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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056364 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/04/2020 |
| NAME OF PROVIDER OF SUPPLIER SUMMERFIELD HEALTH CARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP 1280 SUMMERFIELD RD SANTA ROSA, CA 95405 | |
| 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 - Few | Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to provide a safe and sanitary environment when they were using a trash container too small to contain the discarded, used Personal Protective Equipment (PPE.) This failure resulted in PPE landing on the floor in the resident's room. This had the potential to spread [MEDICAL CONDITION] through the facility. Findings: During an observation, outside of an isolation room, on 9/4/20 at 12:00 p.m., Licensed Staff demonstrated how to put on and to remove the PPE. The trash container was just inside the door. The trash container did not have a lid and was full of PPE. When the Licensed Staff throw away the PPE, the belt did not stay on top of the pile of discarded PPE and landed on the floor. During an interview and concurrent observation on 9/4/20 at 12:10 p.m., Director of Nurses (DON) observed the overflowing trash container. DON stated that the PPE could land on the floor. DON stated they would change the trash container immediately, and she had the housekeeper empty the overfull trash can. | | |

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.