

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/21/2026
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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted Based on interviews, and record reviews, the facility failed to develop and implement a baseline care plan for one resident (Resident 1) of three sampled residents after Resident 1 was assessed as a high fall risk. This failure contributed to Resident 1's fall out of bed on 7/15/26. Findings: A review of Resident 1's Morse Fall Scale (an assessment tool used to determine a resident's likelihood of falling) dated 7/9/26 at 2:19 p.m. indicated a score of 75, which meant she had a high fall risk. A review of Resident 1's progress note dated 7/14/26 at 11:25 p.m. and written by Licensed Nurse 1 (LN 1) indicated, [At 6:20 a.m.] CNA [Certified Nursing Assistant] heard [sic] a voice asking for help. CNA went to the room and observed that the patient [Resident 1] is on the floor and is in a sitting position and notified the nurse/writer. When I asked how she fell, she stated 'don't talk to me.' When asked if she is in pain, she stated that she has pain to her neck and back. [Resident 1] left the facility via ambulance at [7:05 a.m.]. During a concurrent observation and interview with Resident 1 on 7/21/26 at 11:30 a.m., Resident 1 stated she had no recollection of falling at this facility. During an interview with LN1 on 7/21/26 at 2:25 p.m., LN 1 stated Resident 1 had a non-compliant behavior. LN 1 stated he placed Resident 1 on visual checks and documented them on the progress notes. LN 1 stated he knew Resident 1 was a high fall risk but did not know if she had a care plan for falls. LN 1 stated he did not check if Resident 1 had a care plan for falls. LN 1 stated it was his understanding that the Director of Nursing (DON) wrote the care plans. LN 1 stated he has not yet initiated a care plan at this facility. LN 1 acknowledged Resident 1 was not wearing non-skid socks when she fell. LN 1 stated he decided to send Resident 1 to the ED prior to getting an order from the physician because of Resident 1's neck and back pain. LN 1 stated Resident 1 fell while he was doing the change of shift report with the oncoming morning nurse. During an interview with Certified Nursing Assistant 1 (CNA 1) on 7/23/26 at 8:57 a.m., CNA 1 started at around 6 a.m. on 7/15/26, she heard a sound and yelling from Resident 1's room where she found Resident 1 on the floor by the left side of her bed. CNA 1 stated Resident 1's bed was at a medium height and there were no floor pads on either side of the bed. CNA 1 stated Resident 1 was not wearing non-skid socks. CNA 1 stated Resident 1 told her she was trying to pick up something that was on the floor. During an interview with the DON on 7/23/26 at 1:30 p.m., the DON stated he completed Resident 1's Morse Fall Scale assessment on 7/9/26. The DON acknowledged he did not initiate a fall care plan for Resident 1 after his assessment on 7/9/26. The DON verified he initiated resident care plans, but other licensed nurses could also. The DON confirmed Resident 1 did not have care planned interventions for fall prior to her fall on 7/15/26. The DON stated he initiated a fall care plan for Resident 1 after she fell on 7/15/26. A review of a facility's P&P titled, Baseline Care Plans, undated, indicated, The facility will develop and implement an individualized Baseline Care Plan for every resident within 48 hours of admission. The admitting licensed nurse will review available hospital records, medications, diagnoses, therapy needs. The Baseline Care Plan will (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
--	-------	-----------

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/21/2026
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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	.include, as applicable.Fall, skin, elopement, behavior, infection, and other safety risks.Immediate interventions will be communicated to nursing assistants and other staff through the care plan, assignment sheet, shift report, or admission huddle. The DON, MDS [Minimum Data Set] Coordinator, or designee will audit new admissions for timely completion, individualized interventions, staff communication, and documentation.A review of the facility's policy and procedure (P&P) titled, Falls and Fall Risk, Managing, dated December 2007 indicated, Based on previous evaluations and current data, the staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling.		