STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056364	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Summerfield Health Care Center	1280 Summerfield Rd Santa Rosa, CA 95405

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)
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure an appropriate transfer and discharge process for one of three sampled residents (Resident 1) when they did not complete his discharge process, refused to readmit him following hospitalization, and failed to notify him or his representative when beds became available. As a result, Resident 1 remained at another skilled nursing facility from [DATE] through [DATE] and returned to the facility only after the California Department of Health Care Services Office of Administrative Hearings and Appeals (A division within the California Department of Health Care Services responsible for conducting administrative hearings and appeals, responsible for reviewing disputes related to health care services, including appeals from residents or their representatives regarding decisions made by health care facilities, such as refusals to readmit residents) ordered the facility to readmit him.This finding had the potential to result in harm to Resident 1 by preventing his readmission to the facility, disrupting his continuity of care, and causing unnecessary stress or hardship for both Resident 1 and his representative.A review of Resident 1's record indicated he was admitted to the facility following cervical spine surgery (a surgical procedure performed on the neck region of the spine) and required ongoing skilled nursing, rehabilitation, respiratory, medication management, catheter (a flexible tube inserted into the body to drain fluids or deliver medication), and wound care services. A review of social services notes dated [DATE] through [DATE] indicated the facility was actively planning for Resident 1's discharge home. Social Services documented ongoing efforts to arrange home health services, durable medical equipment, caregiver support, and community services. Multiple anticipated discharge date s were established and revised based upon Resident 1's condition. A Social Services note dated [DATE] documented that a planned discharge was canceled by the physician due to medical reasons.A review of Resident 1's progress notes dated [DATE] indicated he experienced a significant change in condition and was transferred from the facility to a General Acute Care Hospital (GACH) on [DATE]. A review of the facility document titled, Bed Hold Notification, signed by Resident 1's family member and a facility representative on [DATE] revealed Resident 1 retained the right to return to the facility upon first availability of a semi-private room if he continued to require facility services and remained eligible for Medicare or Medi-Cal (federally funded healthcare program) services. A review of the facility admission Agreement indicated that residents hospitalized beyond seven days would be readmitted to the first available semi-private bed if they required facility services and wished to return.A review of the GACH discharge planning records for Resident 1, to which he was transferred on [DATE], indicated that on [DATE] the GACH case manager contacted the facility regarding the potential readmission of Resident 1. The documentation indicated that the facility declined to accept Resident 1 back on several occasions. Additionally, the records indicated that both Resident 1 and a family member requested repeated contact with the facility due to their preference for Resident 1's return. Ultimately, Resident 1 was discharged to another skilled nursing facility on [DATE] following denial of readmission by the original facility.During an interview on [DATE] at 9:09 a.m., Resident 1 stated he wanted to return to the facility following hospitalization because he liked it, believed it (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056364	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Summerfield Health Care Center	1280 Summerfield Rd Santa Rosa, CA 95405

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)
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	could meet his needs, and was familiar with the staff and services provided there.During an interview on [DATE] at 12:44 p.m., Resident 1's family member stated the GACH case manager informed her the facility would not accept Resident 1 back following hospitalization. Resident 1's family member stated this facility was selected because it was the closest to home. Resident 1's family member stated she wanted Resident 1 to return to the facility.During an interview on [DATE] at 9:20 a.m., the Administrator and Director of Nursing stated Resident 1 was not denied readmission because of behavior concerns, care needs, equipment needs, or inability to provide care. The Administrator and Director of Nursing stated the facility's position was that Resident 1's seven-day bed hold had expired and there were no available beds when the hospital was ready to discharge him and requested readmission from the facility.A review of facility census records revealed available male beds existed after Resident 1's transfer to the other skilled nursing facility, including available male beds on [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE].During an interview on [DATE] at 3:49 p.m., the Director of Nursing confirmed the facility did not notify Resident 1, Resident 1's family member, or the other skilled nursing facility where Resident 1 was discharged after hospitalization, when beds later became available. The Director of Nursing stated that once a resident had been admitted to another skilled nursing facility, there was no reason to continue communicating regarding future bed availability.A review of Resident 1's medical record failed to identify a completed discharge plan for Resident 1 prior to hospitalization or documentation that the discharge process had been completed. Record review revealed the planned discharge home had been canceled by the physician on [DATE] due to medical reasons.A review of a document from the California Department of Health Care Services Office of Administrative Hearings and Appeals dated [DATE] indicated Resident 1 filed an appeal with this office on [DATE] regarding the facility's refusal to readmit him. This document indicated, The appeal is GRANTED. [Name of facility] has not met the legal requirements to involuntarily discharge [Resident 1].Testimony from Administrator established that on [DATE], Facility would not readmit Resident [Resident 1], due to not having a bed available for Resident.Testimony from Administrator established, Facility did not provide Resident with a written transfer/discharge notice.Testimony from Administrator established Facility had an available bed on [DATE], and Resident or Authorized Representative was not informed of the availability.A review of the undated facility policy titled, Discharge Summary and Plan, indicated the facility was responsible for developing and implementing an individualized discharge plan, evaluating the resident's discharge needs, reassessing discharge plans when resident conditions changed, and facilitating appropriate transitions of care.A review of the undated facility policy titled, Bed Hold, last revised in November of 2016, indicated residents hospitalized beyond the seven-day bed hold period retained the right to return to the facility upon first availability of a semi-private room if the resident continued to require facility services and remained eligible for Medicare or Medi-Cal services.