

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055656	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2025
NAME OF PROVIDER OR SUPPLIER Oakwood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 375 Cohasset Rd Chico, CA 95926	

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 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>43739</p> <p>Based on interview and record review, the facility failed to comply with state and local public health authority requirements for reporting an outbreak when a total of 11 residents and 3 staff had been reported with signs and symptoms of respiratory illness, such as cough, running nose, sore throat, shortness of breath (SOB- a sensation of running out of the air) from 3/30/25 to 4/8/25. The facility did not report the occurrence to California Department of Public Health (CDPH) until 4/8/25.</p> <p>This failure had the potential to result in a widespread infection in the facility that could compromise the health of the residents, visitors, and staff.</p> <p>Findings:</p> <p>During a review of the facility's policy titled, Infection Control Surveillance (the ongoing process of monitoring infections and infection prevention and control processes within a healthcare facility) , revised 3/1/14, indicated:</p> <ul style="list-style-type: none"> - The purpose of the policy is to, Provide surveillance of Healthcare-associated Infections (HAIs - infections that patients get while they are receiving healthcare or soon after receiving healthcare) and Community-associated Infections (CAIs - infections that are contracted outside of a healthcare setting) significantly affecting resident health outcomes. - When a communicable disease outbreak (a disease outbreak is the occurrence of cases of disease in excess of what would normally be expected in a defined community, geographical area or season) is suspected, the information is communicated to the Charge Nurse, IP, DON, ADMIN, and appropriate department managers as soon as possible. - The administrator (ADMIN), Director of Nursing (DON), and Infection Preventionist (IP), or designee, will determine if the infection is reportable according to Centers for Disease Control and Prevention (CDC) and CDPH guidelines. <p>During a review of the State Operations Manual (SOM), revised 8/8/24, in the section of Infection Prevention and Control Program - Recognizing, Containing and Reporting Communicable Disease Outbreaks , indicated that, If an outbreak is identified, the facility must ' Comply with state and local public health authority requirements for identification, reporting, and containing communicable diseases and outbreaks.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the California Code of Regulations titled Unusual Occurrences , indicated, Occurrences such as epidemic outbreaks, poisonings, fires, major accidents, death from unnatural causes or other catastrophes and unusual occurrences which threaten the welfare, safety or health of patients, personnel or visitors shall be reported by the facility within 24 hours either by telephone (and confirmed in writing) or by telegraph to the local health officer and the Department</p> <p>During a concurrent interview and record review of the facility record titled, Case Log of Residents with Acute Respiratory Illness and/ or Pneumonia , on 4/11/25 at 9:34 am, with IP, in the survey room, the IP confirmed:</p> <ul style="list-style-type: none"> - On 3/30/25, Resident 1 had a cough, fatigue, and SOB. - On 3/31/25, Staff A had a cough, SOB, and was diagnosed with pneumonia on 4/1/25. - On 4/1/25, Resident 2 had SOB. He was transferred to the local hospital and diagnosed with pneumonia. - On 4/2/25, Residents 3, and 4 had a cough and SOB. - On 4/3/25, Resident 5 had a cough and felt fatigued; Resident 6 had a cough and SOB; Resident 7 had a cough. - On 4/4/25, Resident 8 had a cough, and SOB; Staff B had a cough, sore throat, and felt fatigued. Resident 8 was diagnosed with bronchitis. - On 4/7/25, Resident 9 had a cough, felt fatigued, and SOB. She was transferred to the emergency room (ER). - On 4/8/25, Resident 10 had a cough; Resident 11 had a cough, running nose, sore throat, and SOB; Staff C had a fever, runny nose, SOB, and was diagnosed with bronchitis. <p>The IP stated that she was new to the position and was still learning. The IP confirmed that the report did not submit to CDPH until 4/8/25.</p>		