

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  05/09/2025
NAME OF PROVIDER OR SUPPLIER  Sherwood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>48445</p> <p>Based on observation, interview and record review, the facility failed to ensure a clean and homelike environment was provided for one of 23 sampled residents (Resident 5), when the floor in Resident 5's room was left sticky, stained, and dirty.</p> <p>This failure increased the potential for Resident 5 not attaining her highest practicable well-being.</p> <p>Findings:</p> <p>During a review of Resident 5's admission records, the records indicated Resident 5 was admitted to the facility in July 2022 with diagnoses that included major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest). Resident 5's Minimum Data Set (MDS, a federally mandated resident assessment tool) indicated Resident 5 had moderate cognitive impairment.</p> <p>During a review of Resident 5's care plan, initiated on 2/29/24, the care plan indicated, [Resident 5] Overall condition requires long term care .Assist resident/RP [responsible party] in furnishing of room to enhance home-like environment .</p> <p>During a concurrent observation and interview on 5/6/25 at 9:46 a.m. with Resident 5 in her room, dried stains that were sticky when walked on were observed on the left side of Resident 5's bed. Resident 5 stated, This is dirty, they don't clean it .it really does bug me .this area right here has not been cleaned .</p> <p>During a concurrent observation and interview on 5/7/25 at 4:08 p.m. with Resident 5 in her room, dried stains that were sticky when walked on were observed on the left side of Resident 5's bed. Resident 5 stated no one came to clean it.</p> <p>During a concurrent observation and interview on 5/8/25 at 9:25 a.m. with Resident 5 in her room, dried stains that were sticky when walked on were still observed on the left side of Resident 5's bed. Resident 5 stated housekeeping came but did not do a good job, and that she was not okay if the floor was still dirty.</p> <p>(continued on next page)</p>

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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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 5/8/25 at 10:54 a.m. in Resident 5's room, Housekeeping Staff 1 (HS 1) was observed cleaning the room. HS 1 was observed mopping the floor with a wet mop, went under the bed but did not mop the floor on the left side of the bed.</p> <p>During a concurrent observation and interview on 5/8/25 at 11:02 a.m. with HS 1, HS 1 stated housekeeping clean every room everyday and if spills come out and stated, Important because stuff starts building up in corners .If it's stuck for a long time, it's harder to remove. HS 1 confirmed the dirt and stains on Resident 5's floor and stated he will try if it comes off.</p> <p>During an interview on 5/9/25 at 9:21 a.m. with the Housekeeping and Laundry Supervisor (HLS), the HLS stated her expectation was that all surfaces should be cleaned, including the sides of the bed and under it. The HLS further stated, Important because it's their home, we want to provide the best care and to make it as homelike as possible .</p> <p>During an interview on 5/9/25 at 11:47 a.m. with the Director of Nursing (DON), the DON stated her expectation was that resident should have a clean and homelike environment. When photos of Resident 5's floor were shown, the DON stated, That needs to be cleaned.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled Homelike Environment, revised 2/2021, the P&amp;P indicated, .2. The facility staff and management provides, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics may include: a. Clean and sanitary environment .</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36681</p> <p>Based on observation, interview, and record review, the facility failed to ensure the care plan for the use of anticoagulant (medication that prevent or delay formation of blood clots) was implemented for one of 23 sampled residents (Resident 3), for a census of 54.</p> <p>This failure increased the risk for Resident 3 to experience serious side effects.</p> <p>Findings:</p> <p>A review of the clinical record indicated Resident 3 was admitted [DATE] with diagnoses including chronic atrial fibrillation (persistent irregular heartbeat) and long term (current) use of anticoagulant. Resident 3's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 3/13/25 indicated Resident 3 had severe cognitive impairment with a Brief Interview for Mental Status (BIMS - an assessment tool to screen and identify memory, orientation, and judgement status) score of 2 of 15.</p> <p>Further review of Resident 3's clinical records indicated the following:</p> <ul style="list-style-type: none"> <li>- a physician order dated 4/22/25 for Warfarin sodium (anticoagulant, blood thinner) 4 milligram (unit of measurement) 1 tablet by mouth at bedtime for atrial fibrillation;</li> <li>- a weekly nursing summary dated 5/6/25 did not indicate presence of bruises in the skin check; and</li> <li>- a care plan dated 3/10/25 indicated [Resident 3] was on anticoagulant therapy and interventions included to monitor/document/report adverse reactions of anticoagulant therapy such as bruising.</li> </ul> <p>A concurrent observation and interview was conducted on 5/6/25 at 10:15 a.m. inside Resident 3's room. Resident 3 was sitting in the middle of her bed facing the door, noted blackish discoloration on her right arm. Resident 3 stated she bruises easily and she bangs her arm around.</p> <p>A concurrent observation and interview was conducted on 5/8/25 at 1:34 p.m. with Licensed Nurse 1 (LN 1) inside Resident 3's room. LN 1 was asked to check Resident 3's arms. LN 1 confirmed Resident 3 had bruises on both arms and LN 1 stated it was due to blood draw.</p> <p>In a subsequent interview and record review on 5/8/25 starting at 1:37 p.m., LN 1 checked Resident 3's physician's order and Medication Administration Record (MAR). LN 1 stated Resident 3 was taking Warfarin and had blood draw twice a week. LN 1 further stated they usually document for bruising on the blood draw site. LN 1 confirmed there was no current monitoring for Resident 3's bruises. LN 1 added she did not get a report this morning of Resident 3's bruises on both arms.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A concurrent interview and record review was conducted with the Director of Nursing (DON) on 5/9/25 at 10:42 a.m. The DON confirmed Resident 3's care plan for the use of anticoagulant included to monitor adverse reactions and the weekly nursing summary dated 5/6/25 did not indicate Resident 3 had bruising. The DON stated her expectation was to care plan that Resident 3 bruises easily due to use of anticoagulant or blood draw.</p> <p>There was no documented evidence Resident 3's bruising was documented or reported prior to 5/8/25 in the clinical records.</p> <p>A review of the facility's policy revised March 2022 and titled, Care Plans, Comprehensive Person-Centered indicated, .The comprehensive, person-centered care plan .describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being .reflects currently recognized standards of practice for problem areas and conditions.</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36681</p> <p>Based on interview and record review, the facility failed to ensure professional standards of care were followed for three of 23 sampled residents (Resident 3, Resident 31, and Resident 45), for a census of 54, when:</p> <ol style="list-style-type: none"> <li>1. Resident 3's weight change was not reported to the physician as ordered;</li> <li>2. Resident 45's weight changes were not reported to the physician as ordered;</li> <li>3. Resident 31's arm circumference and catheter length were not recorded during midline catheter (a thin, soft tube placed into a large vein in the upper arm) dressing change as ordered;</li> <li>4. Resident 31's Midodrine (medication used to treat low blood pressure) doses were administered outside the blood pressure parameters; and,</li> <li>5. Resident 31's Midodrine administration records were altered.</li> </ol> <p>These failures increased the risks for residents to not receive interventions in a timely manner and, medication administration was not accurately documented.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. A review of the clinical record indicated Resident 3 was admitted [DATE] with diagnoses including chronic congestive heart failure (CHF-a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling).</li> </ol> <p>A review of Resident 3's physician order dated 3/10/25 indicated, Daily Weight monitoring .Weigh resident daily first thing in the morning. Notify MD [Medical Doctor] if weight change of 3 pounds or more in one day.</p> <p>A review of Resident 3's care plan dated 3/15/25 indicated, Resident 3 had congestive heart failure and the interventions included, Weight monitoring per MD orders.</p> <p>A concurrent interview and record review was conducted on 5/9/25 at 10:18 a.m. with the Director of Nursing (DON). Resident 3's physician orders and weights were reviewed with the DON. The DON stated daily weights are done for residents with CHF and the physician was to be informed when there was a weight loss or gain. The DON confirmed Resident 3's weight on 3/21/25 was 135.6 pounds and the weight on 3/22/25 was 127.2 pounds, a weight loss of 8.4 pounds in one day. The DON further stated for this weight change, the physician should have been notified.</p> <p>48445</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. During a review of Resident 45's admission records, the records indicated Resident 45 was admitted to the facility in February 2025 with diagnoses that included Congestive Heart Failure(CHF). Resident 45's Minimum Data Set (MDS, a federally mandated resident assessment tool) indicated Resident 45 had severe cognitive impairment.</p> <p>During a review of Resident 45's care plan, initiated on 2/24/25, the care plan indicated, [Resident 45] has Congestive Heart Failure .Weight monitoring per MD orders .</p> <p>During a review of Resident 45's physician order, dated 2/10/25, the order indicated, Daily Weight monitoring R/T [related to] CHF: Weigh resident daily first thing in the morning. Notify MD if weight change of 3 pounds or more in one day .</p> <p>During a review of Resident 45's weight record, the following weights had changes of three pounds or more in one day:</p> <p>-4/11/25: 116.4 lbs and 4/12/25: 120 lbs = 3.6 lbs change;</p> <p>-4/18/25: 118 lbs and 4/19/25: 121 lbs = 3 lbs change;</p> <p>-4/27/25: 121 lbs and 4/28/25: 117.6 lbs = 3.4 lbs change;</p> <p>-5/2/25: 118 lbs and 5/3/25: 121 lbs = 3 lbs change;</p> <p>-5/3/25: 121 lbs and 5/4/25: 124 lbs = 3 lbs change; and</p> <p>-5/4/25: 124 lbs and 5/5/25: 120 lbs = 4 lbs change.</p> <p>During a concurrent interview and record review on 5/9/25 at 10:28 a.m. with Licensed Nurse 4 (LN 4), LN 4 confirmed Resident 45's physician order for weight monitoring and to notify physician for weight changes of three pounds or more in one day. LN 4 verified the reviewed weight changes were three pounds or more in one day and that the doctor should have been notified of the changes as ordered. LN 4 confirmed there was no documented evidence that the physician was notified of the weight changes and stated, The resident is at risk for fluid overload.</p> <p>During a concurrent interview and record review on 5/9/25 at 11:47 a.m. with the DON, the DON verified the physician order for daily weight monitoring was to notify physician for three pounds or more weight change in one day. The DON confirmed Resident 45 had multiple days weight change of three pounds or more in one day and stated, We do have a communication paper, we are supposed to have the doctor review [the weight] .I expect [staff] to chart it somewhere .If the resident needed the intervention at that time, he would not receive the intervention .</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled Heart Failure - Clinical Protocol, revised 11/2018, the P&amp;P indicated, .Treatment/Management .1. The physician will review and make recommendations for relevant aspects of the nursing care plan; for example, what symptoms to expect, how often and what (weights, .etc.) to monitor, when to report findings to the physician, etc .Monitoring and Follow-Up .1. The physician will help monitor the progress of individuals with HF [heart failure], including ongoing evaluation and documentation of signs, symptoms, and condition changes .</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. During a review of Resident 31's admission records, the records indicated Resident 31 was admitted to the facility in April 2025 with diagnoses that included orthostatic hypotension (a form of low blood pressure that happens when standing up from sitting or lying down), hypoosmolality (a condition where levels of minerals, proteins, and nutrients in the blood are lower than normal), and hyponatremia (occurs when the concentration of the mineral sodium in the blood is abnormally low). Resident 31's MDS indicated Resident 31 had moderate cognitive impairment.</p> <p>During a review of Resident 31's physician order, dated 4/25/25, the order indicated, CHANGE MIDLINE DRESSING QWEEK [every week] AND PRN [as needed] FOR SOILED OR DISPLACED. Measure mid upper arm circumference [perimeter of a circle] and external catheter line length in cm [centimeter, a unit of measurement] .during IV [intravenous, through a vein] dressing change, Notify MD/NP[nurse practitioner] if any discrepancies noted compared to previous weeks measurements .</p> <p>During a concurrent interview and record review on 5/8/25 at 9:40 a.m. with LN 2, LN 2 confirmed Resident 31 had a midline on the left upper arm and confirmed the order for measuring arm circumference and catheter length during dressing change. LN 2 confirmed Resident 31 was scheduled to have the midline [upper arm] dressing changed on 5/1/25 and LN 2 verified she signed the administration and coded it as Hold/See Progress Notes. LN 2 verified there was no documentation on the measurements when the dressing was changed and LN 2 stated, I don't see it here .Important because if there was no measurement, there's nothing to compare it with .</p> <p>During a review of Resident 31's administration note, created 5/8/25 at 10:12 a.m., the note indicated an entry was made regarding the midline dressing change and measurement and had an effective date of 5/2/25.</p> <p>During a review of Resident 31's Medication Administration Notes (MAR), the MAR indicated measurements for arm and catheter length were entered on 5/2/25.</p> <p>During an interview on 5/8/25 at 11:37 a.m. with LN 2, LN 2 stated, .Thursday I was supposed to change [dressing], it was delivered Friday 5/2/25, measurement 9 cm, 22 cm arm circumference, I called ADON [Assistant Director of Nursing] .I did the measurements, we recalled it, I entered the measurements today [5/8/25]. LN 2 stated that the expectation was that the measurements should have been recorded on the day of the dressing change.</p> <p>During a concurrent interview and record review on 5/8/25 at 12:22 p.m. with the DON, the DON confirmed the note dated 5/2/25 was created on 5/8/25 as a late charting. The DON further stated staff should measure the arm and catheter during dressing changes and stated, .Important, then we can see if there are any discrepancies with the measurements, that the line is still intact .</p> <p>During a review of the facility's P&amp;P titled Peripheral and Midline IV Dressing Changes, revised 10/2024, the P&amp;P indicated, .8. For midline catheters, measure arm circumference and compare to baseline when clinically indicated to assess for edema [swelling] and possible deep-vein thrombosis [clot formation] .</p> <p>4. During a review of Resident 31's physician order, dated 4/9/25, the order indicated, Midodrine .10 MG [milligrams, a unit of measurement] Give 1 tablet by mouth with meals for Orthostatic hypotension Hold for SBP [Systolic Blood Pressure, the higher number in the blood pressure reading representing the force of blood pushing against the artery walls when the heart beats] &gt; [greater than] 130.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 31's care plan, initiated 4/9/25, the care plan indicated, [Resident 31] has hypotension .Give medications as ordered. Monitor for side effects and effectiveness. Follow hold parameters for medication if ordered .</p> <p>A review of Resident 31's MAR indicated Midodrine was administered on the following dates and times with their corresponding blood pressures:</p> <p>-4/15/25 8 a.m. - 139/86 mmHg (millimeters of Mercury, a unit of pressure measurement);</p> <p>-4/17/25 8 a.m. - 134/84 mmHg;</p> <p>-4/17/25 6 p.m. - 132/80 mmHg;</p> <p>-4/22/25 8 a.m. - 131/89 mmHg;</p> <p>-4/25/25 8 a.m. - 159/91 mmHg;</p> <p>-4/27/25 12 p.m. - 133/66 mmHg;</p> <p>-4/30/25 6 p.m. - 140/87 mmHg;</p> <p>-5/1/25 12 p.m. - 140/78 mmHg; and</p> <p>-5/4/25 6 p.m. - 156/88 mmHg.</p> <p>During a concurrent interview and record review on 5/8/25 at 4:28 p.m. with LN 3, LN 3 confirmed Resident 31 had an order for Midodrine and to hold the medication if SBP is more than 130 mmHg. LN 3 verified Resident 31 received Midodrine for multiple days with SBP more than 130 mmHg and stated, They [staff] did not follow the MD order because it was out of the parameter .If MD order was not followed, BP could get too high .</p> <p>During a concurrent interview and record review on 5/9/25 at 11:47 p.m. with the DON, the DON confirmed Resident 31 had an order for Midodrine and to hold the medication if SBP is more than 130 mmHg. The DON verified Resident 31 received Midodrine for multiple days with SBP more than 130 mmHg. The DON stated she spoke with one of the nurses who administered Midodrine and the nurse stated, I was clicking too fast. The DON further stated, [Staff] said they didn't give it .They really need to take their time .They need to document correctly .If they gave it, the BP will be higher .</p> <p>During a review of the facility's P&amp;P titled Administering Medications, revised 4/2019, the P&amp;P indicated, Medications are administered in a safe and timely manner, and as prescribed .</p> <p>5. During a concurrent interview and record review on 5/8/25 at 4:28 p.m. with LN 3, LN 3 confirmed Resident 31 had an order for Midodrine and to hold the medication if SBP is more than 130 mmHg. LN 3 verified Resident 31 received Midodrine on 4/30/25 at 6 p.m. with blood pressure of 140/87 mmHg, and on 5/4/25 at 6 p.m. with blood pressure of 156/88 mmHg. LN 3 stated, Expectation is to pay attention with charting, what you wrote is what you did .</p> <p>(continued on next page)</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 31's administration notes, created 5/9/25, the notes indicated entries were made for the administration of Midodrine with effective dates of 4/30/25 and 5/4/25.</p> <p>During a review of Resident 31's MAR, the MAR indicated Midodrine was changed from administered to Vitals Outside of Parameters for Administration for 4/30/25 at 6 p.m. and 5/4/25 at 6 p.m.</p> <p>During an interview on 5/9/25 at 3:42 p.m. with LN 3, LN 3 stated, I looked back and it was me that did incorrect documentation .I needed to pay close attention .I went back and fixed it .Changed it from administered to hold .I thought it was okay since I remember not giving it. LN 3 stated she spoke with the DON and stated, She said that we can fix it, to backdate what I actually did instead of what I did when I was rushing .It's not something I should always do .It's important to document accurately and timely as well .</p> <p>During an interview on 5/9/25 at 3:47 p.m. with the DON, the DON stated, I followed up with [LN 3] and we looked at the MAR together .I told her to fix her charting .[LN 3] said she held it .[LN 3] changed it from administered to hold .[LN 3]'s telling me she didn't give it .I don't think this is falsification, they know their patients.</p> <p>During an interview on 5/9/25 at 3:49 p.m. with the Nurse Consultant (NC), the NC stated, .We want it to reflect what was already done .Anything more than 30 days, it's going to be hard to remember .</p> <p>During a review of the facility's P&amp;P titled Charting and Documentation, revised 7/2017, the P&amp;P indicated, . Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate .</p> <p>During a review of the facility's P&amp;P titled Charting Errors and/or Omissions, revised 12/2006, the P&amp;P indicated, Accurate medical records shall be maintained by this facility .3. If it is necessary to change or add information in the resident's medical record, it shall be completed by means of an addendum and signed and dated by the person making such change or addition .5. No erasures or deletions shall be made in the medical record .</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>48445</p> <p>Based on interview and record review, the facility failed to ensure proper treatment to maintain vision ability was provided for one of 23 sampled residents (Resident 24) when Resident 24's prescription was not carried out as ordered by the eye doctor.</p> <p>This failure had the potential to cause deterioration of Resident 24's vision.</p> <p>Findings:</p> <p>During a review of Resident 24's admission records, the records indicated Resident 24 was admitted in July 2022 with diagnoses that included dry eye syndrome of lacrimal gland (a condition where the gland located behind the eyelids does not produce enough tears to adequately lubricate the eyes). Resident 24's Minimum Data Set (MDS, a federally mandated resident assessment tool) indicated Resident 24 had moderate cognitive impairment.</p> <p>During a review of Resident 24's care plan, initiated on 12/6/23, the care plan indicated, [Resident 24] has impaired visual function r/t [related to] dry eyes .Review medications for side effects which affect vision .</p> <p>During a review of Resident 24's eye doctor consultation notes, dated 3/12/25, the notes indicated Resident 24 had Entropion (an eyelid malposition where the eyelid turns inward, causing the eyelashes to rub against the eye) on the right lower eyelid. The notes further indicated an order for Theratears (used to relieve dry, irritated eyes) three times daily on the right eye.</p> <p>During a review of Resident 24's list of active physician orders, the list did not indicate Theratears was added to Resident 24's medications.</p> <p>During an interview on 5/9/25 at 11:41 a.m. with Licensed Nurse 4 (LN 4), LN 4 stated, If there are new orders from eye doctors or from appointments, I verify with the doctor and carry out, and notify DON [Director of Nursing] for new orders.</p> <p>During a concurrent interview and record review on 5/9/25 at 11:47 a.m. with the DON, the DON confirmed the eye doctor notes dated 3/12/25 indicated a new order for Theratears and that it was not carried out when it was ordered. The DON confirmed there was no documentation of the reasons why the order was not carried out.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled Sensory Impairments - Clinical Protocol, revised 3/2018, the P&amp;P indicated, .4. The physician will identify and order appropriate consultations to help manage the causes, complications, and risks of sensory impairment .Monitoring .2. The physician and staff will adjust interventions based on the results of these interventions and on subsequent changes in the resident's condition, prognosis, and function.</p>		

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NAME OF PROVIDER OR SUPPLIER  Sherwood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4700 Elvas Ave Sacramento, CA 95819	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>41838</p> <p>Based on observation, interview and record review food was not prepared by methods that conserve nutritive value, flavor, and appearance when 1) recipes were not followed, and 2) hot food was not consistently provided to residents in the 2nd hall.</p> <p>This failure had the potential to lead to poor intake, nutrient deficiencies, and malnutrition for the 51 residents eating facility-prepared foods.</p> <p>Findings:</p> <p>1. During a visit to the kitchen on 5/7/25 at 9:30 a.m. Dietary [NAME] (DC) was preparing the lunch meal which consisted of Sweet and Sour Chicken, Sesame Noodles, Stir Fry Vegetables, Mandarin Asian Salad, and a Lemon Snow Bar.</p> <p>Review of facility provided recipe Sweet &amp; Sour Chicken (Healthcare Menus Direct, LLC, 2024) was reviewed with DC. DC stated that since not everyone was eating the main entree, she would be following the recipe to make 48 servings. For the chicken the recipe required 12 pounds of chopped chicken, sugar, low sodium soy sauce, egg, carrots, garlic, onions, green pepper, red pepper, oil, and pineapple. The sauce recipe included pineapple juice, cornstarch, brown sugar, rice vinegar, soy sauce, and ground ginger.</p> <p>DC had two 5-pound (lb., a unit of measure) packages of thawed, cooked, diced chicken on the counter. DC started the entree preparation by warming the diced chicken (1/2 bag at a time), in a heated, oiled pan on the stove. Once the diced chicken was warm, DC transferred the diced chicken into a steam table pan and placed the steam table pan on the heated steam table.</p> <p>Once all the diced chicken was warmed and transferred, DC added an unmeasured amount of canned pineapple into the steamtable pan with the chicken (approximately 1/6 of a 96 ounce can or two cups). Lastly, DC poured an unmeasured amount of bottled sweet and sour sauce on the chicken (approximately 1/2 of the 128-ounce bottle or 64 ounces). Note: The actual preparation included only chicken, oil, pineapple and bottled Sweet &amp; Sour sauce (4 ingredients) versus the 17 ingredients included in the recipe.</p> <p>DC next removed 4 ounces of the sweet and sour chicken and placed it in the blender to create a pureed (smooth consistency for those with swallowing difficulty) version of the entree. DC took the blender to the water Faucet and added an unmeasured amount of water. After blending the chicken/water mixture for around 5 seconds, DC stated that it needed more fluid. The surveyor asked if water was the best fluid for the entree. Instead of water, DC added an unmeasured amount of sweet and sour sauce and blended the mixture for a few seconds, again not finding it to be the proper consistency. DC added more tap water (unmeasured) plus 1 plastic spoonful of thickener (aka. stabilizer) and blended the mixture, finding the consistency acceptable.</p> <p>Review of facility provided recipe Pureed (IDDSI Level 4) Meats (Healthcare Menus Direct, LLC. 2024) included the following directions:</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. Complete a regular recipe. Measure out the total number of portions . needed .</p> <p>2. Puree on low speed to a paste consistency before adding any liquid.</p> <p>3. Gradually add warm liquid (low sodium broth or gravy. See above for recommended amounts of liquid, starting with the small amount and adding in more as needed to achieve the desired consistency.</p> <p>4. Add a stabilizer to increase the density of the pureed food if needed.</p> <p>DC moved on to puree the vegetables by adding 4 ounces of the stir fry vegetables and an unmeasured amount of chicken broth to the blender. After blending, DC found the consistency too thin and added a plastic spoonful of thickener. After blending, DC added another half of plastic spoonful of thickener and blended. DC poured the pureed items into a steam table pan on the steam table.</p> <p>Review of facility provided recipe Pureed (IDDSI Level 4) Vegetables (Healthcare Menus Direct, LLC. 2024) indicated the following directions:</p> <p>1. Complete a regular recipe. Measure out the total number of portions . needed .</p> <p>2. Puree on low speed to a paste consistency before adding any liquid.</p> <p>3. Gradually add warm liquid (low sodium broth or milk) if needed. See above for recommended amounts of liquid, start with the smaller amount and adding in more as needed to achieve the desired consistency.</p> <p>4. Puree on low speed, adding stabilizer where needed. See above for amounts.</p> <p>During an interview on 5/8/24 at 11:40 a.m. with the Registered Dietitian (RD), the RD stated that the Dietary [NAME] should follow the recipe including using all ingredients to ensure that the calculated nutrients were provided. The RD further stated that measuring ingredients was also expected so that the right amount of nutrients was provided. Leaving out ingredients or not measuring ingredients could also change the flavor and the Dietary Cooks need to be consistent in food preparation.</p> <p>The RD also expected the Dietary Cooks to follow the recipe for the pureed diet for the consistency of the food to be correct. The Dietary [NAME] shouldn't be using water, it should be the sauce from the food or a broth but should avoid water as it is not a safe way to make it. It alters the nutrients and flavors as it dilutes the product.</p> <p>During an interview on 5/8/25 at 3:20 p.m. with the Dietary Supervisor (DS), the DS stated that the Dietary Cooks need to follow the instructions of recipes as well as the measurements. The problem is that the nutrients won't be correct, and the taste won't be consistent.</p> <p>2. During the initial interview on 5/6/25 at 8:43 a.m., Resident 50 stated she can't eat the food here as it is not hot across the board.</p> <p>During the initial interview on 5/6/25 at 10:15 a.m., Resident 8 complained about the food not being hot, especially the grilled cheese sandwich.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During the initial interview on 5/6/25 at 1:20 p.m., Resident 15 stated, Food is not hot, and cold food is not cold.</p> <p>During an interview on 5/8/25 at 3:20 p.m. with the Dietary Supervisor (DS), the DS stated he had heard some complaints regarding the temperature of the food. In general, when this occurs, he looks for a root cause though unsure of the reason for this hallway's food complaints.</p> <p>49849</p> <p>52669</p>

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>41838</p> <p>Based on observation, interview, and record review, the alternative food options provided to residents who choose the peanut butter and jelly (PB&amp;J), or grilled cheese sandwiches were not of similar nutritive value to the main entree. This failure had the possibility of leading to malnutrition and weight loss.</p> <p>Findings:</p> <p>During a visit to the kitchen during lunch meal plating on 5/8/25 at 11:25 a.m., a grilled cheese sandwich was prepared and left on the grill. Dietary [NAME] (DC) stated it was for a resident who had ordered the sandwich for lunch instead of the main meal.</p> <p>During the lunch meal plating, Resident 162 had a standing order for a half of a PB&amp;J sandwich and a cup of soup instead of the main meal.</p> <p>During an interview with the Registered Dietitian on 5/08/25 at 11:42 a.m., the RD stated grilled cheese &amp; PB&amp; J sandwiches need to have an additional protein source added to the meal such as cottage cheese or yogurt. Without an additional protein source, the meal would not be equivalent to the main meal.</p> <p>Review of facility provided recipe Grilled Two-Cheese Sandwich (Healthcare Menus Direct, LLC.) indicated that each sandwich contained 2 slices of bread, 2 teaspoons of margarine and 2 ounces of cheese. This would provide approximately 414 calories and 18 grams of protein.</p> <p>Review of facility provided recipe Peanut Butter and Jelly Sandwich (Healthcare Menus Direct, LLC.) indicated that each sandwich contained 2 slices of bread, 2 tablespoons of peanut butter, and 1-2 tablespoons of jelly. This would provide approximately 588 calories and 20 grams of protein.</p> <p>Note 4 ounces of chicken from the lunch meal would provide 32 grams of protein and the meal would provide over 700 calories.</p> <p>52669</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41838</p> <p>Based on observation, interview and record review the facility failed to store, prepare, and serve food in accordance with professional standards for food service safety when:</p> <ol style="list-style-type: none"> <li>1. Employees were unable to demonstrate the correct concentration for sanitation solution,</li> <li>2. Several pots, pans, bowls, and trays were found stacked wet (in ready to use areas),</li> <li>3. Two frying pans were found darkened, stained, and scratched,</li> <li>4. Three ladles, two saucepans, and a colander were found stored with a white film covering the food contact surfaces,</li> <li>5. Two sandwiches stored in the refrigerator had missing information on label, and an opened gelatin container lacked any labeling,</li> <li>6. Broken, chipped tiles and missing paint found on floor of kitchen and storeroom,</li> <li>7. Frozen sausage patties were left open to the environment in freezer and a bag of penne pasta was not properly secured in the dry storage,</li> <li>8. An in-use fan in the kitchen was covered in whitish, gray particles, directed into the food preparation area, and</li> <li>9. A cell phone was found lying on the food preparation counter.</li> </ol> <p>These failures had the potential to lead to cross contamination and food borne illness for the 51 residents eating facility prepared meals.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. During the initial kitchen tour on [DATE] at 8:26 a.m. Dietary Aide 1 (DA 1) demonstrated how to check the sanitation concentration in the red bucket used to sanitize fixed equipment and kitchen work surfaces. DA 1 took a test strip and placed it into solution for approximately 5 seconds, stating that the goal for the strip was to change to the color that indicated the solution was at 200 parts per million (ppm). When removed, the test strip did not change to the desired color and a second strip was used with the same outcome.</li> </ol> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dietary [NAME] (DC) replaced the solution with fresh solution and tried testing with a second package of test strips. Again, the test strip did not change to the color of the strip indicating the correct concentration. Reading of the test strip bottle directions for the first strip showed the strip needed 90 seconds in solution, while the second strip required 10 seconds. DC tried both types of strips again, following the directions, but neither showed the correct concentration. Review of expiration date on the bottle of the first strips indicated that they had expired as of ,d+[DATE] ([DATE]), while the second bottle did not have an expiration date.</p> <p>During a review of the concentration log filled in for the Month of May, it indicated that the test earlier that morning had reached 200 ppm, as well as all previous readings for the month of May.</p> <p>During a return visit to the kitchen on [DATE] at 1:52 p.m. DA 2 stated that the red sanitation bucket was changed at the beginning of the shift by refilling buckets and changing out the cleaning rags. DA 2 demonstrated checking the concentration, stating the goal was to be at 200 ppm. DA 2 held the test strip in the sanitation solution for approximately 8 seconds. The removed test strip did not show the color change, indicating the proper concentration. After reading the bottle instructions, DA 2 stated it needed to be in the solution for 90 seconds.</p> <p>During an interview on [DATE] at 11:40 a.m. with the Registered Dietitian (RD), the RD stated that not having the correct sanitizer concentration leads to uncertainty in the ability to sanitize surfaces. The RD further stated that the concentration could be too high which could be a danger to the residents, we want it to be the right concentration.</p> <p>During an interview on [DATE] at 3:20 p.m. with the DS, the DS stated that The surface needs to be sanitized properly. We need the bacteria to be killed.</p> <p>Review of facility provided policy titled Sanitation (2001 Med-Pass, Inc.) indicated The food service area is maintained in a clean and sanitary manner. It further indicated in bullet 3. All equipment, food contact surfaces and utensils are cleaned and sanitized using . chemical sanitizing solutions. 5. b. (3) The chemical solution is maintained at the correct concentration, based on periodic testing . 8. When cleaning fixed equipment (e.g., mixers, slicers, and other equipment that cannot readily be immersed in water), the removable parts are a. washed and sanitized and non-removable parts cleaned with detergent and hot water, rinsed, air-dried and sprayed with a sanitizing solution (at the effective concentration) .</p> <p>2. During the initial kitchen tour on [DATE] at 8:46 a.m., Two out of Four large pots noted on a shelf of the steam table, were stored upright with water collected at the bottom of the pot.</p> <p>During an interview on [DATE] at 9:48 a.m. the DS stated that the pans should be turned upside down on drying rack to air dry completely, as pooling water can lead to bacterial growth.</p> <p>During the initial kitchen tour on [DATE] at 8:57 a.m., a stored sheet pan had collected water in corner and a colander was stored with water still on the surface.</p> <p>During an interview on [DATE] at 9:48 a.m., the DS stated that the pots and pans needed to be air dry before storing.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on [DATE] at 11:42 a.m. with the RD, the RD stated My expectation would be the utensils, pots and pans should be stored once completely dry. We don't want an environment for bacteria to grow.</p> <p>Review of facility provided policy titled Sanitation (2001 Med-Pass, Inc.) indicated in bullet 7. Food preparation equipment and utensils that are . washed are allowed to air dry .</p> <p>3. During the initial kitchen tour on [DATE] at 9:05 a.m., 2 out of 3 fry pans were found with dark brown staining, and scratches over the cooking surface.</p> <p>During an interview on [DATE] at 9:48 a.m. with the DS, the DS stated these pans should not be used as they could no longer be cleaned and sanitized properly.</p> <p>Review of facility provided policy titled Sanitation (2001 Med-Pass, Inc.) indicated in bullet 12. Damaged or broken equipment that cannot be repaired is discarded.</p> <p>Review of the US Food and Drug Administrations 2022 Food code section ,d+[DATE].12 on Cooking and Baking Equipment indicated Food-contact surfaces of cooking equipment must be cleaned to prevent encrustations that may impede heat transfer necessary to adequately cook food. Encrusted equipment may also serve as an insect attractant when not in use.</p> <p>4. During the initial kitchen tour on [DATE] at 9:12 a.m., three sheets of pans were stored in the ready-to-use area but covered with a white coating on the surface. Two large mixing bowls had white discoloration, and a colander also had a white film. Two black handle ladles and one with a white handle were noted with white staining on the surface.</p> <p>During an interview on [DATE] at 9:48 a.m., the DS stated they all needed to be rewashed.</p> <p>During an interview on [DATE] at 11:42 a.m., the RD stated the kitchen utensils with the white residue were likely covered with soap residue from the dishwasher. The RD further stated I don't want white residue on food service utensils. I expect those items to be clean.</p> <p>Review of facility provided policy titled Sanitation (2001 Med-Pass, Inc.) indicated in bullet 6. b. Rinse with hot water to remove soap residue .</p> <p>5. During the initial kitchen tour on [DATE] at 9:26 a.m., two sandwiches (a peanut butter and jelly as well as a ham) were in the reach-in refrigerator with a date of ,d+[DATE].</p> <p>During the initial kitchen tour on [DATE] at 9:38 a.m. in the dry storage, an opened bag of gelatin was found without an open date or use by date. Review of storage guidelines on the wall indicated that the gelatin was good for 3 months after opening.</p> <p>During an interview on [DATE] at 9:48 a.m., the DS stated that labeling should include the year. The DS further stated that since the gelatin lacked any dating, it would not be possible to determine if it was still safe.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on [DATE] at 11:42 a.m., the RD stated that food labels should include the date received, date opened, and the used-by date. It should have the full date including the year as You don't know if it was there for the whole year. They [staff] might use the [unsafe] food and could get the residents sick.</p> <p>Review of facility provided policy titled Food Receiving and Storage (2001 Med-Pass, Inc.) indicated Foods shall be received and stored in a manner that complies with safe food handling practices. It further indicated in bullet 4 in the section on Dry Food Storage that . foods . stored . labeled and dated (use by date). Such foods are rotated using a 'first in-first out' system. In the section on Refrigerated/Frozen Storage bullet 7. Refrigerated foods are labeled, dated and monitored so they are used by their 'use-by' date, frozen, or discarded.</p> <p>6. During the initial kitchen tour on [DATE] at 9:25 a.m. broken, chipped tiles were noted in the dry storage, and paint was chipped from on the floor of kitchen on either side of the stove.</p> <p>During an interview on [DATE] at 9:48 a.m. the DS concurred that the floors on either side of oven had peeling paint which compromised the ability to clean and sanitize it.</p> <p>Review of the US FDA 2022 Food Code section ,d+[DATE].11 on Repairing indicated that Physical Facilities shall be maintained in good repair. It further indicated that Poor repair and maintenance compromises the functionality of the physical facilities.</p> <p>Review of the US FDA 2022 Food Code section ,d+[DATE].11 on Surface Characteristics indicated . (B) . materials for indoor floor, wall, and ceiling surfaces under conditions of normal use shall be: (1) smooth, durable, and easily cleanable for areas where food establishment operations are conducted; .</p> <p>Review of the US FDA 2022 Food Code section ,d+[DATE].12 on Cleaning, Frequency and Restrictions indicated that Cleaning of the physical facilities is an important measure in ensuring the protection and sanitary preparation of food.</p> <p>7. During the initial kitchen tour on [DATE] at 9:32 a.m. in the reach-in freezer a box of sausage patties was left open to the environment when the inner bag was not closed. In the dry storage, an opened bag of penne pasta that had been twisted but not secured.</p> <p>During an interview on [DATE] at 9:48 a.m. the DS stated that he expected opened food products to be closed tightly to keep food safe from cross contamination. The DS further stated the penne pasta should have been placed in a plastic, zip lock bag.</p> <p>Review of facility provided policy titled Food Receiving and Storage (2001 Med-Pass, Inc.) indicated Foods shall be received and stored in a manner that complies with safe food handling practices. In the section on Dry Food Storage it indicated in bullet 3. Dry foods . are . stored in a manner that maintains the integrity of the packaging until they are ready to use. Refrigerated/Frozen Storage 1. All foods stored in the refrigerator or freezer are covered, labeled and dated ('use by' date).</p> <p>8. During the initial kitchen tour on [DATE] at 8:36 a.m. a large fan was noted to be covered in white and gray particles, in use, and blowing onto the food preparation area during the lunch preparation.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on [DATE] at 9:48 a.m. the DS stated the fan appeared dusty and needed cleaning.</p> <p>During a review of the US FDA 2022 Food Code section ,d+[DATE].11 on Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils indicated in (C) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. The objective of cleaning focuses on the need . to remove soil from nonfood contact surfaces so that pathogenic microorganisms will not be allowed to accumulate, and insects and rodents will not be attracted.</p> <p>9. During the initial kitchen tour on [DATE] at at 9:45 a.m. a cellphone was stored on the food preparation counter.</p> <p>During an interview on [DATE] at 3:20 p.m., the DS stated that cellphones were not to be in the kitchen due to the potential of cross contamination.</p> <p>Review of the US FDA Food Code section ,d+[DATE].11 on Equipment Food-Contact Surfaces and Utensils indicated (A) Equipment food-contact surfaces and utensils shall be cleaned: . (5) At any time during the operation when contamination may have occurred.</p> <p>52669</p>

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p>41838</p> <p>Based on observation, interview and record review, the facility lacked a dedicated refrigerator for storing food brought for residents by family or visitors. This failure had the potential to limit food intake due to the inability to store preferred foods.</p> <p>Findings:</p> <p>During an interview on 5/8/25 at 8:40 a.m. with Certified Nursing Assistant 1 (CNA 1) on Hallway 2, CNA 1 stated that food could be brought in for residents. The food would be checked against the diet order as well as checked for safety before being given to the resident. The residents would have 2 hours to consume it and after that, the food would be considered unsafe and would be discarded. When asked if residents could store food, CNA 1 stated the facility does not store food as they do not have a resident refrigerator.</p> <p>During an interview on 5/8/25 at 8:45 a.m. on Hallway 1 with CNA 2 stated that food brought into the facility for residents would not be saved as there was no place to store the food.</p> <p>During an interview on 5/8/25 at 9:30 a.m. with Licensed Nurse 2 (LN 2) stated that leftovers of food from outside would be given back to the family or it will be thrown away after 2 hours.</p> <p>Review of facility provided policy titled Bringing In Food For A Resident (undated) indicated in the last bullet that A resident refrigerator and microwave is available if needed .</p> <p>52669</p>		

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  05/09/2025
NAME OF PROVIDER OR SUPPLIER  Sherwood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4700 Elvas Ave Sacramento, CA 95819	
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36681</p> <p>Based on observation, interview, and record review, the facility failed to follow and maintain an effective infection prevention and control program for a census of 54 when:</p> <ol style="list-style-type: none"> <li>1. Dust particles were observed on the vents above the clean linen area and the fan blades had accumulated blackish particles;</li> <li>2. The log for lint cleaning was incomplete and clean items were stored in the soiled linen area;</li> <li>3. The utility room was used to store medical supplies and containers used for soiled linens/trash; and,</li> <li>4. A container of opened and unlabeled distilled water (a purified water that's been boiled to remove impurities and minerals) was observed on the floor for Resident 53.</li> </ol> <p>These failures increased the risk for cross contamination (movement or transfer of harmful bacteria from one person, object, or place to another).</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. A concurrent observation and interview was conducted on 5/8/25 starting at 7:36 a.m., with Laundry Staff 1 (LS 1) and the Housekeeping and Laundry Supervisor (HLS) in the clean linen area. The fan located on top of the table in the folding area had accumulated blackish particles on the fan blades and the 2 vents above the clean linen area had dust particles. The HLS confirmed the findings and stated the fan was dirty and it should be cleaned.</li> <li>2. A concurrent observation and interview was conducted on 5/8/25 at 7:42 a.m., in the soiled linen area with the HLS. The daily lint cleaning log for 5/7/25 was incomplete and there were stack of pillows and mop heads in the room. The HLS confirmed the daily lint cleaning log was not signed on 5/7/25 from 4:30 p.m. to 10:30 p.m. The HLS stated there was laundry done on those times. The HLS further stated her expectation was for laundry staff to clean the lint and document in the log every 2 hours as scheduled. The HLS stated the pillows and mop heads were clean.</li> </ol> <p>In a follow up interview on 5/8/25 at 7:57 a.m., the HLS stated if the particles from the fan blades and the vent goes to the clean linens, the clothes or linens become unclean. The HLS further stated all laundry and housekeeping staff are responsible in keeping the laundry area clean, the vents are cleaned every month and as needed.</p> <ol style="list-style-type: none"> <li>3. A concurrent observation and interview was conducted with the Infection Preventionist (IP) on 5/8/25 at 4:04 p.m. inside utility room [ROOM NUMBER]. The IP confirmed the soiled linen and trash containers were stored in the same room where medical supplies, oxygen concentrators and personal hygiene supplies were stored. One container was overflowing, the lid was open and there was a clear plastic bag containing soiled linen. The IP confirmed the findings and the IP stated there was a potential for cross contamination.</li> </ol> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 5/9/25 at 11:15 a.m., the Director of Nursing (DON) agreed the containers for the soiled linen/trash should not be in the same room with the medical supplies. The DON further agreed the pillows and mop heads should not be in the dirty linen room. The DON stated there is a potential for cross contamination.</p> <p>A review of the facility's policy revised December 2009 and titled, Storage Areas, Environmental Services indicated, Housekeeping and laundry department storage areas shall be maintained in a clean and safe manner .All housekeeping and laundry storage areas shall be kept free from accumulation of trash, rubbish, oily .etc., at all times.</p> <p>A review of an undated facility policy and titled, Lint Removal Policy indicated, .All lint traps in facility dryers shall be cleaned each day to reduce fire hazards and maintain efficiency .All staff operating laundry machines must clean lint traps regularly .Staff will log each lint trap cleaning in the laundry maintenance logbook, including date and initials.</p> <p>A review of the facility's policy revised January 2014 and titled, Departmental (Environmental Services) - Laundry and Linen indicated, . Consider all soiled linen to be potentially infectious and handle with standard precautions .All soiled linen must be placed directly into a covered laundry hamper which can contain the moisture .Clean linen will remain hygienically clean (free of pathogens in sufficient numbers to cause human illness) through measures designed to protect it from environmental contamination .</p> <p>48445</p> <p>4. During a review of Resident 53's admission records, the records indicated Resident 53 was admitted in April 2025 with diagnoses that included chronic obstructive pulmonary disease (COPD, chronic lung disease causing difficulty in breathing) and obstructive sleep apnea (breathing pauses during sleep). Resident 53's Minimum Data Set (MDS, a federally mandated resident assessment tool) indicated Resident 53 had moderate cognitive impairment.</p> <p>During a review of Resident 53's physician order, dated 4/7/25, the order indicated, CPAP [continuous positive airway pressure-a breathing machine designed to increase air pressure, keeping the airway open when the person breathes in]: CHECK DISTILLED WATER RESERVOIR QPM [every night] IF NEED ADD WATER at bedtime .</p> <p>During a review of Resident 53's care plan, initiated on 4/9/25, the care plan indicated, [Resident 53] has Obstructive sleep apnea .Refer to MD [medical doctor] orders for care and instructions for CPAP.</p> <p>During a concurrent observation and interview on 5/6/25 at 10:19 a.m. with Resident 53 in his room, an opened, unlabeled, one gallon container of distilled water with less than 100 milliliters of liquid remaining was observed on the floor. Resident 53 stated he had CPAP treatment last night and the jug was being used for his CPAP treatments every night.</p> <p>During a concurrent observation and interview on 5/6/25 at 10:33 a.m. with the Infection Preventionist (IP), the IP observed and confirmed the opened, unlabeled gallon of distilled water on the floor. The IP stated it was okay for the jug to be on the floor and stated, It's in the bottle so it's still contained in there .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/6/25 at 10:42 a.m. with Licensed Nurse 5 (LN 5), LN 5 stated Resident 53 had CPAP treatments every night. LN 5 further stated distilled water was used as humidifier.</p> <p>During an interview on 5/6/25 at 10:45 a.m. with LN 2, LN 2 stated distilled water is used for CPAP and is used after opening until it is consumed. LN 2 further stated, We're not supposed to keep it on the floor, it is not sanitary .</p> <p>During a concurrent observation and interview on 5/7/25 at 10:47 a.m. with Resident 53 in his room, an opened and unlabeled one gallon container of distilled water with 3/4 of liquid remaining was observed on top of the nightstand. Resident 53 stated he had CPAP last night.</p> <p>During a follow up observation on 5/8/25 at 9:07 a.m. with Resident 53 in his room, the opened container of distilled water was still unlabeled.</p> <p>During an interview on 5/9/25 at 9:36 a.m. with the IP, the IP stated the expectation was for staff to not place the distilled water on the floor due to infection. The IP further stated she did not see any label on the distilled water and stated the expectation was to label the jugs upon opening to know if it is still good to be used.</p> <p>During an interview on 5/9/25 at 11:47 a.m. with the Director of Nursing (DON), the DON stated, We can't put it [distilled water jug] on the floor for infection control .</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled CPAP/BiPAP [Bilevel positive airway pressure, a device that pushes pressurized air into the lungs] Support, revised 3/2015, the P&amp;P indicated, .5. Humidifier (if used): a. Use clean, distilled water only in the humidification chamber .</p> <p>During a review of the facility's P&amp;P titled Departmental (Respiratory Therapy) - Prevention of Infection, revised 11/2011, the P&amp;P indicated, .1. Distilled water used in respiratory therapy must be dated and initialed when opened, and discarded per manufacturer guidelines .</p>