

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055305</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/28/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SHERWOOD HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4700 ELVAS AVE SACRAMENTO, CA 95819</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review, the facility, with a census of 52, failed to cohort newly admitted residents (with unknown COVID-19 status) separate from asymptomatic residents with confirmed negative COVID-19 test results. This failure placed residents in the facility at risk of development and transmission of COVID-19. Findings: During an interview with the Director of Staff Development (DSD)/Infection Preventionist (IP), on 8/28/20, at 1:10 p.m., the DSD/IP stated the yellow zone for residents under observation included rooms 24-30. During a review of the facility's floor plan identifying cohorting zones, contained within the facility's Facility Mitigation Plan Manual, dated 5/17/20, the green zone was identified as including rooms 1-19. During an observation on 8/28/20, at 1:35 p.m., in the designated green zone of the facility, droplet precautions (infection prevention and control interventions to be used to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions) signage was posted outside of rooms [ROOM NUMBER]. During an interview on 8/28/20, at 1:35 p.m., with the Staffing Manager (SM), the SM stated a resident in room [ROOM NUMBER] was a new resident and was under investigation for COVID-19. During an interview on 8/28/20, at 1:40 p.m., with the Certified Occupational Therapy Assistant (COTA), the COTA stated a resident in room [ROOM NUMBER] was under 14-day observation for COVID-19. She also stated that room [ROOM NUMBER] was in the green zone and she did not think the other resident in the room was under investigation. During an interview with the Certified Nursing Assistant (CNA), on 8/28/20, at 1:45 p.m., the CNA stated a resident in room [ROOM NUMBER] was on droplet precautions because the resident was a new admit to the facility. She stated the room was located in the green zone. During an interview with the Facility Administrator (FA), on 8/28/20, at 2:05 p.m., the FA stated the yellow zone is established for residents under investigation for COVID-19, which included new admits to the facility. The green zone was designated for residents confirmed to be negative for COVID-19. During a review of the facility's Facility Mitigation Plan Manual, dated 5/17/20, the document indicated, 1. Introduction .This mitigation plan was developed by utilizing resources obtained from the Centers for Disease Control (CDC), California Association for Healthcare Facilities (CAHF), and (California Department of Public Health) CDPH .3.5 Cohorting Unknown (COVID-19 status) (Yellow) .Residents in yellow zone will only be cohorted with other asymptomatic unknown (COVID-19 status) residents if no single room is available .Residents in yellow zone will be restricted to the yellow zone until they have been cleared to enter the green zone .3.6 Cohorting Residents COVID Naive (confirmed negative COVID-19 status) (Green) .Resident in the green zone will consist of confirmed negative residents or residents recovered from COVID-19 .Residents will be moved to green zone only after they have received a negative test or they have met the criteria for removal of transmission-based precautions per current CDC guidance . During a review of the Centers for Disease Control and Prevention (CDC) document titled, Responding to Coronavirus (COVID-19) in Nursing Homes, updated 4/30/20, the document indicated, .Considerations for new admissions or readmissions to the facility .Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19.</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.