

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055049	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/06/2026
NAME OF PROVIDER OR SUPPLIER Pleasant Hill Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1625 Oak Park Boulevard Pleasant Hill, CA 94523	
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview and record review, the facility failed to ensure it kept accurate records of controlled medications (medication with a potential for abuse) as evidenced by: 1. The facility failed to ensure, for Residents 1-3, the scheduled (controlled medication, narcotic) medication system was complete (all documents available) and accurate (information matched). The record system included Shipping Manifests (pharmacy delivery receipt), Controlled Substance Accountability Sheets (CDR, Controlled Drug Record), Medication Administration Records (MAR, record of medication administration) and destruction logs. The facility records were incomplete. The facility records were inaccurate. These failures had the potential to result in undetected loss and diversion of scheduled medications. In addition, these failures had the potential to result in preventable medication errors (medication not given as ordered). 2. The facility failed to ensure, between 6/23-6/24, the Consultant Pharmacist identified the scheduled (controlled medication, narcotic) medication system was incomplete (all documents available) and inaccurate (information matched). The record system included Shipping Manifests (pharmacy delivery receipt), Controlled Substance Accountability Sheets (CDR, Controlled Drug Record), Medication Administration Records (MAR, record of medication administration) and destruction logs. The facility records were incomplete. The facility records were inaccurate. These failures had the potential to result in undetected loss and diversion of scheduled medications. In addition, these failures had the potential to result in preventable medication errors (medication not given as ordered). Findings: 1. During a concurrent observation and interview, on 8/12/25 at 10 a.m., Registered Nurse 1 (RN 1), identified the [NAME] Medication Cart. RN 1 was asked to describe the scheduled medication process. His description included the pharmacy delivered the scheduled medication along with the delivery Shipping Manifest. RN1 stated the scheduled medication was placed in the cart, and the Shipping Manifest was filed. He further stated the corresponding CDR was filed in a binder at the cart. RN1's description included that each scheduled medication dose removed from the prescription card/container was signed out on the CDR. Scheduled medications administered to the Resident were documented in the MAR. During an interview, on 8/12/25 at 10:30 a.m., the Medical Record Director (MRD) was asked to describe the scheduled medication accountability system. MRD's description included the Shipping Manifests and CDRs were filed onsite for 2 years, then transferred to off-site storage. MRD was requested to provide the Shipping Manifests and CDRs from 9/1/23-12/31/23. During a concurrent interview and medical record review, on 8/14/25 at 10:35 a.m., Director of Nursing (DON) identified Resident 1's electronic medical record (EMR). DON compared the 6366208 12/29/23 Hydrocodone (narcotic pain reliever) /APAP (acetaminophen, pain reliever) 10/325 mg tablet #28 CDR medication removal against the MAR. DON acknowledged the CDR removals did not have a corresponding MAR administration on the dates and times listed below.-1/2/23 2125-1/7/23 1900-1/14/23 1831 During a concurrent interview (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
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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	and medical record review, on 8/14/25 at 10:35 a.m., DON identified Resident 2's EMR. She compared the 6237833 11/25/23 Hydrocodone/APAP 10/325 mg tablet #30 CDR medication removal against the MAR. DON acknowledged the CDR removals did not have a corresponding MAR administration on the dates and times listed below.-11/27/23 1805-12/1/23 1030, 1430-12/2/23 0825 During a concurrent interview and medical record review, on 8/14/25 at 10:35 a.m., DON identified Resident 3's EMR. She compared 6317890 12/15/23 Oxycodone (narcotic pain reliever) 5 mg tablet #30 CDR medication removal against the MAR. DON acknowledged the CDR removal did not have a corresponding MAR administration on the date and time listed below.-12/19 10 am During a concurrent interview on 8/14/25 at 10:35 a.m., DON acknowledged the information was inaccurate between CDRs and corresponding MARs as documented above. DON stated that it was the facilities expectation that the CDR and MAR are accurate for the tracking/accountability of scheduled medications. During an administrative record review of the Policy for Controlled Substances (2001 Med-Pass) showed Dispensing and Reconciling Controlled Substances, 1. Controlled substance inventory is monitored and reconciled to identify loss or potential diversion in a manner that minimized the time between loss/diversion and detection/follow-up.2. The system of reconciling the receipt, dispensing and disposition of controlled substances includes the following: a. Records of personnel access and usage; a. Medication administration records; c. declining inventory records; and, d. Destruction, waste and return to pharmacy records. 2. During a concurrent observation and interview, on 8/12/25 at, Registered Nurse 1 (RN 1), identified the [NAME] Medication Cart. RN 1 was asked to describe the scheduled medication accountability process. His description included the pharmacy delivered the scheduled medication along with the delivery Shipping Manifest. He stated the scheduled medication was placed in the cart, and the Shipping Manifest was filed. RN 1 further stated the corresponding CDR was filed in a binder at the cart. RN1 's description included that each scheduled medication dose removed from the prescription card/container was signed out on the Controlled Drug Record. Scheduled medications administered to the Resident were documented in the MAR. During an interview, on 8/12/25 at 10:30 a.m., the MRD was asked to describe the scheduled medication accountability system. Her description included the Shipping Manifests and CDRs were filed onsite for 2 years, then transferred to off-site storage. She was requested to provide the Shipping Manifests and CDR from 9/1/23-12/31/23. During an interview, on 8/14/25 8:30 a.m., DON was requested to provide the Pharmacist's MEDROOM AUDIT FORM from 6/23-6/24. The facility provided the forms from 1/17/24 and 7/3/24. During a concurrent interview and medical record review, on 8/14/25 at 10:35 a.m., DON identified Resident 1 electronic medical record (EMR). DON compared the 6366208 12/29/23 Hydrocodone (narcotic pain reliever) /APAP (acetaminophen, pain reliever) 10/325 mg tablet #28 CDR medication removal against the MAR. DON acknowledged the CDR removals did not have a corresponding MAR administration on the dates and times listed below.-1/2/23 2125-1/7/23 1900-1/14/23 1831 During a concurrent interview and medical record review, on 8/14/25 at 10:35 am, DON identified Resident 2 EMR. DON compared the 6237833 11/25/23 Hydrocodone/APAP 10/325 mg tablet #30 CDR medication removal against the MAR. DON acknowledged the CDR removals did not have a corresponding MAR administration on the dates and times listed below.-11/27/23 1805-12/1/23 1030, 1430-12/2/23 0825 During a concurrent interview and medical record review, on 8/14/25 at 10:35 am, DON identified Resident 3 EMR. She compared 6317890 12/15/23 Oxycodone (narcotic pain reliever) 5 mg tablet #30 CDR medication removal against the MAR. DON acknowledged the CDR removal did not have a corresponding MAR administration on the date and time listed below.12/19 10 am During a concurrent interview on 8/14/25 at 10:35 am. DON acknowledged the information was inaccurate between CDRs and corresponding MARs as documented above. DON (continued on next page)		

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	stated that it was the facilities expectation that the CDR and MAR are accurate for the tracking/accountability of scheduled medications. During a concurrent interview and document review, on 8/15/25 at 12:15 pm, DON identified the Pharmacist's MED ROOM AUDIT FORM for 1/7/24 and 7/3/24. Inspection of the reports did not show documentation of issues of incomplete or inaccurate scheduled medication records. DON acknowledged the reports did not identify issues with the CDR and MAR for the tracking/accountability of scheduled medications. During an administrative record review of the Policy for Controlled Substances (2001 Med-Pass) showed Dispensing and Reconciling Controlled Substances, 1. Controlled substance inventory is monitored and reconciled to identify loss or potential diversion in a manner that minimized the time between loss/diversion and detection/follow-up.2. The system of reconciling the receipt, dispensing and disposition of controlled substances includes the following: a. Records of personnel access and usage;; a. Medication administration records;; c. declining inventory records; and, d. Destruction, waste and return to pharmacy records.		

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F 0836 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards. Based on interview and record review, the facility failed to follow state Title 22 regulations and ensure a qualified social services director was qualified to supervise and direct the social services department for all 47 residents when the facility's previous social services director of 14 months did not have the educational qualifications, and the current social services director did not have two years of social work experience required for the position. The failure had the potential for all residents to receive inadequate social services and discharge planning care. During a concurrent interview and record review on 8/12/25, at 11:17 a.m., with Operations Manager (OM), OM stated they were acting as the social services director because the previous social services director departed. OM stated they had been acting as the SSD for approximately two weeks. OM stated a replacement social service director would be hired 9/2025. OM stated they had only completed two weeks of training with the previous SSD and didn't have training record. During a record review of OM's employment file, the employment file did not indicate OM had two years of social work experience. During a phone interview on 8/14/25, at 10:56 a.m., with the facility's previous social service director (SSD), SSD stated they were the social services director but were not trained or licensed to be a social worker. SSD stated they did not have any bachelor's degree. During a record review of SSD's employment file, the employment file did not indicate SSD had completed any bachelor's degree. During a record review of facility social services director job description titled, Job Description: Social Services Director, dated 2/24, the job description indicated Qualifications: education and/or experience. Bachelor's Degree in Social Work or in Human Services and 2 years of supervised social work experience in a health care setting working directly with individuals. MSW preferred. During a concurrent interview and record review on 8/12/25, at 11:00 a.m. with ADM, the job description of the social services director titled Job Description: Social Services Director, dated 2/24, was reviewed. The ADM stated education qualifications in the job description qualifications were preferred because the sentence describing the Bachelor's degree didn't have the word required on it. ADM stated ability to read and comprehend policy and procedure manuals and respond to questions from managers and employees was a requirement even when required wasn't explicitly written in the document. During an internet search of the dictionary Merriam-Webster webpage titled qualification, noun, accessed on 9/5/25, the dictionary webpage indicated the definition of the word qualification in the context of a job description was a condition or standard that must be complied with (as for the attainment of a privilege). During a record review of facility assessment titled, [Facility] Facility Assessment, dated 7/16/25, the assessment indicated the facility had a Staffing Plan. Total Number Needed or Average or Range. Social Worker. Full-time. During a review of facility policy and procedure (P&P) titled Social Services, dated 9/2021, the P&P indicated the facility provided medically- related social services. the director of social services is responsible for. program planning, policy development, and priority setting of social services. supervising social services personnel. not all medically- related social services are provided by a qualified social worker. However, the facility is responsible for ensuring all residents are provide these services by a staff member or through referrals to an outside agency. During a review of California state regulation titled, Title 22 S72433, the state regulation indicated 'Social Work Service' means those services which assist a patient and a patient's family to understand and cope with. personal, emotional and related health and environmental problems. During a review of California state regulation titled, Title 22 S72105, the state regulation indicated a Clinical Social Worker was (continued on next page)		

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F 0836 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	person who is a licensed clinical social worker by the Board of Behavioral Sciences. During a review of California state regulation titled, Title 22 S72437, the state regulation indicated Social Work Service Unit-Staff. the social work service unit shall be organized, directed and supervised by a social worker, who is responsible for supervision of other social work staff, including social work assistants.		