

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555703	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/08/2025
NAME OF PROVIDER OR SUPPLIER RIDGEWAY POST ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 523 HAYES LANE , PETALUMA, California, 94952	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of complaint #2577853. The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. ONE DEFICIENCY WAS ISSUED FOR COMPLAINT #2577853.	F0000		
F0584 SS = D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition;	F0584		08/21/2025

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 reverse for further 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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F0584 SS = D	<p>Continued from page 1</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview, observation and record review, the facility failed to provide a comfortable, homelike environment for one of four sampled residents (Anonymous Witness 1) when, after repeated complaints, the facility continued to use a floral-scented air freshener near Anonymous Witness 1's bedroom.</p> <p>This deficient practice resulted in Anonymous Witness 1 experiencing headaches and episodes of throat irritation and had the potential to offend or harm other residents of the facility.</p> <p>Findings:</p> <p>A review of Anonymous Witness 1's "Admission Record", dated 8/8/25, indicated Anonymous Witness 1 was admitted to the facility on 4/16/17, with diagnoses including respiratory failure (a condition where there's not enough oxygen or too much carbon dioxide in the body), acute bronchitis (an inflammation of the bronchial tubes, the airways that carry air to your lungs) & pulmonary hypertension (a condition where blood pressure in the pulmonary arteries [vessels carrying blood from the heart to the lungs] is abnormally high).</p> <p>A review of Anonymous Witness 1's Minimum Data Set, Section C (MDS - a standardized, comprehensive evaluation of residents in Medicare and Medicaid certified nursing homes)", dated 6/11/25, it indicated Anonymous Witness 1 had a BIMS (Brief Interview for Mental Status- indicates a resident's cognitive (related to a resident's conscious intellectual activity such as reasoning, thinking or remembering)</p>	F0584		

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F0584 SS = D	<p>Continued from page 2 function. The score, ranging from 0 to 15, helps identify potential cognitive impairment and informs care planning) score of 14, indicating no cognitive impairment.</p> <p>During a telephone interview with Anonymous Witness 1 on 8/7/25 at 1:00 pm, Anonymous Witness 1 stated the facility used mechanical air freshener devices about a year prior, and after he complained they were removed. Anonymous Witness 1 stated after the ownership of the facility had changed, the new owner had resumed using air fresheners. Resident 1 described the air freshener scent as a "heavy baby powder or clothing detergent smell", which caused Anonymous Witness 1 headaches and throat irritation. Anonymous Witness 1 stated he had complained about this to facility staff, but they had not done anything about it.</p> <p>During an observation on 8/8/25 at 10:35 a.m., a noticeable floral fragrance was noticed in the hallway outside [Room 8].</p> <p>During an interview on 8/8/25 at 12:25 p.m. with a facility housekeeper (HK), HK stated she used an air freshener spray in her routine cleaning duties. HK also stated there were several mechanical air freshener devices in the hallways that were maintained by the facility maintenance department. HK stated Anonymous Witness 1 specifically asked her not to use spray air freshener in his bedroom, so she didn't. HK stated she did not know any details about the filler ingredients or chemicals used in the mechanical air freshener devices.</p> <p>During an interview on 8/8/25 at 12:35 p.m. with the Maintenance Assistant (MAI), MAI stated he started working at the facility a month prior, and he knew nothing about the mechanical air fresheners or what the refills were made of. MAI stated that the Maintenance Director knew, but he was out on leave for about a month.</p> <p>During a record review of Anonymous Witness 1's "Care Plan Report", printed 8/8/25, it indicated on 6/12/23, the following focus was created, "claims that he is allergic (where your body reacts to something that's normally harmless like pollen, dust or animal fur. The symptoms can be mild, but for some people they can be very serious) to air fresheners but is not listed as one of his allergies and has not have/had any change of condition recently such as allergies". Interventions included the following, "Air freshener was removed closer [sic] to resident's room".</p>	F0584		

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F0584 SS = D	<p>Continued from page 3</p> <p>During a concurrent observation and interview on 8/8/25 with the Social Services Director (SSD) and MAI, the SSD stated she could smell the floral odor in the hallway directly outside of [Room 8]. SSD and MAI pointed out one of the mechanical air fresheners (a two-inch x two-inch white plastic box) attached to the hallway wall near the ceiling, approximately six feet away from [Room 8]. MAI stated that he believed the device had a setting that controlled the amount of fragrance released, and it was set at the lowest setting due to a prior complaint.</p> <p>During a interview on 8/8/25 at 3:00 p.m. with the Director of Nursing (DON), she stated there were no issues with using air fresheners because there was no specific regulation prohibiting its use in facilities.</p> <p>A review of the facility policy titled, "Homelike Environment", dated 2/2021, indicated, "staff provides person-centered care that emphasizes the resident's comfort, independence, and personal needs and preferences...facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include...pleasant neutral scents", and "The facility staff and management minimize to the extent possible, the characteristics of the facility that reflect a depersonalized, institutional setting. These characteristics include...institutional odors."</p>	F0584		