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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>056259   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY COMPLETED<br><br>07/14/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Northvine Postacute Care   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>446 Arrowood Dr<br>Santa Rosa, CA 95407 |  |
| 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<br>(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>Based on observation and interview, the facility failed to provide a clean, comfortable, and homelike environment when three chairs available for resident use were worn out and tattered in one hallway of the facility. This failure decreased the facility's potential to provide a clean and comfortable environment for residents and their guests. During an observation of the facility's Garden Hall on 7/14/25 at 11:36 a.m., three wooden chairs with seats and arm rests made of pleather (a synthetic material made to look and feel like leather) were cracked, flaky, and worn-out which exposed light brown, discolored, and coarse fabric fibers. These chairs were available for residents and guests to use. One chair was removed by a guest and brought into a resident room. Thereafter, a resident sat in one of the other chairs. During a concurrent interview and observation on 7/14/25 at 1:12 p.m. with the Infection Preventionist (IP), the IP confirmed the three chairs in the Garden Hall were all torn with worn-out cushions. The IP stated the chairs were an infection control concern and stated she reported it to the previous facility Administrator but nothing was done with the chairs. The IP stated the three chairs could not be disinfected properly due to their condition. The IP confirmed the chairs were used by residents and stated, If a resident sits there and they [the residents] are wet, it's going to seep through the cushion and there is no way to clean and disinfect that. The IP further stated, I would not sit in those chairs. A review of the facility's policy and procedure (P&amp;P) titled, Cleaning and Disinfection of Environment Surfaces, dated 2018 indicated, Environmental surfaces will be disinfected (or cleaned) on a regular basis. A review of the facility's P&amp;P titled, Infection Prevention and Control Program, dated 2018 indicated, Prevention of infection instituting measures to avoid complications or dissemination.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE     | (X6) DATE                            |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                   | Event ID: | Facility ID:<br>056259               |
|   |           | If continuation sheet<br>Page 1 of 1 |