

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055853	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Redwood Cove Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1162 S Dora St. Ukiah, CA 95482	

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 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Employ staff that are licensed, certified, or registered in accordance with state laws.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and document reviews, the facility failed to ensure Certified Nursing Assistants (CNA) possessed a current and active certificate in accordance with applicable State laws when one CNA (CNA A) of a sample of nine CNAs had an expired certificate.</p> <p>This failure decreased the facility's potential to provide safe resident care within CNA A's scope of practice.</p> <p>Findings:</p> <p>A review of nine CNA certificate verifications which were provided by the Director of Staff Development (DSD) was conducted on [DATE] and indicated CNA A's certificate expired on [DATE].</p> <p>A review of the daily nursing schedule dated [DATE] indicated CNA A was scheduled to work that afternoon from 3 p.m. until 7 a.m. on [DATE].</p> <p>During an interview on [DATE] at 11:10 a.m., the DSD acknowledged CNA A had been working with an expired certification.</p> <p>A review of the daily CNA schedule between [DATE] and [DATE] indicated CNA A worked with an expired certificate from [DATE] to [DATE], [DATE] to [DATE], and [DATE] to [DATE].</p> <p>During an interview on [DATE] at 1:40 p.m., the Administrator stated he just became aware that CNA A's certification expired on [DATE]. The Administrator stated the facility would not allow a CNA to work at this facility with an expired certification.</p> <p>A review of the facility's document titled Staffing, Sufficient and Competent Nursing, dated [DATE], indicated, All nursing staff must meet the specific competency requirements of their respective licensure and certification requirements defined by state law.</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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