		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B. WING			(X3) DATE SURVEY COMPLETED 04/04/2025	
	CA010000003				04/0		
ME OF PR	OVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE			
REEKSID	E REHABILITATION & B	BEHAVIORAL HEALT SANTA R	OMA AVE OSA, CA 95404	4			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORREC	TION	(X5)	
TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)		DATE	
C 000	Initial Comments		C 000				
		the findings of the California Health during a Change of					
	The facility census was 147. The sample size was 8.			On 4/25/25, the Administrator complete a revision of the facility's policy and pro (P&P) for PASSR to 1) include the defit significant change and 2) address what a resident is noted to have a significant change of condition	cedure nition of a t to do when	4/25/25	
C 675	T22 DIV5 CH3 ART3-72301(b) Required Service		C 675	On 4/28/25, the Administrator revised the P&P with the facility's current PASSR's authorized users and the with the Interest.	he system disciplinary	4/28/25	
		ilities caring for patients ordered and whose needs		Team (IDT), the requriement that a Res Review (RR)	sident		
1	for a special treatmen	t program are identified		must be initiated by submitting a Level Screening upon a resident's significant	l change		
#1 	shall also meet the re- treatment program se	quirements for a special		in condition.  On 4/28/25, the Administrator reviewed	Landth		
	a damont program oo			the Interdisciplinary Team (IDT) the dei of a "significant change of condition"	finition		
	This Statute is not met as evidenced by:			The facility's current PASSR System at users include the Business Office Mana	uthorized		
		nd record review, the facility lent 14 received a level II		Business Office Assistant, and Admissi Director.	ion's		
	PASSR (Preadmission Review - a federal red	n Screening and Resident		The IDT includes the Director of Nurses Director of Staff Development, Minimur	s,_		
	individuals with seriou	s mental illness (SMI), (ID), or related conditions		Director of Staff Development, Minimur Set Nurse, Social Services Director, Activities Director, Rehabilitation Direct Medical Records Designee, and Admin	or,		
		sing facilities (NFs) and		The IDT will review changes of condition definied int the P&P during morning sta	n as		
		ervices) evaluation. This dent 14's exclusion from a		meetings and commmunicate need to s Level ! Screening to PASSR systems u as needed. The Medical Record's Design	en alterraid		
	complete mental healt	th evaluation for appropriate		will alight changes of conditions			
	facility placement, and mental-health resource	d non-receipt of available ses from the California		and for completion of the process and report findings to IDT. System Effective will be evaluated during the facility's	eness		
		pmental Services (DDS).		Improvement Committe meetings	æ		
	Findings:			for three (3) months			
	During a record review						
		orinted 4/2/25, it indicated nally admitted to the facility	3515		\$ 15 miles		
sing and C	Certification Division	UPPLIER REPRESENTATIVE'S SIGNATURE		1 / TITLE	1	(X8) DATE	

POC accepted 5 Megan Rose, DON
4/29/25

Poc dete 4/25/25

SAVERHAND CORRECTION  CASHIBROROUS  STREET ADDRESS, CITY, STATE, JIP CODE  B. WIND  CASHIBROROUS  STREET ADDRESS, CITY, STATE, JIP CODE  B. WIND  CASHIBROROUS  STREET ADDRESS, CITY, STATE, JIP CODE  SANTA ROSA, CA 85464  CREEKSIDE REHABILITATION & BEHAVIORAL HEALI  CASHIBROROUS  SANTA ROSA, CA 85464  CREEKSIDE REHABILITATION & CHEPTERICES  SANTA ROSA, CA 85464  CREEKSIDE REHABILITATION & SENTENDENT OF CHEPTERICES  SANTA ROSA, CA 85464  CREEKSIDE REHABILITATION & SENTENDENT OF CHEPTERICES  SANTA ROSA, CA 85464  CREEKSIDE REHABILITATION & SENTENDENT OF CHEPTERICES  SANTA ROSA, CA 85464  CREEKSIDE REHABILITATION & SENTENDENT OF CHEPTERICES  SANTA ROSA, CA 85464  CREEKSIDE REHABILITATION & SENTENDENT OF CHEPTERICES  SANTA ROSA, CA 85464  CREEKSIDE REHABILITATION & SENTENDENT OF CHEPTERICES  SANTA ROSA, CA 85464  CREEKSIDE REHABILITATION & SENTENDENT OF CHEPTERICES  SANTA ROSA, CA 85464  CREEKSIDE REHABILITATION & SENTENDENT OF CHEPTERICES  SANTA ROSA, CA 85464  CREEKSIDE REHABILITATION & SENTENDENT OF CHEPTERICES  SANTA ROSA, CA 85464  CREEKSIDE REHABILITATION & SENTENDENT OF CHEPTERICES  SANTA ROSA, CA 85464  CREEKSIDE REHABILITATION & SENTENDENT OF CHEPTERICES  SANTA ROSA, CA 85464  CREEKSIDE REHABILITATION & SENTENDENT OF CHEPTERICES  SANTA ROSA, CA 85464  CREEKSIDE REHABILITATION & SENTENDENT OF CHEPTERICES  SANTA ROSA, CA 85464  CREEKSIDE REHABILITATION & SENTENDENT OF CHEPTERICES  SANTA ROSA, CA 85464  CREEKSIDE REHABILITATION & SENTENDENT OF CHEPTERICES  SANTA ROSA, CA 85464  CREEKSIDE REHABILITATION & SENTENDENT OF CHEPTERICES  SANTA ROSA, CA 85464  CREEKSIDE REHABILITATION & SENTENDENT OF CHEPTERICES  SANTA ROSA, CA 85464  CREEKSIDE REHABILITATION OF CHEPTERICES  SANTA ROSA, CA 85464  CREEKSIDE RE	California Department of Public Health								
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SANTA ROSA, A 98604  PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCISES (EACH DEFICIENCY MUST are PRECIDED BY PULL PREFIX TAG  C 675  Continued From page 1  C 675  Continued From page 1  C 676  During a record review of Resident 14's "MDS-C ((Minimum Data Set-section which focuses on cognitive patterns in nursing home residents, including attention, orientation, and ability to register and recall new information)" dated 3/10/25, it indicated Resident 14 hard 8 BMS (Brief Interview of Martal Status—a tool used in nursing homes and long-term care facilities to assess and monitor cognitive function, with scores ranging from 0 to 15, where higher scores indicate better cognitive tention) score of 11, indicate better cognitive tention with scores ranging from 0 to 15, where higher scores indicate better cognitive tention) score of 11, indicate page to 12	CDEEKGII	NE DEUADII ITATION & C	SEUAVIOPAL HEALT 850 SON	IOMA AVE					
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nursing homes and long-term care facilities to assess and monitor cognitive function, with scores ranging from 0 to 15, where higher scores indicate better cognitive function) score of 11, indicating moderate cognitive impairment.  During a concurrent observation and interview on 4/3/26 at 9:48 am with Resident 14 and the MDS Nurse (MDSN), Resident 14 was asked to state the current year, month and day of the week. Resident 14 could not answer any of these questions correctly and could not recall three one-syllable words (sock, blue, and bed) after one minute. This assessment would indicate a current BIMS score of three (3), indicating severe cognitive impairment.  During a review of Resident 14's "MDS-1", dated 3/10/25; it indicated Resident 14 had diagnoses including Alzehimer's Diseases (a progressive neurodegenerative (when nerve cells in the brain or nervous system lose function over time and ultimately die) disorder that primarily affects memory, thinking, and behavior, and is the most common cause of dementia) an arrange of neurodegenerative conditions, other than Alzheimer's disease, that cause dementia), anxiety, depression (a serious mental health condition that can affect how you feet, think, and act, and it's more than just feeling sad for a few days), and bipolar disorder (a mental liliness cheracterized by extreme mood		3/10/25, it indicated F	Resident 14 had a BIMS						
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California Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING CA010000003 04/04/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 850 SONOMA AVE **CREEKSIDE REHABILITATION & BEHAVIORAL HEALT** SANTA ROSA, CA 95404 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 675 C 675 Continued From page 2 swings, ranging from periods of Intense highs (mania/hypomania) to lows (depression), affecting energy, thinking, behavior, and sleep). During a review of Resident 14's "PASRR Level 1 Screening Document", dated 2/8/17, completed by the facility, it indicated Resident 14 had a diagnosed mental illness, and the screening was "Positive" for a level II PASSR screening. During a review of Resident 14's "PASSR-Level 1 Screening" for a re-admission, dated 11/21/22, it indicated Resident 11 had a diagnosed mental illness and a level 2 PASRR screening was required. During a review of correspondence from Department of Health Care Services (DHCS) PASRR Section, dated 12/9/22, it indicated a Level II PASRR screening could not be conducted because "the individual was isolated as a health or safety precaution". During a review of correspondence from DHCS Clinical Assurance Division, dated 3/1/25, it indicated Resident 14 did not require a Level II PASRR screening because Resident 14 did not have a severe mental iliness. During a concurrent interview and record review on 4/3/25 at 1:30 p.m. with the facility Business Manager (BMG), Resident 14's PASRR documentation was reviewed. BMG stated it was the acute care hospitals (ACH) responsibility to complete the PASRR level I. BMG stated she did not know what to do if the ACH did not accurately complete the PASRR, and stated there was no specific facility policy for PASRR. Additionally, BMG stated she did not know who would complete a PASRR if a resident was diagnosed

Licensing and Certification Division

California Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: \_ CA010000003 04/04/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 850 SONOMA AVE **CREEKSIDE REHABILITATION & BEHAVIORAL HEALI** SANTA ROSA, CA 95404 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 675 C 675 Continued From page 3 with a mental illness while living in the facility. BMG stated accurate PASRR documentation is important so residents get appropriate services, or to be placed in the correct type of facility. BMG stated that her role was just the "business end" of the PASSR process, stating the facility does not get paid if there is Level II PASRR is required and isn't followed up on. During an interview on 3/5/25 at 1:58 p.m. with the facility Administrator (ADM), ADM stated a Level II PASSR screening should have been conducted for Resident 14, and there is obviously a "hole" in the current PASRR process. The ADM stated the need for a specific and detailed policy to closely monitor incoming resident PASRRs, and to appropriately place residents who have a change in mental condition. During a record review of facility policy and procedure titled, "Behavioral Assessment, Intervention and Monitoring", revised 2019, it indicated "Behavioral symptoms will be identified using facility-approved behavioral screening tools and the comprehensive assessment", and "a. All residents will receive a Level I PASARR screen prior to admission, b. If the level I screen indicates that the individual may meet the criteria for a mental disorder ...he or she will be referred to the state PASARR representative for the Level II (evaluation and determination) screening 'n process, c. The Level II evaluation will be used when conducting the resident assessment and . ! developing the care plan ...new onset or changes . . in behavior that indicated a newly evident or possible serious mental disorder ...will be referred for a PASARR Level II evaluation." 24 E . 2 :

Licensing and Certification Division

California Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING CA010000003 04/04/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 850 SONOMA AVE **CREEKSIDE REHABILITATION & BEHAVIORAL HEALT** SANTA ROSA, CA 95404 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SKOULD BE COMPLETE PREFIX PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY C1270 C1270 Continued From page 4 C1270 C1270 T22 DIV5 CH3 ART3-72321(b) Nursing On 4/7/25-4/10/25 all staff were in-serviced on Hand Washing/Hand Hy-4/10/25 Service-Patients with Infectious Dis giene Policy and Procedure (P&P) by Director of Nursing (DON), Dir-ector of Staff Development (DSD), Assistant Director of Staff Develop-(b) The facility shall adopt, observe and implement written infection control policies and ment (ADSD) and Infection Prevent-ionist (IP) to include: procedures. These policies and procedures shall be reviewed at least annually and revised as 1) Offering Hand Hyglene (HH) to residents after meals necessary. 2) Utilizing HH prior to preparation of medications This Statute is not met as evidenced by: Based on observation, interviews and record 3) Utilizing HH prior to donning and reviews, the facility falled to ensure: doffing of gloves 1.Hand Hygiene (HH, hand washing) was offered IP, DSD, and ADSD will observe and to the residents after meals. (1) Staff offering HH to residents after 2.Staff were performing HH prior to preparing medications. (2) Utilizing HH prior to preperation medications 3.Staff were performing HH prior to donning and (3) Utilizing HH prior to donning and doffing doffing gloves of aloves 5/2/25 IP, DSD, or ADSD will audit three times These failures could result to the spread of (3) a week for 3 weeks, twice (2) weekly for 2 weeks and then once (1) per week for 5/19/25 infections, including norovirus (a very contagious 1 week. Random audits for one (1) 5/30/25 virus that causes vomiting and diarrhea), respiratory illnesses, and nosocomial infections System effectiveness will be evaluated (an infection that is acquired in a healthcare during the facility's monthly Quality Assurance Performance Improvement Committe for setting) like Methicillin Resistant Staphylococcus three (3) months Aurea (MRSA, bacteria that is resistant to many common antibiotics, making infections harder to treat) potentially endangering residents and staff. Findings: 1.During an observation on 4/1/25 at 12:35 p.m.. staff did not offer HH to Resident 3 after she finished her lunch. During an observation on 4/1/25 at 12:38 p.m.,

California Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ CA010000003 B. WING 04/04/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 850 SONOMA AVE **CREEKSIDE REHABILITATION & BEHAVIORAL HEALT** SANTA ROSA, CA 95404 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION ID. (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) C1270 C1270 Continued From page 5 staff did not offer HH to Resident 4 after he finished his lunch. During an observation on 4/1/25 at 12:40 p.m., staff did not offer HH to Resident 5 after he finished his lunch. During an observation on 4/1/25 at 12:44 p.m., staff did not offer HH to Resident 6 after he finished his lunch. During an interview on 4/1/25 at 12:46 p.m. the Mental Health Worker (MHW) stated the facility policy was to offer HH to the residents before and after meals for infection control. MHW stated not offering HH to the residents before and after meals could lead to sickness such as diarrhea and infection. During a concurrent observation and interview on 4/1/25 at 12:47 p.m., Unlicensed Staff C stated HH should be offered to the residents before and after meals for infection control. Unlicensed Staff C stated germs were everywhere and it was important to make sure hands were clean to prevent Infection and illness such as diarrhea. Unlicensed Staff C verified they did not offer HH to Residents 3, 4, 5 and 6 after they finished their lunch, Unticensed Staff C stated not performing HH before and after meals could result in residents getting sick. Unlicensed Staff C stated HH was important for infection control. During an interview on 4/2/25 at 4:46 p.m., the nurse manager (NM) stated staff should offer HH to the residents before and after meals, NM stated HH is important to prevent infection. NM stated HH could prevent residents from getting sick, contracting virus, bacteria or parasite.

California Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING CA010000003 04/04/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 850 SÓNOMA AVE **CREEKSIDE REHABILITATION & BEHAVIORAL HEALI** SANTA ROSA, CA 95404 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (XS) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) C1270 Continued From page 6 C1270 2. During a concurrent observation and interview on 4/2/25 at 12:10 p.m., Licensed Psych Technician (LPT) D did not perform HH prior to starting the medication pass. During an interview on 4/2/25 at 4:46 p.m., NM stated staff should perform HH prior to giving medications to the residents. NM stated HH protects the residents from infection and prevents the spread of disease. 3. During a concurrent observation and interview on 4/2/25 at 4:01 p.m., LPT E did not perform HH prior to donning gloves and after doffing gloves. LPT E verified not performing HH prior to donning and after doffing gloves. LPT E stated the facility policy indicated to perform HH prior to donning and after doffing gloves. LPT E stated not performing HH could result in potential spread of deadly germs to the patients. During an interview on 4/2/24 at 4:46 p.m., the NM stated it was the facility's policy for staff to perform HH before donning and after doffing gloves to prevent contamination and spread of disease. A review of the facility's policy and procedure (P&P) titled Handwashing/Hand Hygiene, revised 8/2015, it indicated to use an alcohol based hand rub containing at least 62% alcohol; or alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations ...before and after eating or handling food ...before preparing or handling medications ...after removing gloves. C1990 C1990 T22 DIV5 CH3 ART3-72357(i) Pharmaceutical Service-Labeling and Storage

California Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ B. WING CA010800003 04/04/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 850 SONOMA AVE **CREEKSIDE REHABILITATION & BEHAVIORAL HEALT** SANTA ROSA, CA 95404 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C1990 C1990 Continued From page 7 (i) Drugs shall be accessible only to personnel designated in writing by the licensee. This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to follow medication storage and administration policy when nursing staff left a medication cart unlocked during Resident 16's medication pass. This failure had the potential for unauthorized staff and resident access to multiple resident's medications. Findings: During a review of Resident 16's "Admission Record", printed 4/2/25, it indicated Resident 16 was admitted to the facility on 3/10/25, with diagnoses including surgical aftercare, cardiac arrest (a sudden, sometimes temporary, cossation of function of the heart), heart failure (when the heart can't pump enough blood to meet the body's needs, often due to a weakened or stiff heart muscle, leading to fluid buildup in the lungs and other tissues), and type 2 diabetes millitus (a chronic condition that happens when you have persistently high blood sugar levels). During a review of Resident 16's "MDS-C (Minimum Data Set-section which focuses on cognitive patterns in nursing home residents. including attention, orientation, and ability to register and recall new information)", dated 3/19/25, it indicated Resident 16 had a BIMS (a tool used in nursing homes and long-term care facilities to assess and monitor cognitive function. with scores ranging from 0 to 15, where higher scores indicate better cognitive function) of 15, indicating intact cognitive function.

FORM APPROVED California Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING CA010000003 04/04/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 850 SONOMA AVE **CREEKSIDE REHABILITATION & BEHAVIORAL HEALT** SANTA ROSA, CA 95404 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C1990 C1990 Continued From page 8 During a review of Resident 16's "Order Summary Report", dated 4/2/25, it indicated Resident 16 was prescribed: Novolog (insulin medication-a hormone that helps the body regulate blood sugar levels. It is used to treat diabetes, a condition where the body does not produce or use insulin effectively) Flexpen 100 Unit/ml (milliliter-a unit of measure) Solution pen-injector with sliding scale (the increasing administration of the pre?meal insulin dose based on the blood sugar level before the meal) dosage instructions (151-200 BG (blood glucose, or blood sugar level) = 2 units), subcutaneously (the insertion of medications beneath the skin either by injection or infusion) before meals and at bedtime for DM (diabetes millitus). Start date 3/13/25, no end date. During a concurrent observation and interview on 4/2/25 at 1:01 p.m. with Licensed Nurse C (LN C), Resident 16's noon medication pass was observed. After obtaining a blood glucose reading of 164 from Resident 16, LN C prepared Novolog 100 units/ml pen-injector at the hallway two (2) mobile medication cart, approximately two (2) feet outside Resident 16's bedroom doorway. After preparing the medication for administration, LN C entered Resident 16's room, administering the injection subcutaneously in Resident 16's right upper arm. During this time, LN C's back was positioned toward Resident 16's bedroom door, and the medication cart was left unlocked, unattended and out of LN C's direct line of sight. LN C acknowledged the cart was unlocked and should have been locked while she did not have direct sight of it.

Licensing and Certification Division

During an interview on 4/3/25 at 10:55 a.m. with the Director of Nursing (DON), the DON stated

California Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING CA010000003 04/04/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 850 SONOMA AVE **CREEKSIDE REHABILITATION & BEHAVIORAL HEALT** SANTA ROSA, CA 95404 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE DREELY PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C1990 C1990 Continued From page 9 From 4/4/2025 through 4/7/2025, the DON, DSD and ADSD completed 1:1 inservices with licensed staff regarding the facility policy and procedure tilled Storage of Medications. Medication carts must be kept locked when unattended. 4/7/2025 that medications should be locked and secured to prevent unauthorized access to them from unlicensed staff and other residents who frequent DON, IP, MDS, ADSD, or DSD will monitor medication carts being locked when unattended 3 the hallways. 4/18/2025 times a week for 2 weeks During a review of facility policy and procedure (P DON, IP, MDS, ADSD or DSD will monitor & P) titled, "Administering Medications", revised 5/2/2025 medication carts being locked when unattended 2 times a week for 2 weeks 4/2019, it indicated "During administration of medications, the medication cart is kept closed DON, IP, MDS, ADSD or DSD will monitor 5/1R/2026 medication carts being locked when unattended 1 time a week for 2 weeks and locked when out of sight of the medication nurse or aide." DON, IP, MDS, ADSD or DSD will random monitor medication carts being locked when 6/18/2025 During a review of facility P & P titled, "Storage of unattended for 1 month, Medications", revised 11/2020, it indicated System effectiveness will be evaluated during the facility's monthly Quality Assurance Performance Improvement Committee meetings for three "compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts and (3) months boxes) containing drugs and biologicals are locked when not in use. Unlocked medications carts are not left unattended." From 4/4/2025 through 4/7/2025, the DON, DSD and T22 DIV5 CH3 ART3-72357(n) Pharmaceutical C2040 4/7/2025 ADSD completed 1:1 inservices with licensed staff Service--Labeling and Storage regarding the facility policy and procedure titled Discarding and Destroying Medications, Licensed (n) Discontinued drug containers shall be staff will follow the facility protocol for proper disposal marked, or otherwise identified, to indicate that and destruction of unused and discontinued medications. the drug has ben discontinued, or shall be stored in a separate location which shall be identified DON, IP, MDS, ADSD or DSD will monitor for proper solely for this purpose. Discontinued drugs shall 4/18/2025 disposal and destruction of unused and discontinued medications 3 times a week for 3 weeks be disposed of within 90 days of the date the drug order was discontinued, unless the drug is DON, IP, MDS, ADSD or DSD will manitor for proper 5/2/2025 reordered within that time. disposal and destruction of unused medications 2 lmes a week for 2 weeks. This Statute is not met as evidenced by: DON, IP, MDS, ADSD or DSD will monitor for proper Based on observation, interview and record 5/16/2025 disposal and destruction of unused and discontinued reviews, the facility failed to dispose of unused medications 1 time a week for 2 weeks. and discontinued medication per the facility's DON, IP, MDS, ADSD or DSD will monitor for proper 6/16/2025 policy on disposal of medication, when: disposal and destruction of unused and discontinued 1. Medication of two discharged residents medication randomly for 1 month. (Resident 9 and Resident 10) were left inside the

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I * *	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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C2040	refrigerator of one of 2. Discontinued medi (Resident 11 and Resident 11 and Resideir original contained in the disposal bin in rooms.  3. Discontinued medi were left intact and uninone of three medications are resident 13) was left one of three medication to be used leading to accidental serious consequence. Findings:  During an observation on 4/1/25 at 3:56PM, name of insulin, a mediabetes) FlexPen (a pen that delivers dose containing 100 units of insulin) per milliliter (in measurement, used from and/or amount) belon vial (small, cylindrical Cathflo Acti (injectable used to dissolve bloot treatment of condition infarction (heart attact and pulmonary emboremetric unit of measured osage and/or amount of amount dosage and/or amount of amount dosage and/or amount dissolve amount dosage and/or amount dissolve amount dosage and/or amount dissolve amount dosage and/or amount dispersion or dissolve amount dosage and/or amount dispersion dispersion of or dispersion dispe	three medication rooms. cation of two residents sident 12) were disposed in ars in resealable plastic bags one of three medication  cations and birth control pills adisposed in a disposal bin ation rooms. cation of one resident it with other medications in on carts. e potential for discontinued d for another resident polsoning, overdose or other s.  In and subsequent interview a NovoLin R (branded dication to manage pre-filled, disposable insulin as in one-unit increments) of Humulin R (regular and - metric unit of or medication dosage ging to Resident 9, and a container made of glass) of e Anteplase -medication d clots in the emergency as like acute myocardial k), acute ischemic stroke, lism) 2 milligrams (mg- ement, used for medication at) for Resident 10 were left are medication room of	C2040	System Effectiveness will be evaluated during the facility's monthly Quality Assurance Performance in provement Committee meetings for three months.	<b>Ո-</b>		

California Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING CA010000003 04/04/2025 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **850 SONOMA AVE CREEKSIDE REHABILITATION & BEHAVIORAL HEALT** SANTA ROSA, CA 95404 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE OATE TAG TAG DEFICIENCY) C2040 C2040 Continued From page 11 F who was seated near the Medication room door confirmed both residents were discharged. A review of Resident 9's electronic medical record in PointClickCare (PCC-electronic health record (EHR) system primarily used in the long-term care industry) titled, Admission/Re-admission Resident Data Collection, indicated she was admitted on 1/23/25. A Nursing Progress Note dated 2/20/25 indicated Resident 9 was discharged on the same date. A review of Resident 10's electronic medical record in PointClickCare titled, Admission/Re-admission Resident Data Collection, dated 1/1/25, indicated she was admitted on 1/1/25. A Nursing Progress Note dated 2/14/25 indicated Resident 10 was discharged on the same date. During an observation and subsequent interview on 4/1/25 at 4:11PM a disposal bin containing various colored pills, capsules, and purple jelly/gummy candies including two packs of Nora-BE birth control pills was noted in the Medication room of Nurse Station 1. The medications were confirmed dry with a dry gloved hand. On subsequent interview, LN B stated the medication are disposed of by inserting the medications in the Drug Buster solution in a container the facility:provides. During an observation and subsequent interview on 4/1/25 at 4:26PM two resealable plastic bags were noted in the disposal container in the Medication room in Nurse Station 3. One bag contained a bottle of Haloperidol (medication used to treat nervous, emotional, and mental conditions (eg. schizophrenia) 2 mg/ml for Resident 11 and the other bag contained a bottle

Licensing and Certification Division

California Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING CA010000003 04/04/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 850 SONOMA AVE **CREEKSIDE REHABILITATION & BEHAVIORAL HEALT** SANTA ROSA, CA 95404 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) C2040 C2040 Continued From page 12 of SPS SUS 15GM/60 for Sodium Polystyrene sulfonate suspension (medication used to treat high levels of potassium in the blood) for Resident 12. On subsequent interview, LN G stated those were medication of current residents in the facility. A review of an Order Audit Report dated 4/2/25 provided by the DON indicated Resident 11 was prescribed Haloperidol 1 mg tablet by mouth every 4 hours as needed for agitation/nausea on 11/14/24. A review of an Order Audit Report dated 4/2/25 provided by the DON indicated Resident 12 was prescribed Sodium polystyrene sulfonate combination suspension 15 gram/60 ml to be given 30 gram by mouth one time only for abnormal level potassium until 2/10/25. **During observation of Nurse Station 3A** medication cart and subsequent interview on 4/2/25 at 2:48 PM, Resident 13's packet of Mirtazapine 45mg tablets was noted placed diagonally among other residents' medication in the second drawer of the medication cart. On subsequent interview, LN H stated Resident 13's Mirtazapine 45 mg was discontinued because the dose was reduced to 30mg on 3/13/25. A review of Resident 13's Order Summary Report dated 1/2/25 indicated she was prescribed Mirtazapine 45 mg tablet to be given 1 tablet by mouth at bedtime for depression on 12/20/24. Further review of Resident 13's Medication Administration record for the month of March 2025 indicated in pages 2 and 3 the order to change dose from Mirtazapine 45mg 1 tablet at bedtime to Mirtazapine 30 mg 1 tablet at bedtime on 3/13/25.

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Licensing and Certification Division

hospital from 12/2024 up to 3/2025. These

California Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING CA010000003 04/04/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 850 SONOMA AVE **CREEKSIDE REHABILITATION & BEHAVIORAL HEALT** SANTA ROSA, CA 95404 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) C5210 Continued From page 14 C5210 4/26/25 On 4/26/25, the Administrator reviewed the content of AFL 17-27 with the Social Services Direcor (SSD) and Behavorial failures could result in loss of patient's advocacy and protection, inappropriate discharge or Unit's Program Director (PD) and Nurse transfer and missed opportunities for intervention: Manager (NM) for compliance. The Administrator stressed AB 940's requirement that the facility 1) must notify the local LTC Ombudsman at the same time Findings: notice is provided to the resident or During a concurrent interview and discharged list resident's representative when a facility inititated transfer or discharge occurs and for 3/2025 record review on 4/3/25 at 10:37 a.m., 2) is required to proved a copy of the notice to the LTC Ombudsman as soon as the program director (PD) stated the behavioral unit never notified the ombudsman of any practicable if resident is subject to a discharges or transfers to the hospital. facility initiated transfer to a general acute care hospital on an emergency basis. During an interview on 4/3/25 at 10:40 a.m., the The SSD will maintain a binder organized nurse manager (NM) stated the behavioral unit by year containing 1) a list of all discharged residents to date 2) copies of the facility initated transfer notices, and 3) proof of had never notified the ombudsman whenever the facility discharged or transferred residents to the transmission of the notices to the LTC hospital. The NM stated he did not think they had Ombudsman's office. The PD and NM to notify the Ombudsman so they had not been will maintain the same for the Behavioral Health Unit. doing it. System effectiveness will be evaluated During an interview on 4/3/25 at 10:50 a.m., during the facility's monthly Quality As-Licensed Nurse (LN A) stated the behavioral unit surance Perfomance Improvement Committee meetings for three (3) months had never notified the ombudeman of residents transfers or discharges. When asked why not, LN A stated it's just something that they never had to During an interview on 4/3/25 at 11:16 a.m., LN B stated it was the facility's policy to notify ombudsman whenever a resident was discharged from the facility or transferred to the hospital. LN B stated it was important to ensure ombudsman was notified to protect the residents right and to ensure safe discharge from the facility. During an interview on 4/3/25 at 11:20 a.m., the Social Services Director (SSD) stated she had not notified the ombudsman of any facility driven discharges or transfers to the hospital since 12/2024. The SSD stated the ombudsman should

California Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING CA010000003 04/04/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 850 SONOMA AVE **CREEKSIDE REHABILITATION & BEHAVIORAL HEAL!** SANTA ROSA, CA 95404 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X6) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C5210 C5210 Continued From page 15 be notified of all discharges from the facility including hospital transfers. The SSD stated it was important to ensure the ombudsman was notified to protect residents, provide a safe discharge and to ensure discharge was appropriate. During an interview on 4/3/25 at 12:33 p.m., the administrator (Admin) stated the behavioral unit operated and was licensed under the skilled nursing facility (SNF) and as such, was bound to follow the state regulation as well. The admin stated the ombudsman should be notified of all discharges from the SNF and the behavioral unit. The admin stated it was important to notify the embudsman of all discharges to provide added protection to residents from being inappropriately discharged. A review of the all facilities letter (AFL 17-27) indicated the facility must send notice to the local LTC Ombudsman for any transfer or discharge that is initiated by the facility.