PRINTED: 10/18/2022 **FORM APPROVED**

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 CA010000066 12/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1250 BROADWAY **BROADWAY VILLA POST ACUTE** SONOMA, CA 95476 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG 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 10/01/2020 to 12/31/2020. Representing the Department: B.T., 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). http://leginfo.legislature.ca.gov/faces/codes_dis playSection.xhtml?sectionNum=14126.022.&law Code=WIC> AFL 21-11, setting forth the audit process and guidelines for facilities is available through the following link: https://www.cdph.ca.gov/Programs/CHCQ/LCP/ Pages/AFL-21-11.aspx> Health and Safety Code (HSC) 1337-1338.5, sets forth the requirements for Certified Nurse Assistants is available through the following link: https://leginfo.legislature.ca.gov/faces/codes_dis playText.xhtml?division=2.&chapter=2.&lawCode =HSC&article=9> W&I section 14126.022 requires the Department to assess an administrative penalty to a SNF if the Department determines that the SNF fails 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 TITLE (X6) DATE

STATE FORM

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

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If continuation sheet 1 of 3



California Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
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CA010000066		B. WING		12/21/2021	12/21/2021			
NAME OF I								
BROADWAY VILLA POST ACUTE 1250 BROADWAY SONOMA, CA 95476								
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE COMPL	LETE		
A 000	Continued From page 1		A 000					
	for staffing require applicable standar DHPPD (CNA), un	ments on any given day. The d is 3.5 DHPPD and 2.4 less an approved Workforce Needs, or COVID-19 Waiver is						
	The statute was m following findings:	et as evidenced by the						
	Based on record review and interview, the above nursing facility was found in compliance with HSC 1276.65(c)(1)(B), the requirement for 3.5 Direct Care Service Hours Per Patient day based on an approved waiver.							
	Final Audit Result:							
	Total Distinct Non-Compliant Day(s) = 0							
	10/09/2020 3. 10/10/2020 3. 10/12/2020 3. 10/14/2020 4. 10/18/2020 3. 10/21/2020 4. 10/22/2020 4.	94 2.58 99 2.53 82 2.59 79 2.42 11 2.69 77 2.69 64 2.97 81 3.07		·				
	10/24/2020 4.1 10/27/2020 4.1 10/30/2020 4.1 11/05/2020 4.1 11/18/2020 4.1 11/23/2020 3.1 11/26/2020 3.1 11/28/2020 4.1 11/30/2020 4.1 12/03/2020 3.1 12/07/2020 3.1 12/07/2020 3.1	97 3.27 43 3.01 93 2.43 19 2.71 32 2.55 92 2.57 75 2.54 12 2.81 95 2.31						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED					
		CA010000066	B. WING		12/	21/2021					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
BROADWAY VILLA POST ACUTE 1250 BROADWAY SONOMA, CA 95476											
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLE						
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