frequency on when to trim residents' fingernails and added, nail care should be done daily to ensure residents' fingernails were kept short and clean. Unlicensed Staff A stated they would cut residents' nails when the residents request it. Unlicensed Staff A did not respond when asked what he would do if a resident was nonverbal and could not request a nail trim. Unlicensed Staff A stated there was no reminder to alert staff when to perform nail care/trim, and added, it would be good to have a schedule for when residents should receive a nail trim. Unlicensed Staff A stated, not cutting and caring for the residents nail regularly could lead to long fingernails where dirt and food particles could get stuck in them and could also put residents at risk for scratches.</p> <p>During an interview on 4/16/25 at 11:51 a.m., Licensed Nurse B (LN B) stated there was no set schedule for when staff should trim residents' fingernails. LN B stated certified nursing assistants (CNAs) were in charge of cutting residents' fingernails as long as they were not diabetic (a person who has been diagnosed with diabetes, a condition characterized by high blood sugar levels) or had problem with circulation. LN B stated she knew staff should clean residents' hands and nails daily. LN B stated residents having long fingernails or having blackish materials underneath the fingernails was unacceptable. LN B added, long and dirty fingernails could lead to skin breakdown and infections.</p> <p>During a concurrent observation and interview on 4/16/25 at 12:42 a.m., Resident 3 was in bed, unkempt, smelled of urine, fingernails of both hands were long with blackish materials underneath his fingernails. Resident 3 stated the blackish material underneath his fingernails was dirt . Resident 3 stated he could not remember how long the dirt had been under his fingernails and added, staff did not regularly ask to clean his hands nor trim his fingernails but he would like it if staff would.</p> <p>During an interview on 4/16/25 at 12:47 p.m., when shown a photo of Resident 3's fingernails, the Director of Staff Development (DSD) stated the blackish material underneath his fingernails looked like dirt. The DSD stated long fingernails was a breeding ground for bacteria (germs). The DSD stated having long fingernails or fingernails that had blackish material underneath was not acceptable. The DSD stated she was not aware of the facility policy on how often and when should staff trim residents' nails. The DSD was not able to provide documentations when asked on when was the last time Resident 2 or Resident 3 were given a nail trimming.</p> <p>A review of the facility's policy and procedure (P&P) titled, Fingernails/Toenails, Care of , revised 2/2018, the P&P indicated .nail care include daily cleaning and regular trimming . the following information should be recorded in the residents' medical record: date and time nail care was given, name and title of the individual who administered nail care, condition of the residents nails and nail bed .</p> <p>2.A review of Resident 3's shower flow sheets (document that details when resident was offered and given shower or bed bath), dated 3/18/25 through 4/15/25, indicated Resident 3 only received four showers from 3/18/25 up to 4/15/25 on dates 3/18/25, 3/20/25, 3/27/25 and 4/5/25 and received only two bed baths on dates 4/1/25 and 4/10/25.</p> <p>A review of Resident 3s shower flow sheet, for March 2025 and April 2025 (through 4/15/25), the flow sheets indicated Resident 3 refused a bed bath or shower on 3/29/25 and 4/3/25 but the facility was not able to provide documentation on why Resident 3 refused shower or bed bath.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/16/25 at 11:16 a.m., Unlicensed Staff A stated residents were scheduled for showers two to three times a week or as needed (PRN) per facility policy. Unlicensed Staff A stated if a resident refused shower, the nurse should be notified, and a bed bath should be offered. Unlicensed Staff A stated it was the facility's policy that bed baths were done daily to ensure residents were clean and free of odor. Unlicensed Staff A stated not receiving showers as scheduled and not receiving bed baths could result in skin impairments.</p> <p>During a concurrent observation and interview on 4/16/25 at 12:42 p.m., Resident 3 was in bed, unkempt and smelled of urine. Resident 3 stated he had not received a shower nor bed bath today. Resident 3 was surprised to learn he should be receiving bed baths daily and stated he could not recall when the last he had a shower. Resident 3 stated he did not receive bed baths daily. Resident 3 stated he did not complain about not receiving showers or daily bed baths because he assumed staff were unable to give him showers or bed baths due to lack of staff or the staff were too busy. Resident 3 stated overtime some staff just stopped asking if he needed a shower or bed baths.</p> <p>During an interview on 4/16/25 at 12:47 p.m., the DSD stated residents were expected to receive showers three times a week as scheduled and should be receiving bed baths daily. The DSD stated shower refusals and the reason for refusals should be documented. The DSD stated in a month, residents should be receiving between 12 to 13 showers. The DSD stated not receiving showers regularly could lead to body odor, skin problems, and infections.</p> <p>During a telephone interview on 4/17/25 at 3:04 p.m., the Director of Nursing (DON) stated if residents refused a shower, then a bed bath should be given to the residents. The DON stated shower and bed baths refusal and the reasons for refusals should be documented. The DON stated it was the facility's policy and was a no brainer that bed baths were to be given daily.</p> <p>A review of the facility policy and procedure (P&P) titled Bath, Shower/Tub , revised 2/2018, the P&P indicated, . the purpose of this procedure are to promote cleanliness, provide comfort to the resident and to observe the condition of the resident's skin .documentation .all assessment data (e.g. any reddened areas, sores on the residents skin) obtained during the shower/tub bath .if the resident refused the shower/tub bath, the reason(s) .</p>		

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<p>F 0687</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p>46132</p> <p>Based on observation, interviews and record reviews, the facility failed to ensure one out of three sampled residents (Resident 1) was provided foot care, including timely toenail trimming when Resident 1's toenails were allowed to grow too long.</p> <p>This failure resulted in Resident 1 acquiring cellulitis (a skin infection that causes swelling and redness) and ingrown toenails (occurs when the edge of the toenail grows into the surrounding skin, causing pain, redness, and swelling) to all toes, which led to the physician to perform matrixectomy (a surgical procedure that removes the growth area of an ingrown toenail) of all toenails on 4/10/25. This failure also resulted in Resident 1 experiencing pain and fear of further pain due to the long and ingrown toenails and the long wait before a physician could provide care for his toenails.</p> <p>Findings:</p> <p>A review of Resident 1s face sheet (front page of the chart that contains a summary of basic information about the resident) indicated Resident 1 admitted to the facility in November of 2024 with diagnoses including intracerebral hemorrhagic stroke (when bleeding occurs in the brain) and muscle weakness.</p> <p>During a concurrent observation and interview on 4/16/25 at 10:56 a.m., Resident 1 was in bed, his feet were not covered in blanket, and his toenails on both feet were missing. Resident 1 stated the previous week a physician came and removed all his toenails. Resident 1 explained, prior to the removal of all his toenails, his toenails were so long they had curved, and he could not walk due to his toenails hitting the inside of his shoes and causing him pain. Resident 1 stated his toes became very tender and eventually he could not tolerate wearing shoes. Resident 1 stated even socks caused him discomfort as they would snag on his toenails. Resident 1 stated because his toenails grew so long, he acquired ingrown toenails which caused more tenderness and pain. Resident 1 stated he had communicated these issues and had requested help from staff on multiple occasions to address his long and ingrown toenails, but nothing was done. Resident 1 stated staff told him a nurse would cut his toenails, but they never did. Resident 1 confirmed he had no diabetes nor circulatory problems that would put him at a higher risk for toenail cutting. Resident 1 was told the physician had to cut his toenails, but he had to wait since the physician only comes once every 60 days. Resident 1 stated it was frustrating to ask staff to cut his toenails repeatedly only to have to wait for the physician for months. Resident 1 stated once the physician came, Resident 1 determined the best option was to have the physician remove all his toenails because of the fear the facility would allow his toenails to grow too long and he would get ingrown toenails again. Resident 1 stated he feared the pain and the prospect of a long wait time to get the footcare he needed. Resident 1 stated he felt lousy about the whole experience, but he did not wish to experience the same thing again.</p> <p>A review of the list of residents seen by the podiatrist (doctor who specializes in the care of feet) on 2/19/25 did not include Resident 1.</p> <p>A review of a wound care physician's note, dated 4/10/25, indicated Resident 1 had cellulitis and ingrown toenails of all left and right toes. The note further indicated, a matrixectomy was performed on all 10 toes on 4/10/25.</p> <p>(continued on next page)</p>		

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<p>F 0687</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/16/25 at 11:12 a.m., the Medical Records Director (MRD) agreed when requested to provide documentation staff were providing toenail care and cleaning for Resident 1. During an interview on 4/16/25 at 12:47 p.m., the same request was made to the Director of Staff Development (DSD), however, the facility was not able to provide documentation to indicate the facility was providing toenail care and cleaning for Resident 1.</p> <p>During an interview on 4/16/25 at 11:12 a.m., the Medical Records Director (MRD) agreed when requested to provide documentation for the most recent visit from the podiatrist. During a telephone interview on 4/17/25 at 3:04 p.m., the same request was made to the Director of Nursing (DON), however, the facility was not able to provide documentation on when Resident 1 had last been seen by a podiatrist.</p> <p>A review of the physician notification text to Resident 1's primary care physician (PCP) dated 4/2/25 was provided by the DON. The notification text indicated MRD spoke to the DON about Resident 1s toenails, that the DON reached out to the wound company surgeon who will be at the facility on 4/10/25. The PCP notification did not indicate Resident 1's complaints of pain due to long and ingrown toenails.</p> <p>During an interview on 4/16/25 at 11:16 a.m., Unlicensed Staff A stated staff should provide daily nail care and cleaning to residents. Unlicensed Staff A stated not cleaning the residents' foot and toes daily could contribute to fungal growth. Unlicensed Staff A stated not regularly trimming toenails could lead to long toenails. Unlicensed Staff A stated it was important residents' toenails were trimmed regularly as long toenails could cause the skin around the toes to get damaged. Unlicensed Staff A stated skin breakdown could result to pain, wound and infection.</p> <p>During an interview on 4/16/25 at 11:51 a.m., Licensed Nurse (LN) B stated staff was supposed to provide daily nail care/cleaning to residents and added, not doing so could result in development of fungus. LN B stated she was aware of Resident 1's complaint about the pain on his toes and his long toenails. When asked why Resident 1's toenails were not cut as he requested and was allowed to grow long, LN B was silent. LN B stated she did not know why the nurse was unable to cut Resident 1's toenails. LN B stated allowing the toenails to grow long could result in pain, ingrown toenails and infection. LN B stated if the facility had provided regular toenail trimming for Resident 1 or had they sent Resident 1 to another podiatrist, it could have prevented Resident 1s toenails from getting too long, developing ingrown toenails and experiencing pain due to the ingrown toenails.</p> <p>During an interview on 4/16/25 at 12:06 p.m., the Infection Preventionist (IP) stated the podiatrist only comes to the facility every 60 days. The IP stated he was aware of Resident 1's concern about his long toenails. When asked how long Resident 1 had been requesting staff to cut his toenails, the IP was silent. The IP stated if toenail care/cleaning was not being provided, or if a resident had long toenails and toenails were not being regularly trimmed it could result in pain, ingrown toenails, and subsequently toenail fungal infections. When asked why Resident 1 did not receive a regular toenail trim and why his toenails were allowed to grow long, the IP was silent. When asked if Resident 1 could have been sent to see another podiatrist when he was already complaining of discomfort or pain on his toes, the IP stated yes.</p> <p>(continued on next page)</p>		

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<p>F 0687</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 4/16/25 at 1:09 p.m., with the Surgeon who performed the matrixectomy on all of Resident 1's toes. The surgeon stated Resident 1 had fungal growth and ingrown toenails on all 10 toes. The surgeon stated initially he would only remove 4 toenails however, the decision to remove all of Resident 1's toenails was due to Resident 1's concern about the long wait time between the physician visit to cut his toenails and concerns the ingrown toenails might happen again since the podiatrist only comes in every 60 days. The surgeon stated Resident 1's toes were inflamed (body's response to injury or infection which can cause pain) and the toenails were long and added, imagine what your nails would look like if you don't cut them for 60 days. The surgeon stated Resident 1's long toenails contributed to the toe inflammation primarily due to the development of ingrown toenails.</p> <p>During a telephone interview on 4/17/25 at 3:04 p.m., the Director of Nursing (DON) stated it was always an option for residents to see another podiatrist if needed and added, Resident 1 could have been sent out to see another podiatrist prior to 4/10/25. The DON stated she believed the facility also tried to get him an appointment with an outside provider but there was no available appointment earlier than 4/10/25. The DON stated if there was no documentation to indicate a service was provided for a resident, then it meant the service was not provided. During this interview the DON agreed to provide the documentation the facility attempted to send Resident 1 to see an see an outside provider podiatrist for his painful, long and ingrown toenails before 4/10/25, however the requested documentation was not provided.</p> <p>During a telephone interview on 4/17/25 at 3:04 p.m., the DON agreed when requested to provide documentation that attempts were made to set up Resident 1 to see an outside provider or podiatrist for the painful long and ingrown toenails. However, the facility was not able to provide documentation that any attempts were made to set up an appointment for Resident 1 to see an outside provider or podiatrist.</p> <p>During a telephone interview on 4/21/25 at 10:35 a.m., the Director of Nursing (DON) verified Resident 1 was not seen when the podiatrist visited the facility on 2/19/25.</p> <p>A review of the facility's policy and procedure (P&P) titled, Fingernails/Toenails, Care of , revised 2/2018, the P&P indicated, . nail care including daily cleaning and regular trimming .proper nail care can aid in the prevention of skin problems around the nail bed .report to the nurse supervisor if there was an evidence of ingrown toenails, infections, pain. The following information should be recorded in the residents' medical record: date and time nail care was given, name and title of the individual who administered nail care, condition of the residents nails and nail bed .</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>46132</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure a pain management plan was developed for one out of three sampled residents (Resident 1) who was at a high risk of experiencing pain when he had ingrown toenails (occurs when the edge of the toenail grows into the surrounding skin, causing pain, redness, and swelling) and after he underwent matrixectomy (a surgical procedure that removes the growth area of an ingrown toenail) to of all his toenails on 4/10/25.</p> <p>This failure resulted to Resident 1 experiencing pain on his toes from the ingrown toenails and after the matrixectomy procedure to all toes.</p> <p>Findings:</p> <p>A review of Resident 1s face sheet (front page of the chart that contains a summary of basic information about the resident) indicated Resident 1 was admitted to the facility in November of 2024 with diagnoses including intracerebral hemorrhagic stroke (when bleeding occurs in the brain) and muscle weakness.</p> <p>A review of the Interdisciplinary Team (IDT, a group of professionals from different disciplines who collaborate to provide comprehensive patient care) Functional Abilities Collaboration V2.0 form (a form usually completed by a health professionals to document a patient's functional abilities), dated 2/12/25, indicated Resident 1 had the ability to walk at least 150 feet (ft, unit in measure) in a corridor or a similar space with supervision or touching assistance.</p> <p>A review of a wound care physician's note, dated 4/10/25, indicated Resident 1 had cellulitis (a skin infection that causes swelling and redness) and ingrown toenails of all left and right toes. The note further indicated, a matrixectomy was performed on all 10 toes on 4/10/25.</p> <p>A review of Resident 1's care plans (CP, a roadmap for caregivers, detailing the tasks, interventions, and timelines needed to ensure the individual receives appropriate and effective care) indicated there were no care plans created for pain management when Resident 1 had ingrown toenails or after the matrixectomy procedures.</p> <p>A review of Resident 1s electronic medication administration record (EMAR, a digital system used to track and manage medications administered to patients), for the month of April 2025, indicated Resident 1 experienced and reported a pain level (on a scale of zero to 10, with zero being no pain and 10 being worst pain possible) of:</p> <p>6 out of 10 and 8 out of 10 on 4/10/25</p> <p>6 out of 10 and 7 out of 10 on 4/11/25</p> <p>8 out of 10 on 4/13/25 and 4/14/25, and</p> <p>6 out of 10 on 4/16/25.</p> <p>(continued on next page)</p>

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 4/16/25 at 10:56 a.m., Resident 1 was in bed, his feet were not covered by a blanket, and his toenails on both feet were missing. Resident 1 stated the previous week a physician came and removed all his toenails. Resident 1 was noted to be grimacing and stated his toes were in pain because the blanket was rubbing on his nail beds (the soft tissue located underneath the nail). Resident 1 stated when a blanket scratches or lays on his bare nail bed, the pain was very bad and ranged about 8 or 9 out of 10. Resident 1 stated he made sure not to lay a blanket on his bare nail bed, but his feet get cold. Resident 1 stated the cold and the pain was frustrating, he felt lousy and depressed. Resident 1 stated he was hoping staff could have done something or placed something on his bed to prevent the blanket from touching his bare nail bed. Resident 1 stated prior to the doctor removing all of his toenails, he had long and ingrown toenails that were painful. Resident 1 stated what frustrated and depressed him the most was prior to his toenails growing long and becoming ingrown, he was able to walk with the use of his walker but since his toenails grew too long became ingrown, it was too painful to walk and he had to use a wheelchair to move around the facility.</p> <p>During a concurrent observation and interview on 4/16/25 at 11:23 a.m. Unlicensed Staff C stated he was aware of Resident 1's previous complaints about his long toenails. Unlicensed Staff C stated having long toenails could lead to ingrown toenails which would be painful. CNA added the ingrown toenails made it difficult for resident to put on his shoes and walk comfortably. Unlicensed Staff C verified Resident 1 did not have a bed cradle (device that attach to your bed that keep sheets and blankets from touching and rubbing your legs or feet). Unlicensed Staff C stated allowing the blanket to lay/rub on Resident 1's bare nail bed would be very painful and acknowledged the facility should have placed a bed cradle to ensure the blanket did not touch Resident 1's bare nail beds to help prevent pain.</p> <p>During an interview on 4/16/25 at 11:51 a.m., Licensed Nurse (LN) B confirmed Resident 1 used to walk with a walker before but then was seen using a wheelchair about a week prior to the doctor removing all of his toenails. LN B stated having long toenails and ingrown toenails could be painful and cause discomfort wearing shoes. LN B acknowledged allowing a blanket to lay or rub on Resident 1's bare nail bed could also be painful. LN B stated they do not have any non-pharmacological interventions (NPI, healthcare methods that don't rely primarily on medication to address a health issue) an added, the facility could have put a bed cradle to prevent the blanket from laying or rubbing on his bare nail beds.</p> <p>During an interview on 4/16/25 at 12:06 p.m., the infection Preventionist (IP) stated allowing a blanket to lay/rub on a bare nail beds would be painful. The IP stated the facility could have used a bed cradle to ensure the blanket did not lay/rub on Resident 1's bare nail bed thus preventing pain. The IP stated having long toenails would make it uncomfortable to wear shoes and could also lead to painful ingrown toenails. The IP acknowledged, toe pain could result in difficulty walking and the resident feeling depressed.</p> <p>During an interview on 4/16/25 at 12:47 p.m., the Director of Staff Development (DSD) stated allowing a blanket to lay/rub on top of bare nail bed would be painful. The IP stated one of the things the facility could have done was to attach a bed cradle to protect Resident 1's feet and prevent the blanket to rub on his bare nail bed. The IP stated having long toenails could result to ingrown toenails which could be painful. The DSD stated the pain could lead to all kinds of problems such as difficulty in walking, overall decline, and refusal to participate in activities.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/16/25 at 1:17 p.m. Unlicensed Staff D stated Resident 1 used to walk with a walker but about a week prior to the doctor coming in to see his foot, Resident 1 requested he use a wheelchair due to difficulty walking with the long and ingrown toenails.</p> <p>A review of the facility's policy and procedure (P&P) titled Pain Assessment and Management , revised 10/2022, indicated, . pain management is defined as the process of alleviating the residents pain based on his or her clinical condition and established treatment goals .is a multidisciplinary care process that includes the following: assessing the potential for pain, recognizing presence of pain,. Addressing the underlying causes of pain, developing and implementing approaches to pain management, identifying and using specific strategies for different levels and sources of pain .possible behavioral signs of pain including changes in gait, depressed mood, decreased participation in usual physical and or social activities, loss of function or inability to perform ADLs due to the presence of pain, guarding, rubbing or favoring a particular part of the body .the pain management interventions are consistent with the residents goal for treatment which are defined and documented in the care plan. Pain management interventions reflect the sources, type and severity of pain . pain management shall address the underlying causes of residents pain .non pharmacological interventions may be appropriate alone or in conjunction with medications, some NPI include environmental such as smoothing a linen, repositioning, reducing pressure .</p>		