

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2026
NAME OF PROVIDER OR SUPPLIER Sherwood Oaks Post Acute Care, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 130 Dana Street Fort Bragg, CA 95437	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to maintain the kitchen in a clean and sanitary condition for a census of 31 residents when food debris and dried liquids were present on the floor in food preparation and dishwashing areas, and a dust-covered fan was blowing onto clean utensils. This failure increased the risk of food contamination, pest attraction, and food borne illnesses for the residents of the facility. During an observation of the kitchen on 2/05/26 at 10:29 a.m., dried liquids were noted on the floor in front of the refrigerator. The floor under the refrigerators and the stove and along the baseboards was visibly soiled with food crumbs and dried food debris. The debris extended along the wall-floor seam into multiple areas. In the dish room area of the kitchen, a fan with a buildup of dark-colored dust was blowing onto clean utensils and other clean dishes on the clean side of the dishwasher deck. During a concurrent observation and interview in the kitchen on 2/05/26 at 12:30 p.m. with the Dietary Manager, the surveyor showed him the food debris build up under the refrigerators and stove. The Dietary Manager stated the evening staff were supposed to clean the floor. When asked when the floor was last cleaned, the Dietary Manager was unable to answer. When asked whether the floor met his standard of cleanliness, the Dietary Manager stated it did not meet his expectations of cleanliness. The Dietary Manager stated floors that were not clean and sanitary could attract pests (insects or rodents) and cause illness to residents. During a concurrent observation and interview on 2/05/26 at 12:48 p.m., the Infection Preventionist (IP) acknowledged the floors were visibly soiled and observed the fan blowing toward clean utensils in the dish room area. A review of the kitchen cleaning assignment and log for the month of January 2026, indicated daily cleaning tasks for the AM (morning) cook, PM (evening) cook, and dietary aide included cleaning the coffee machine, refrigerators, microwave, housekeeping closet, utility carts, trash cans, and stove; however, cleaning the kitchen floors was not listed on the cleaning log. During an interview on 2/5/26 at 3:32 p.m., [NAME] 2 stated cleaning the floors was not her job and stated the floors were not cleaned the previous night. [NAME] 2 was unable to identify which staff member was responsible for cleaning the kitchen floors on a regular basis. A review of the facility policy titled, General Cleaning of Food & Nutrition Services Department, dated 2023, indicated, kitchen floors must be mopped at least once per day, and described the procedure for correctly sweeping and mopping kitchen floors.		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 056483
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