

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

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056090	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2023
NAME OF PROVIDER OR SUPPLIER  Creekside Rehabilitation & Behavioral Health		STREET ADDRESS, CITY, STATE, ZIP CODE  850 Sonoma Ave Santa Rosa, CA 95404	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>44968</p> <p>Based on observations, interviews, and records review, the facility failed to implement measures to reduce the risk of disease and infection transmission, when:</p> <ol style="list-style-type: none"><li>1. Certified Nursing Assistants (CNA) did not offer hand hygiene to six out of nine residents (Resident 1, 2, 3, 4, 5, and 6) before serving their lunch trays. This failure had the potential risk for residents of getting sick from common germs including Escherichia coli (E. coli), which can cause stomach aches and vomiting.</li><li>2. The facility failed to implement its Tuberculosis Infection Control Program policy, by not tracking or monitoring residents who had positive PPD results. This failure had the potential risk for elderly residents to be undiagnosed with silent TB, and without treatment, could result in fatal TB infection exposing other residents, staff, and visitors to the infectious disease.</li><li>3. A licensed staff was observed using alcohol wipes to sanitize the glucometer (a medical device for determining the approximate concentration of glucose [sugar] in the blood). This failure had the potential risk of exposing residents to blood-borne viruses.</li><li>4. The Facility did not have an Infection Preventionist responsible for the facility's Infection Control and Prevention Program.</li></ol> <p>These cumulative failures could lead to the facility's inability to control and prevent the spread of infections and potentially lead to harm or death for a population of elderly residents with complex medical conditions.</p> <p>Findings:</p> <ol style="list-style-type: none"><li>1. During an observation in the facility's community dining room on 2/01/23 at 12:15: p.m., there were nine residents sitting in their wheelchairs waiting for lunch to be served. Staff were performing hand hygiene prior to serving lunch trays to the residents; however, staff did not offer or remind the residents to use the moist towelettes placed on the residents' lunch trays.</li></ol> <p>During an observation in the facility's community dining room on 2/01/23 at 12:20 p.m., Residents 1, 2, 3, 4, and 5 started to eat without performing hand hygiene. Residents 1, 2, 3, 4, and 5 were independent with meals.</p> <p>(continued on next page)</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 2/1/23 at 12:32 p.m., Resident 6 was sitting in her wheelchair in the hallway when the CNA served her meal tray. The CNA did not remind Resident 6 to use the moist towelette on her lunch tray. Resident 6 was independent with meals.</p> <p>During an interview with Unlicensed Staff A on 2/1/23 at 12:37 p.m., when asked about facility practice on hand hygiene for residents during mealtime, Unlicensed Staff A stated residents were offered hand hygiene before serving meal trays and after meals. He stated residents' meal trays came with individualized moist towelettes.</p> <p>During an observation and concurrent interview with Unlicensed Staff C on 2/1/23 at 12:40 p.m., Unlicensed Staff C verified the individualized packets of moist towelettes on Resident 2's and Resident 5's meal trays, were unopened. When asked when to use the towelette, Unlicensed Staff C stated it should be offered to residents before eating. Unlicensed Staff C stated he forgot to remind the residents to use it. When Unlicensed Staff C was asked about the risk for the residents when eating with a dirty hand, Unlicensed Staff C stated, It is an infection control issue.</p> <p>During an interview with Unlicensed Staff B on 2/1/23 at 12:42 p.m., Unlicensed Staff B was asked when they were expected to offer the moist towelette to the residents. Unlicensed Staff B stated they would offer the towelette to the residents who could eat by themselves. When Unlicensed Staff B was asked about the purpose of the towelette, she stated, to kill bacteria. Unlicensed Staff B stated residents could have stomachache, diarrhea and other illnesses when they ate with a dirty hand.</p> <p>During an interview with Licensed Staff D on 2/2/23 at 1:33 p.m., when asked about the facility practice on hand hygiene, Licensed Staff D stated they must practice hand hygiene before and after entering the resident's room, before and after providing resident care, before serving meal trays, and before preparing the resident's medicine. Licensed Staff D stated residents could use either hand towels, hand wipes or water, before meals.</p> <p>Review of the Facility policy and procedure titled, Handwashing/Hand Hygiene, revised in August 2015 indicated, This facility considers hand hygiene the primary means to prevent the spread of infections. Policy Interpretation and Implementation indicated, Residents, family members and/or visitors will be encouraged to practice hand hygiene Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations Before and after eating or handling food; Before and after assisting a resident with meals</p> <p>2. During a record review for Resident 7, the immunization report indicated Resident 7 had a positive PPD (Purified Protein Derivative - a method used to diagnose silent (latent) tuberculosis (TB) infection) on 12/07/17.</p> <p>During a record review for Resident 9, the immunization report indicated Resident 9 had a positive PPD 6/09/19.</p> <p>During a record review for Resident 8, the immunization report indicated Resident had a positive PPD 11/03/18.</p> <p>(continued on next page)</p>		

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F 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>During an interview with the DON (Director of Nursing) on 1/31/22 at 3:37 p.m., when asked about the facility's tracking system for residents with positive PPD results, the DON stated she was not sure if the facility had a tracking system. The DON stated the IP was responsible to track this information.</p> <p>During an interview with the 4:18 p.m., the MDSC (Minimum Data Set Coordinator - a nursing professional who helps manage a nursing team in a medical facility) verified Resident 7 had a positive PPD on 12/7/17. When the MDSC was asked how the facility tracked and monitored those residents with positive PPD results, she stated she was not sure if the facility had a tracking system. She stated the IP was responsible to keep track. The MDSC stated did not develop a care plan for residents with positive PPD results.</p> <p>Review of the Facility policy and procedure titled, Tuberculosis (TB - is a potentially serious infectious disease that mainly affects the lungs) Infection Control Program, (no date) indicated, This facility's TB Infection Control Program includes the early identification, isolation, and transfer of persons with active tuberculosis. The program incorporates the following components b. An annual TB risk assessment (TBRA) and TB risk classification based on the information obtained from the TBRA.</p> <p>3. During an observation on 2/1/23 at 12:01 p.m., Licensed Staff E was checking Resident 2's blood sugar (main sugar found in your blood). Licensed Staff E did not sanitize the glucometer after use.</p> <p>During an interview and concurrent observation on 2/1/23 at 12:09 p.m., Licensed Staff E was asked about the facility's practice of sanitizing the glucometer; Licensed Staff E stated she used alcohol. Licensed Staff E took an individual packet of alcohol wipe from her medication cart and started wiping the glucometer front and back for approximately three seconds. The alcohol wipe measured approximately one inch.</p> <p>During an interview with Licensed Staff D on 2/2/23 at 3:53 p.m., when asked about the facility's practice of sanitizing the glucometer, Licensed Staff D stated they used bleach-based wipes using clean to dirty technique, wrapped the glucometer like a burrito and leave for three minutes. Licensed Staff D stated they would sanitize the glucometer after each resident use. Licensed Staff D stated, using dirty glucometers could be a source of infection for the residents.</p> <p>During an interview with Licensed Staff F on 2/2/23 at 4:03 p.m., when asked about the facility's practice of sanitizing the glucometer, Licensed Staff F stated they used germicidal bleach wipes and left the glucometer to open air. Licensed Staff F stated they should sanitize the glucometer after each resident use.</p> <p>Review of the facility document titled, Equipment Cleaning and Disinfection Guide, indicated the recommended cleaning/disinfectant for glucometers was to, wipe down after each use with disinfectant containing 10% dilution of Bleach.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Manufacture's Recommendation for cleaning the Medline EvenCare G2 glucose meter, indicated to disinfect the meter with one of the validated disinfecting wipes listed below: Hospital Cleaner Disinfectant Towels with Bleach; Medline Micro-Kill Germicidal Bleach Wipes, Cleaning Wipes with Alcohol; Clorox Healthcare Bleach Germicidal and Disinfectant Wipes. Wipe all external areas of the meter or lancing device including both front and back surfaces until visibly clean. Avoid wetting the meter test strip port. Allow the surface of the meter or lancing device to remain wet at room temperature for the contact time listed on the wipe directions for use. Wipe meter dry or allow to air dry.</p> <p>4. During an interview with the Administrator and the DON on 1/31/23 at 9:36 a.m., the DON stated the facility currently did not have an Infection Preventionist Nurse. She stated she was temporarily responsible for overseeing infection control program.</p> <p>During a review of the residents' immunization report and concurrent interview with the MDSC on 1/31/23 at 3:24 p.m., the MDSC verified the residents were not up-to-date with their pneumococcal vaccines. The MDSC stated the IP was responsible for making sure the residents were up-to-date with their immunizations; however, she stated the facility currently did not have an IP.</p> <p>During an interview with the DON on 1/31/22 at 3:37 p.m., when asked about the facility's tracking system for residents with positive PPD results, the DON stated she was not sure if the facility had a tracking system. The DON stated the IP was responsible to track this information.</p> <p>During an interview with the 4:18 p.m., the MDSC verified Resident 7 had a positive PPD on 12/7/17. When the MDSC was asked how the facility tracked and monitored those residents with positive PPD results, she stated she was not sure if the facility had a tracking system. She stated the IP was responsible to keep track.</p> <p>Review of the Facility policy and procedure titled, Infection Preventionist, revised in July 2016 indicated, The Infection Preventionist is responsible for coordinating the implementation and updating of our established infection prevention and control policies and practices. The Policy Interpretation and Implementation indicated, The Infection Preventionist shall keep abreast of changes in infection prevention and control guidelines and regulations to ensure our facility's protocols remain current and aid in preventing and controlling the spread of infections.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44968</b></p> <p>Based on interviews and records review, the facility failed to ensure eligible residents received the pneumococcal vaccine (protects against serious and potentially fatal pneumococcal infections), according to the recommendation of the Advisory Committee on Immunizations Practices (ACIP- provides advice and guidance to the Director of the CDC [Centers for Disease Control] regarding use of vaccines and related agents for control of vaccine-preventable diseases in the civilian population of the United States), for 99 out of 106 sampled residents. This failure had the potential risk for serious morbidity (state of having a specific illness or condition) and mortality (death, especially on a large scale) due to its major clinical syndromes of pneumonia (an infection of the lungs caused by bacteria, viruses, or fungi), bacteremia (presence of bacteria in the bloodstream) and meningitis (an infection and inflammation of the fluid and membranes surrounding the brain and spinal cord).</p> <p>Findings:</p> <p>During a review of the CDC's Pneumococcal Vaccine Timing for Adults, dated 4/01/22, the CDC recommended revaccination of PPSV23 (Pneumovax23 - pneumonia vaccine that protects against 23 types of bacteria that cause pneumococcal disease) was at least one year after PCV13 (Pneumonia vaccine - protects against 13 types of pneumococcal bacteria) dose and at least five years after any PPSV23 dose, for residents below [AGE] years old, with underlying medical conditions or other risk factors, including but not limited to Alcoholism, Chronic Heart Disease (range of conditions that affect the heart), Chronic Liver Disease (is a progressive deterioration of liver functions), Chronic Lung Disease (long-term respiratory symptoms and airflow limitation), Cigarette Smoking, Diabetes Mellitus (disease that results in too much sugar in the blood), and Cochlear Implant (a small, complex electronic device that can help to provide a sense of sound to a person who is severely hard-of-hearing). <a href="https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf">https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf</a></p> <p>During a review of the facility document titled, Immunization Report, it indicated sixty-two residents did not have a record of receiving the pneumococcal vaccine.</p> <p>During a review of the facility document titled, Immunization Report, indicated 14 residents received the PCV13 (Pneumonia vaccine - protects against 13 types of pneumococcal bacteria) between 2016 and 2020.</p> <p>During a review of the facility document titled, Immunization Report, indicated three residents refused the PCV13 Pneumonia vaccine.</p> <p>During a review of the facility document titled, Immunization Report, indicated twenty residents refused the PPSV23 Pneumonia vaccine.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview and concurrent record review with the MDS (Minimum Data Set - an assessment tool completed by clinical staff to identify potential resident problems, strengths, and preferences) Coordinator (a nursing professional who helps manage a nursing team in a medical facility) on 1/31/23 at 3:24 p.m., the MDSC was asked when a resident's pneumococcal vaccine was considered current. The MDSC stated the PCV13 vaccine was good for ten years, therefore residents who received the vaccine within ten years would be considered current. Review of the CDC's Pneumococcal Vaccine Timing for Adults with the MDSC, the MDSC stated she was not aware of the new ACIP recommendations for pneumococcal vaccines. The MDSC verified the immunization report for the residents did not indicate residents received the recommended pneumococcal vaccine. The MDSC stated she would start getting orders from the doctor for PPSV23 to give to the residents. When the MDSC was asked what would be the risk for the residents when their pneumococcal vaccines were not current, the MDSC stated, risk for resident would be Pneumonia, acute hospitalization , and potential death.</p> <p>During an interview with the Medical Director on 2/2/23 at 1:54 p.m., when asked if he was aware most of the residents did not receive the recommended pneumococcal vaccine according to ACIP, he stated he was not informed there was an issue. The Medical Director stated the facility followed the CDC guidelines for immunizations and concurred the CDC recommended residents, who received PVC13, should receive PPSV23 after one year of the PCV13 dose.</p> <p>During a record review with the MDSC on 2/2/23 at 3:27 p.m., the MDSC verified seven out of 11 randomly-selected residents (Resident 1, 5, 10, 11, 12, 13, and 14), who did not have a record of the pneumococcal vaccine, did not have consent form to show the pneumococcal vaccine was offered.</p> <p>During a record review with the Program Director on 2/2/23 at 3:34 p.m., the Program Director verified there was no record of consent form for those residents who refused the pneumococcal vaccine.</p> <p>Review of the Facility policy and procedure titled, Pneumococcal Vaccine, revised in October 2019, indicated, All residents will be offered pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections. The policy indicated, Administration of the pneumococcal vaccines or revaccinations will be made in accordance with current Centers for Disease Control and Prevention (CDC) recommendations at the time of the vaccination.</p> <p>Review of the Facility policy and procedure titled, Vaccination of Residents, revised in August 2016, indicated, All residents will be offered vaccines that aid in preventing infectious diseases unless the vaccine is medically contraindicated, or the resident has already been vaccinated. Policy Interpretation and Implementation indicated, If vaccines are refused, the refusal shall be documented in the resident's medical record; Certain vaccines (e.g., influenza and pneumococcal vaccines) may be administered per the physician approved facility protocol (standing orders) after the resident has been assessed by the physician for medical contraindications for each vaccine. The resident's Attending Physician must provide a separate written order for any other vaccination, and such orders shall be recorded in the resident's medical record.</p>		