STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055296	A. Building B. Wing	08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedarwood Post Acute	1090 Rio Lane Sacramento, CA 95822

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** 39489 Based on observation, interview, and record review the facility failed to follow guidelines for infection control practices for two of five sampled residents, Resident 4 and Resident 5 when: 1. Social Services Assistant (SSA) did not wear the required Personal Protective Equipment (PPE) before entering Resident 4's room; and 2. Certified Nursing Assistant 1 (CNA 1) did not wear the full required PPE before entering Resident 5's room. This deficient practice had the potential to spread infections among residents, staff and visitors. Findings: 1. During a review of the Admission Record for Resident 4, the Admission Record indicated, Resident 4 was admitted to the facility on [DATE], with diagnoses that included sepsis (serious infection condition), and Methicillin Resistant Staphylococcus Aureus infection (MRSA, contagious bacterial infection, superbug). During a review of Resident 4's Order Summary, dated 7/31/24, the Order Summary indicated, [Name of Antibiotic], use 1 gram intravenously two times a day for MRSA Osteomyelitis until 8/16/24 During a review of Resident 4's Progress Notes, dated 7/11/24, the Progress Notes indicated, .On contact precaution for MRSA . During a review of Resident 4's Progress Notes, dated 7/29/24, the Progress Notes indicated, . Continuous on [name of antibiotic] two times a day for MRSA OSTEOMYLITIS [infection in the bone such as spine or long bones of upper and lower extremities] . During a review of Resident 4's Care Plan, indicated, Requires ESP r/t [Enhanced Standard Precaution, related to] MRSA in spine. (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

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent observation and interview with SSA 1 on 8/7/24 at 12:55 p.m., Resident 4's room had an Enhanced Barrier Precaution (EBP, an infection control intervention to reduce transmission of multi-drug resistant organisms) signage (guidance on what and how to properly wear the PPE) posted by the door and a white bin which contained PPE supplies. SSA 1 (Social Services Asst.) entered Resident 4's room and did not wear the proper PPE. When asked, she confirmed the EBP signage was posted outside resident's room, and she should have worn the required PPE before entering the room to prevent the spread of infection. 2.During a review of the Admission Record for Resident 5, the Admission Record indicated, Resident 5 was admitted in the facility on 5/25/24, with diagnoses that included sepsis, gangrene (serious bacterial infection) and Infection following a procedure. During a review of Resident 5's Order Summary, dated 7/29/24, indicated, Droplet Precautions d/t [due to] (COVID) - (staff must wear N95 mask [face mask], face shield/goggles, gown, gloves when entering room and providing direct care to resident). During a review of Resident 5's Progress Notes, dated 6/23/24, the Progress Notes indicated, . On antibiotic [name and dosage of medication] for bacterial infection r/t s/p [status post] surgical Rt BKA [right, below knee amputation] prophylaxis and [name of antibiotic] for sepsis r/t s/p surgical Rt BKA. During a review of Resident 5's Progress Notes, dated 8/5/24, Progress Notes indicated, . Patient on contact isolation and monitoring for COVID-19 . During a review of Resident 5's Care Plan, the Care Plan indicated, . Resident is At-Risk for Respiratory Complication related to Viral Infection of COVID-19 As evidence by symptoms of coughing, congestion, loss of sense of smell, taste, sore throat, chest pain, altered oxygen saturation [amount of oxygen circulating in the blood] . During a concurrent observation and interview with Certified Nursing Assistant 1 (CNA 1) on 8/7/24 at 1:08 p.m., Resident 5's room had Droplet Precaution signage posted by the door and a black bin contained PPE supplies. CNA 1 did not wear the proper PPE and entered Resident 5's room while pushing the wheelchair. When asked, she confirmed the isolation signage was posted outside resident's room, and she should have worn gloves, face shields or goggles, and gown before entering the room to promote infection prevention. She further acknowledged, Resident 5 was confirmed Covid (+) and on isolation precautions. During an interview with Infection Preventionist (IP) on 8/7/24 at 1:20 p.m., the IP stated, SSA 1 and CNA 1 should have worn the required PPE before entering the isolation rooms to prevent the spread of infection. The IP confirmed Resident 4 and Resident 5 rooms have isolation signage and bins of PPE to remind the staff of what and how to properly wear and discard the PPE. The IP further stated, SSA 1 should have worn gown, and gloves when she entered the room because the resident might ask for help, and CNA 1 should have worn the required PPE with a face shield because Resident 5 is on droplet precaution, all staff should promote infection control. During a review of the facility's policy and procedure titled, Enhanced Barrier Precaution, dated 5/1/24, indicated, .All staff receive training on enhanced barrier precautions upon hire and at least annually and are expected to comply with all designated precautions . (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's policy and procedure titled, Transmission-Based (Isolation) Precautions, dated 5/1/24, indicated, .Droplet Precautions- a. intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions (i.e. respiratory droplets that are generated by a resident who is coughing, sneezing, or talking) .