

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/05/2026
NAME OF PROVIDER OR SUPPLIER  Moraga Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  348 Rheem Boulevard Moraga, CA 94556	

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)
<p>F 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to follow state regulation in ensuring residents were housed in approved areas when the facility allowed one of two sampled residents (Resident 2) to be housed in a conference room without a sink from admission to discharge totaling six weeks. This failure placed Resident 2 at risk for infection when the facility was unable to provide a sink for handwashing and could only provide a commode for toileting. A review of Resident 2's admission record indicated Resident 2 was admitted on [DATE] with a diagnosis of neutropenia (blood disorder which white blood cells count is reduced), hemiplegia (the loss of muscle function on one side of the body), hemiparesis (a relatively mild loss of strength in the arm, leg, and sometimes face on one side of the body), functional diarrhea and heart failure. The record further indicated Resident 2 discharged on 2/11/26. During a record review of Resident 1's minimum data set (MDS, an assessment tool to guide resident care), dated 1/6/26, the MDS indicated Resident 2 had Brief Interview for Mental Status score of 13 (BIMS, is a scoring system used to determine the resident's cognitive status in regard to attention, orientation, and ability to register and recall information. A BIMS score of 13 to 15 indicates intact cognitive impairment.) During a record review of Resident 1's care plan titled, Care Plan Report, dated 2/13/26, the care plan indicated Resident 2 had a care plan for housing in the conference room. The care plan indicated Resident 2 needed staff to bring in water and soap for handwashing. During an observation on 2/11/26, at 9:40 a.m., Resident 2 was in the conference room on a patient bed. The conference room was directly behind the reception desk at the entrance of the facility. A curtain was partially pulled closed and the conference room door was open. During a concurrent observation and interview on 2/11/26, at 10:54 a.m., with Resident 2, Resident 2 was in the conference room in a patient bed, at the bedside was a commode and bedside table. On the walls of the room were advertising brochures. Resident 2 stated they use a bell to call for help. The conference room had a glass door which could be closed, but an improvised curtain was used to provide privacy. Resident 2 stated at home he was able to walk to the toilet. During a concurrent observation and interview on 2/11/26, at 10:58 a.m., with Certified Nursing Assistant 1 (CNA 1), CNA 1 had entered the conference room which Resident 2 was in. CNA 1 stated they were going to assist Resident 2 with care. CNA 1 stated there was no bathroom or sink in the room and Resident 2 used the commode for bowel movements. CNA 1 closed the curtain but did not shut the door during care. During an interview on 2/11/26, at 12:09 p.m., with CNA 1, CNA 1 stated Resident 2's family wanted Resident 2 to have a private room, and the family selected the conference room. CNA 1 stated the room was primarily separated by a curtain and it was difficult to maintain privacy. CNA 1 stated Resident 1 required one person assist with toileting and getting out of bed. During an interview on 2/11/26, at 1:12 p.m., with Admissions Coordinator (AC), AC stated Resident 2 was directly admitted to the conference room. AC stated the census indicated Resident 2 was in room [ROOM NUMBER]A, but was always in the conference room. AC stated the facility made attempts to have a private room for Resident 2, but Resident 2's family refused. AC stated the conference room had been (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 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>used in the past for residents. During an interview on 2/11/26, at 1:38 p.m., with the Director of Nursing (DON), the DON stated Resident 2's family requested the conference room prior to admission during a facility tour. The DON stated the conference room was not ideal for patient care because there was no toilet or sink in the room. During an interview on 3/5/26, at 1:38 p.m., with the Administrator (ADM), the ADM stated the facility did not inform the California Department of Public Health prior to admitting Resident 2 into the conference room because there was authorization during the COVID-19 pandemic. The ADM didn't know of the details regarding the authorization from the CDPH and didn't know how long that authorization lasted. ADM stated they assumed their duties at the facility on 9/2025. During an interview on 3/5/26, at 1:49 p.m., with the facility's former administrator (FADM) and ADM, FADM stated between 2020 and 2022, the California Department of Public Health (CDPH) had granted clearance to use the conference room to house residents. FADM did not know the dates this clearance was granted, and stated he was not the administrator during that time period. FADM stated they were giving the facility tour to Resident 2's family at the time and mentioned to the family the room was used in the past for resident housing. ADM stated they had concerns Resident 2's family would make a complaint if they didn't allow Resident 2 to be admitted into the conference room. FADM stated Resident 2 was admitted directly into the conference room. During a review of CDPH program flexibility waivers, no waivers regarding using the conference room as a patient room were found. During a record review of CDPH All Facilities Letters (AFL) titled AFL 20-17, dated 3/3/20, AFL 20-17 indicated facilities could submit program flexibility requests to create alternative spaces on their property. AFL 20-17 further indicated This AFL is no longer in effect and is for historical purposes only. During a record review of CDPH AFL titled AFL 23-13, dated 2/7/23, AFL 23-13 indicated the discontinuation of temporary waivers during the COVID-19 pandemic and indicated all facilities must be in compliance with the statutory and regulatory requirements by 3/1/23. facilities who have a continued need for flexibility beyond the end of the declared COVID-19 emergency may submit a program flexibility request. During a review of California Title 22, Chapter 3 regulations titled, 72607 Patient Capacity, the regulation indicated (b) Patients shall not be housed in areas which have not been approved by the Department for patient housing. except as provided in (a) above. (a) a facility shall not have more patients or beds set up for use than which it is licensed for except in case of emergency when temporary permission may be granted by the Director or designee.</p>		