

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055268	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2025
NAME OF PROVIDER OR SUPPLIER Sonoma Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 678 2nd Street West Sonoma, CA 95476	
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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to allow one resident (Resident 1) of two sampled residents to return to the facility after completing treatment for Carbapenem-Resistant Enterobacterialis (CRE- a group of bacteria that are difficult to treat because they are resistant to carbapenems, which are a class of powerful antibiotics typically used for severe infections) at the hospital. This failure caused Resident 1 to experience an unnecessary 42-day hospitalization and anxiety over the forced eviction from her home. Findings: A review of Resident 1's admission sheet indicated admission to the facility on [DATE] with diagnoses of chronic obstructive pulmonary disease (a progressive lung condition that obstructs airflow and makes breathing difficult), neutropenia (a condition with lower-than-normal neutrophils (a key white blood cell fighting infections which puts the person at risk for serious bacterial illnesses), difficulty in walking, depression (a serious mood disorder which causes persistent sadness which affects a person's thoughts, feelings, and daily activities), and anxiety disorder (a serious mental illness marked by excessive, persistent fear and worry which interferes with daily life). A review of Resident 1's nursing progress note dated [DATE] at 12 a.m. indicated, [Resident 1] unplanned discharge event.[on] [DATE]. sent to emergency department from specialty office [during physician appointment] due to shortness of breath and cough. A review of Resident 1's hospital Case Manager (CM, a nurse or social worker who coordinates a patient's care, acts as their advocate, and plans for their safe discharge from the hospital)/ Social Worker (SW) notes indicated the following: -An Initial assessment dated [DATE] at 3:09 p.m. indicated, Discharge [DC] Needs Assessment. Anticipated Discharge Disposition: skilled nursing facility [SNF]. Expected DC Date: [DATE]. [Resident 1] has been living at [facility name] last 2 years. -On [DATE] at 1:37 p.m. indicated, .Spoke with [facility admission Director (AD)] from [facility name] she will take [Resident 1] back when medically stable. -On [DATE] at 2:11 p.m. indicated, Spoke with [AD] at [facility name], who confirmed that they can accept patient over weekend once [NAME] [outpatient parenteral antibiotic therapy, when a patient receives long-term intravenous (IV) antibiotics outside of the hospital allowing for early discharge and comfortable recovery from serious infections] is in. -On [DATE] at 11:08 a.m. indicated, Per MD [physician], [Resident 1] needs IV Avyca(R), a specialty antibiotic that is quite pricey. Needs IV abx [antibiotics] until 10/8/[25]. -On [DATE] at 12:43 p.m. indicated, Will complete IV antibiotics here, then discharge after last dose on 10/8/[25]. Per [AD], she has left a message to discuss new dx [diagnosis] of CRE and facility's inability to accept [patients] with CRE. A review of an email from the facility's AD to the hospital CM, dated [DATE] at 12:28 p.m., indicated, Since [Resident 1] has had an extensive stay post-surgery her behalf [sic, supposed to be bed hold] unfortunately expired and she has a new diagnosis of CRE. Typically, we will continue to hold the bed for our LTC [long-term care] patients, but in this case, we cannot accommodate CRE and its very strict needs. [The facility] does not have any single bedrooms as most are 3 patients to a room, and she is now requiring a lifetime isolation needs from here on out. A review of Resident 1's hospital records indicated the following: -A CM progress note dated [DATE] at 3:30 p.m. indicated, .Received report from bedside RN [Registered (continued on next page)		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 055268
		If continuation sheet Page 1 of 4

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055268	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2025
NAME OF PROVIDER OR SUPPLIER Sonoma Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 678 2nd Street West Sonoma, CA 95476	
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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Nurse] that [Resident 1] received a phone call from [the facility] that they are not able to have her return to her LTC bed and that her belongings are being packet [sic] up, per bedside RN [Resident 1] is very upset.Placed call to [AD].at [the facility] to verify that [Resident 1] received this phone call; [AD] confirmed this.Met with [Resident 1] at bedside.[Resident 1] Stated that she is very concerned that she won't have a place to go when she is discharged from the hospital.[The facility] had cancelled their acceptance in [NAME] [Artificial Intelligence Discharge Agent], unbooked. -A CM progress note dated [DATE] at 12:07 p.m. indicated, .spoke with Ombudsman.who received verbal consent from [Resident 1] to speak with [Facility Administrator (ADM)].His concerns for readmission are there is not a single room available, staff will be required to wear face shield, and [Resident 1] will continue to smoke, causing cough and spreading of CRE. [Resident 1] is currently on Nicotine patch and not smoking at hospital. -A palliative care (specialized medical support for people with serious illness, focusing on improving quality of life) consultation dated [DATE] at 9:59 a.m. indicated, .Living situation: needs SNF. -A CM progress note dated [DATE] indicated, .consulted with [physician] who stated [Resident 1] has been previously treated for CRE and is no longer considered contagious. -A CM progress note dated [DATE] indicated, .spoke with Ombudsman who stated they spoke to [Facility ADM] and they are stating they are at 95% capacity and still consider [Resident 1] to be contagious and they will require their own room. -A psychiatry physician's note dated [DATE] at 5:57 p.m. indicated Resident 1's, Hospital Day 24.Loss of the SNF bed was also difficult because.she considered that home and had friends there. These very long hospitalizations also are difficult to cope with as patients tend to lose a fair amount of autonomy as well as control and it is difficult to know what to expect even in the short-term.Chief Complaint: Anxiety and adjustment. A review of an email from the facility's AD to the hospital CM dated [DATE] at 9:19 a.m. regarding Resident 1's discharge to the facility indicated, I saw the doctor continuously note. ?Discussed with ID [Infectious Disease] [Physician Name] on 10/14/25].the infection was treated appropriately and resolved.'While that may be appropriately treated at the hospital, at the skilled nursing facility level we must follow our CDPH [California Department of Public Health] infection prevention guidelines. These state that CRE colonization can persist for many months even after treatment, and that repeat testing or clearance cultures are not recommended or considered reliable for discontinuing contact precautions as the patient can be negative one week and positive the next. Because of this, we are required to continue treating the patient as CRE-positive and are unable to accept the patient under our current infection control protocols. A review of Resident 1's CM Director note dated [DATE] at 10:41 a.m. indicated, Spoke with [Facility ADM].states there is one room at [the facility] that can be utilized for isolation. This room is currently occupied and the patient within this room has equipment that needs to be able to fit in the next room in order for the isolation room to be utilized. A review of Resident 1's Skilled/Intermediate Facility instructions/Orders, dated [DATE], indicated Resident 1 was transferred from the hospital to a dedicated swing bed (a hospital room that can be used to provide intensive, immediate needs to skilled nursing needs) at an affiliated hospital for physical therapy and occupational therapy. The MD ordered Resident 1 to remain on contact isolation (precautions used to prevent the spread of infectious illness). A review of Resident 1's hospital CM/SW discharge plan progress notes indicated the following: -A note dated [DATE] at 10:37 a.m. indicated, [On] 11/13/25] SW spoke to Ombudsman and the appeal ruled in [Resident 1's] favor. Facility has 3 days to accept [Resident 1] back or they will incur \$750 per day fine until she returns. -A note dated [DATE] at 10:52 a.m. indicated, [Resident 1] is planning to DC to [the facility] today.[Resident 1] informed and agrees with plan. During an interview on [DATE] at 12:43 p.m., the Social Services Director (SSD) stated the Infection Preventionist (IP) told leadership the facility could not house the type of disease Resident 1 had been diagnosed with. During an interview on [DATE] at 1:02 p.m., the IP stated Resident 1 was diagnosed with CRE which was an organism resistant to all treatment. The IP further stated residents with CRE would require isolation for the entirety of their stay and have dedicated staff. The IP stated she was responsible for presenting (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055268	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2025
NAME OF PROVIDER OR SUPPLIER Sonoma Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 678 2nd Street West Sonoma, CA 95476	
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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	in-services for staff regarding new organisms and would use CDPH and Centers for Disease Control (CDC) guidance. The IP stated the final decision to accept Resident 1 back to the facility fell to the ADM and Director of Nursing (DON) and that neither asked for her opinion. During a phone interview on [DATE] at 1:40 p.m., the ADM stated he would rather incur penalties than place other residents at risk. The ADM stated he was waiting for sputum samples to be resulted and would have accepted Resident 1 back immediately. The ADM stated he had no private rooms to place Resident 1 in which made isolation difficult. He stated, Many rooms have shared bathrooms, further complicating isolation. I also have to consider resident rights in moving rooms. Creating a private room for the CRE resident was virtually impossible. During a phone interview on [DATE] at 9:19 a.m., the CM at the hospital stated Resident 1 had been ready to return to the facility for quite some time now. The CM stated Resident 1 remained in contact isolation, but it was questionable whether or not she needed to be. The CM confirmed Resident 1 no longer on antibiotics and had finished her antibiotic course on [DATE]. The CM further stated, She is just sitting here waiting. In an interview on [DATE] at 2:32 p.m., Resident 1 stated she did not understand why she was being treated like a pariah. A review of an email sent to the surveyor from the ADM dated [DATE] at 11:36 a.m. indicated, While we technically have open beds, our facility does not have a single private room, which makes true isolation extremely difficult. We also had to consider the need to appropriately cohort residents on C.diff [a common, potentially serious bacterial infection causing diarrhea and requiring contact isolation precautions (standard precautions enhanced with the use of a gown and gloves for all interactions)] or other precautions. When all of these factors were taken into account, creating a private room for the CRE patient became virtually impossible. During a phone interview on [DATE] at 11:24 a.m., the SW at the hospital confirmed Resident 1 was transferred back to the facility on [DATE]. A review of an email sent to the surveyor from the ADM dated [DATE] at 11:36 a.m. indicated, .We never discharged [Resident 1] from the facility/ never said we wouldn't take her back. We were either waiting for proper bed availability or directions from local resources on how we could make it work. A review of the facility's daily census dated [DATE] through [DATE] was conducted on [DATE] and indicated the facility had at least one female bed available within this time frame. A review of the facility's policy titled Transfer or Discharge, dated [DATE], indicated, Once admitted to the facility, residents have the right to remain in the facility. If the basis for the transfer or discharge is necessary and the resident's needs cannot be met in our facility, the resident's physician documents the specific resident needs that cannot be met. this facility's attempt to meet those needs. Residents are permitted to return to the facility after therapeutic leave. The facility will not discharge the resident unless it has ascertained from the resident that he or she does not wish to return. A review of the facility's policy titled Isolation- Categories of Transmission-Based Precautions dated [DATE] indicated, The three types of transmission-based precautions are contact, droplet and airborne. The decision on whether contact precautions are necessary will be evaluated on a case by case basis. The individual on contact precautions will be placed in a private room if possible. If a private room is not available, the Infection Preventionist will assess various risks associated with other resident placement options (e.g., cohorting, placing with a low risk roommate). A review of CDPH's document titled Recommendations for Infection Control for Residents with CRE in Long-Term Care Facilities dated [DATE] indicated, admission or readmission to a long-term care facility [LTCF] should not be denied based on known colonization or infection with any multidrug-resistant organism (MDRO), including CRE. LTCF medical director, infection prevention personnel, and all staff participating in antibiotic stewardship activities should be notified of the presence of CRE in a resident of the facility. If the facility does not have antimicrobial stewardship activities, a case of CRE may serve to demonstrate their need. California Senate [NAME] No. 361, passed on [DATE], requires all skilled nursing facility, by no later than [DATE], to implement an antimicrobial stewardship policy that is consistent with the antimicrobial stewardship guidelines developed by the Centers for Disease Control and Prevention, the federal Centers for Medicare and Medicaid Services, (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055268	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2025
NAME OF PROVIDER OR SUPPLIER Sonoma Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 678 2nd Street West Sonoma, CA 95476	
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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	or specified professional organizations. Staff at the facility, particularly those caring for the resident, should receive education about CRE and appropriate infection prevention measures .The determination to discontinue contact precautions should be made on a case-by-case basis, depending on the clinical and functional status of the resident, i.e., when the resident's secretions or drainage can be contained, and how dependent the resident is on staff for activities of daily living. Repeated bacterial culturing to demonstrate CRE clearance is not necessary to discontinue contact precautions.		