

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055305	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2020
NAME OF PROVIDER OF SUPPLIER SHERWOOD HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 4700 ELVAS AVE SACRAMENTO, CA 95819	
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)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to appropriately use personal protective equipment supplies when staff failed to wear masks and maintain a 6 foot social distancing while inside the facility for the census of 55 residents. This deficient practice had the potential to place the residents at risk of development and transmission of communicable diseases and infections during a global pandemic. Findings: During a concurrent observation and interview on 4/18/20 at 8:05 a.m., Certified Nursing Assistant 1 (CNA 1) was not wearing a mask. She was standing beside CNA 2 and not [MEDICATION NAME] social distancing while working in the Nurse's Station, Station 2. CNA 1 stated, yes, I'm not wearing a mask. She further indicated yes, I'm not 6 feet away from CNA 2. During a concurrent observation and interview on 4/18/20 at 8:07 a.m., CNA 2 was not [MEDICATION NAME] social distancing while working in the Nurse's Station, Station 2. CNA 2 stated, yes, I'm not 6 feet away from CNA 1 and CNA 3. She further indicated I should be 6 feet away from them. During a concurrent observation and interview on 4/18/20 at 8:09 a.m., CNA 3 was not [MEDICATION NAME] social distancing with CNA 2 while working in the Nurse's Station, Station 2. CNA 3 stated, yes, I'm not 6 feet away from CNA 2. During a concurrent observation and interview on 4/18/20 at 8:13 a.m., the Housekeeper was standing beside the housekeeping cart by the hallway near Station 2. She was wearing a mask but it was not covering her nose. The Housekeeper stated, yes, my mask is not covering my nose. She acknowledged her mask should be covering her nose too. During a concurrent observation and interview on 4/18/20 at 8:20 a.m., the Activity Assistant (AS) was walking in the hallway near Station 2. He was wearing a mask but not covering his nose. AS stated, yes, my mask is not covering my nose. He also acknowledged his mask should be covering his nose. During a concurrent observation and interview on 4/18/20 at 8:25 a.m., Licensed Nurse 2 (LN 2) was talking and standing side by side with CNA 4 beside the medication cart in Station 1. LN 2 and CNA were not [MEDICATION NAME] social distancing. LN 2 stated, yes, I'm not 6 ft. away from CNA 4. She further indicated, I should be 6 ft. apart from CNA 4. During a concurrent observation and interview on 4/18/20 at 8:27 a.m., CNA 4 was talking and standing side by side with LN 2 beside the medication cart in Station 1. CNA 4 and LN 2 was not [MEDICATION NAME] social distancing. CNA 4 stated, yes, I'm not 6 feet away from LN 2. She further indicated, yes, I should be 6 feet away from LN 2. During an interview on 4/18/20 at 9 a.m., the Central Supply Manager (CSM) stated, yes, the staff should be 6 feet away from each other. She also indicated, the staff should wear mask and should it cover their nose. During an interview on 4/21/20 at 11 a.m., the Director of Nursing (DON) stated, the staff should practice social distancing. She further indicated, the staff should wear a mask and it should cover their nose. During a review of the facility's policy and procedure titled, Coronavirus (COVID-19), revised 4/2/20, indicated, .Social Distancing will be observed ., Use a mask at all times when working in facility .</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.