California Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/GLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: \_\_\_\_ CA010000062 03/15/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **130 DANA STREET** SHERWOOD OAKS POST ACUTE CARE, LLC FORT BRAGG, CA 95437 SUMMARY STATEMENT OF DEFICIENCIES (X4) (D) PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE REGULATORY OR LISC IDENTIFYING INFORMATIONS TAG TAC CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) A 000 Initial Comments A 000 The following reflects the findings of the California Department of Public Health during a staffing audit visit for 24 randomly selected days from 11/29/2020 to 02/28/2021. Representing the Department: W.C., Associate Governmental Program Analyst. Welfare and Institutions (W&I) Code section 14126.022 sets forth the Department's authority to conduct audits of direct caregiver nursing services provided to residents of skilled nursing facilities, and to establish procedures for conducting such audits through All Facility Letters (AFLs). <a href="http://leginfo.legislature.ca.gov/faces/codes\_dis">http://leginfo.legislature.ca.gov/faces/codes\_dis</a> playSection.xhtml?sectionNum=14126.022.&law Code=WIC> This plan of correction constitutes AFL 21-11, setting forth the audit process and guidelines for facilities is available through the my written allegation of following link: compliance for the deficiencies <a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/">https://www.cdph.ca.gov/Programs/CHCQ/LCP/</a> cited. However, submission of this Pages/AFL-21-11.aspx> plan of correction is not an Health and Safety Code (HSC) 1337-1338.5, sets admission that a deficiency exists 5/4/24 forth the requirements for Certified Nurse or that one was cited correctly. Assistants is available through the following link: <a href="https://leginfo.legislature.ca.gov/faces/codes\_dis">https://leginfo.legislature.ca.gov/faces/codes\_dis</a> This plan of correction is submitted playText.xhtml?division=2.&chapter=2.&lawCode to meet the requirements =HSC&article=9> established by state and federal law. W&I section 14126.022 requires the Department to assess an administrative penalty to a SNF if the Department determines that the SNF falls to meet the DHPPD requirements pursuant to HSC sections 1276.5 or 1276.65. The Department shall assess an administrative penalty to any facility that fails to meet the applicable standard Licensing and Certification Division

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

dministrator

(X6) DATE

AND THE PARTY OF T	California Department of Public Health  STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:	•	COMPLETED			
		CA010000062	B. WING		03/15/2022			
MAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE				
		130 DAN	A STREET					
SHERWO	OD OAKS POST ACUTE	CARE, LLU FORT BE	RAGG, CA 95437		and the second s			
(X4) ID	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF COI PREFIX (EACH CORRECTIVE ACTION		SHOULD BE COMPLETE			
			TAG	CROSS-REFERENCED TO THE APPROP	RIATE DATE			
		ورود و والمناور و والم		DEFICIENCY)	A THE RESIDENCE AND A STREET OF THE PROPERTY AND ASSESSED.			
A 000	Continued From page	a 1	A 000					
	for staffing requirements on any given day. The							
•	annlicable standard is	s 3.5 DHPPD and 2.4						
	DHPPD (CNA), unles	ss an approved Workforce						
	Shortage, Patient Ne	eds, or COVID-19 Waiver is						
	granted.							
	ago,	and an anistanasal to the						
	The statute was not a following findings:	The statute was not met as evidenced by the						
	tonowing indings.							
	Final Audit Result:							
	Total Distinct Non-Compliant Day(s) = 24							
		r 24						
		.5 2.4 00° *.00°						
	S. Et Marital medianes as	00 .00 00* *.00*						
		00° *.00*						
		*.00°						
		00* *.00*						
	12/16/2020 *.	00* *.00*						
	James No. 41 met April	00* *.00*	1					
	1 1111 1111 1111 1111	00* *.00*						
	A STATE OF STATE OF THE PARTY AND	00* *.00*						
	A work offer a resident decision on	00*	1					
İ	W 110 11 models .	00* *.00* 00* *.00*	1	1	Ì			
	1	.00* *.00*						
	C 11 C C 1 C C C C C C C C C C C C C C	.00* *.00*	p. Married Street		***			
	the beautiful and an array	*00.* *00.	Account of the Control of the Contro	<u> </u>				
		*00.	į					
1		.00* *.00*						
***************************************	01/31/2021 *	*00.* *00.						
1	02/01/2021 *	.00* *.00*						
1	Charles Charles Street	.00* *.00*						
	Carrot Car. var a.m	.00* *.00*	<b>.</b>					
1	1 10 10 10 10 10 10 10 10 10 10 10 10 10	.00* *.00*	ļ					
1	( Warm 1 1 1 1 mm m m	7.00* *.00*						
	i the territory and the ten	1.00* *.00*	1		}			
	*x.xx* = non-comp	uent vate						

California Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: CA010000062 03/15/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **130 DANA STREET** SHERWOOD OAKS POST ACUTE CARE, LLC FORT BRAGG, CA 98437 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION Ю (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REPERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A 200 A 200 Continued From page 2 A 200 This facility had change of ownership. The A 200 A 200 HSC 1276.65(c)(1)(B) SAS - 3.5 Standard new administrative took over on (B) Effective July 1, 2018, skilled nursing 2/21/2022, and had not be able to locate facilities, except those skilled nursing facilities the record from 11/2020 to 2/2021. that are a distinct part of a general acute care facility or a state-owned hospital or The facility is met 3.5 direct care service developmental center, shall have a minimum hours per patient day. See attached nursing number of direct care services hours of 3.5 per sign in sheet, nursing assignment sheet, patient day, except as set forth in Section 1276.9. schedule time sheet, and CDPH612 form. The administrator conducted a in-service regarding California Health and Safety Code HSC 1276.65. Skilled nursing facility This Statute is not met as evidenced by: Facility failed to meet 3.5 Direct Care Service shall have a minimum number of direct Hours Per Patient Day (DHPPD), Pursuant to care service hours of 3.5 per patient day; HSC 1276.65(c)(1)(B) for 24 of 24 days. and 2.4 hours per patient day for certified nurse assistants. The statute was not met as evidenced by the following findings: The new administration consolidated storage in the building. All medical and The total number of actual direct care nursing business records are stored in one storage hours performed by direct caregivers per patient room, all are labeled by month/year for day divided by the average census during the easy access. patient day failed to meet DHPPD Staffing Standard(s). CDPH shall not accept modifications made The administrator designated admin contemporaneously to the audit. Time spent assistant to calculate the daily PPD, collect providing direct care could not be verified. nursing sign in sheet, nursing schedule, Failure to provide the information has resulted in and file it with payroll time sheet day by the exclusion of all service hours for such day. employees. The administrator contracted with 2 A 205 A 205| HSC 1276.65(c)(1)(C) SAS - 2.4 Standard staffing agency to ensure that 3.5 hours per patient day is met on daily base. Also (C) Skilled nursing facilities shall have a minimum limited the number of admission to ensure of 2.4 hours per patient day for certified nurse that 3.5 hours per patient day are met. We assistants in order to meet the requirements in have 39% of occupancy rate currently. subparagraph (B).

California	Department of Public	Health										
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED							
AND PLAN OF CORRECTION		DENTIFICATION NOMBERS	A. BUILDING:		COMPLETED							
			B. WING		***							
	CA010000062					5/2022						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
SHERWOOD OAKS POST ACUTE CARE, LLC												
FORT BRAGG, CA 95437												
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)The admin assistant is responsible for		(X5) COMPLETE DATE						
A 205	Continued From page 3		A 205	track								
				The admin assistant is responsible for track of staff 's daily hours. The Administrator is responsible that all direct care services staff will me per day.  QA/QAP I Committee will review admin assistant ensure 100% compliance of 3.5/2.4 DHPP D. This be reviewed on Second quarter QA meeting.  A 205  The facility is met 2.4 hour per day for certified is assistant. See attached nursing sign in sheet, in assignment sheet, schedule time sheet, and CD form.  The administrator conducted a in-service regard California Health and Safety Code HSC 1276.6 nursing facility shall have a minimum number of service hours of 3.5 per patient day; and 2.4 hour patient day for certified nurse assistants.  The new administration consolidated storage in building. All medical and business records are sone storage room, all are labeled by monthlyes access.  The administrator designated admin assistant the daily PPD, collect nursing sign in sheet, nurse schedule, and file it with payroll time sheet day administrator contracted with 2 staffing agency that 2.4 hours per patient day for certified nurse met on daily base. Also limited the number of a to ensure that 2.4 hours per patient day for certified nurse met. We have 39% of occupancy rate curre.  The admin assistant is responsible for track directions are met. We have 39% of occupancy rate curre.  The admin assistant is responsible for track directions are that all direct care services staff will mer per day.  QA/QAP I Committee will review admin assist to ensure 100% compliance of 3.5/2.4 DHPPD will be reviewed on Second quarter QA meeting will be reviewed on Second quarter QA	e for track directed care trator is responsible to staff will meet 3.5 hours min assistant's report to DHPP D. This report will for certified nurse and CDP H6 12 must report and CDP H6 12 ervice regarding the care transparent to the care transparent to calculate and the care transparent to calculate and storage in the records are stored in assistant to calculate and sheet, nursing the sheet day by day. The fing agency to ensure assistant is number of admissions day for nurse assistant is number of admissions day for nurse assistant to the currently.  If or track directed care for track directed care for its responsible to staff will meet 3.5 hours admin assistant's report for the care to the care for the care to the							

. . . . . . . . . . . .