

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055756	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Cloverdale Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Cherry Creek Rd Cloverdale, CA 95425	

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 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37935</p> <p>Based on observation, interview, and document review, the facility failed to ensure residents' rooms measured at least 80 square (sq) feet (ft) per resident in 14 (room [ROOM NUMBER], room [ROOM NUMBER]. Rooms 7 through 14, and Rooms 19 through 22) of 22 resident rooms in the facility.</p> <p>Findings included:</p> <p>The Client Accommodations Analysis, dated 01/08/2025, revealed the facility had 14 rooms (Rooms 1-2, 7-14, and 19-22) with an approved capacity of four beds that each measured 307.8 sq ft, which yielded a total 76.95 sq ft for reach resident.</p> <p>On 01/08/2025 at 10:02 AM, the Maintenance Supervisor measured the following rooms and confirmed the following dimensions:</p> <ul style="list-style-type: none"> - In room [ROOM NUMBER], there was 76.95 sq ft for each resident. - In room [ROOM NUMBER], there was 76.95 sq ft for each resident. - In room [ROOM NUMBER], there was 76.95 sq ft for each resident. - In room [ROOM NUMBER], there was 76.95 sq ft for each resident. - In room [ROOM NUMBER], there was 76.95 sq ft for each resident. - In room [ROOM NUMBER], there was 76.95 sq ft for each resident. - In room [ROOM NUMBER], there was 76.95 sq ft for each resident. - In room [ROOM NUMBER], there was 76.95 sq ft for each resident. - In room [ROOM NUMBER], there was 76.95 sq ft for each resident. - In room [ROOM NUMBER], there was 76.95 sq ft for each resident. - In room [ROOM NUMBER], there was 76.95 sq ft for each resident. <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055756	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Cloverdale Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Cherry Creek Rd Cloverdale, CA 95425	

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 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - In room [ROOM NUMBER], there was 76.95 sq ft for each resident. - In room [ROOM NUMBER], there was 76.95 sq ft for each resident. - In room [ROOM NUMBER], there was 76.95 sq ft for each resident. <p>During an interview on 01/09/2025 at 8:37 AM, the Director of Nursing (DON) stated the minimum requirement was based on square footage in residents' rooms and she did not know what the exact minimum requirement was. The DON stated she expected residents' rooms to have enough space for their belongings, care to be provided, and mobility in and around the room.</p> <p>During an interview on 01/09/2025 at 8:42 AM, the Operations Manager (OM) stated the facility did not have a room size policy, but private room had to measure 100 sq ft and rooms with multiple residents had to measure 80 sq ft for each resident. The OM confirmed the facility had 14 rooms that housed four beds in each room. According to the OM, he expected residents' rooms to meet the minimum requirements.</p>