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	09/05/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility failed to ensure one of three staff (Unlicensed Staff A) used the proper personal protective equipment (PPE-protective clothing or other garments or equipment designed to protect the wearer's body from injury or infection) while caring for residents with confirmed diagnosis of COVID-19 (Coronavirus, an infectious disease caused by a virus). Unlicensed Staff A was in a room with two residents that had confirmed COVID-19 and wearing a surgical mask over her mouth that did not cover the nose. When Unlicensed Staff A adjusted the mask, the nose remained uncovered. This failure had the potential to cause Unlicensed Staff A to contract the virus, who in turn could have exposed other residents, staff and visitors to the infectious disease. During an observation on 9/04/25 at 9:40 a.m., while in the resident room of two residents with confirmed COVID-19, Unlicensed Staff A was seen starting to clean and reposition one of the residents. Unlicensed Staff A had on the following PPE: gown, gloves, face shield and a surgical mask. The surgical mask was covering her mouth but not her nose. After prompting Unlicensed Staff A adjusted the mask to cover the nose but the mask slid back down to only covering the mouth.During an interview on 9/04/25 at 9:45 a.m. with Licensed Staff B, she stated that she saw the mask that Unlicensed Staff A had on was loose and she would have her change out the surgical mask for the facilities N95 mask (a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles).During an interview on 9/05/25 at 1:35 p.m. with Infection Preventionist (IP), she stated that Unlicensed Staff A should have worn a N95 type of face mask while caring for residents that had an active respiratory infection. IP stated orientation for new staff included the use of PPE and fit testing for the N95 masks.During a review of the facility's policy and procedure titled, Infection Control, Personal Protective Equipment, dated 2/2023, indicated Personal Protective Equipment may include the use of gowns, gloves, masks and eye protection during the performance of patient care and routine facilities tasks to prevent exposure to or transmission of actual or potential sources of infectious organisms to patients and staff. Source control refers to use of respirators or well fitting facemasks to prevent spread of respiratory secretions when they are breathing, talking, sneezing or coughing.

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