STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055150	A. Building B. Wing	05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Diablo Valley Post Acute	3806 Clayton Road Concord, CA 94521

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 - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews, the facility failed to store food in accordance with professional standards for food safety when a can of [NAME] pears with a dented rim and a package of pasta was open to the air were found on the shelves in the dry storage area of the facility kitchen, and when ceiling tiles throughout the facility kitchen were found to be stained, separating, peeling and had significant gaps between tiles.This failure could have resulted in resident's being served contaminated food causing potentially serious illness.FindingsDuring a concurrent observation and interview on 5/26/26 at 12:10 p.m. with Dietary Supervisor 1(DS1) in the dry storage area of the facility kitchen , a can of [NAME] pears with a dented rim and a package of pasta open to the air, were found on the shelf in the dry storage area of the facility. DS1 stated dented cans and unsealed packages of pasta are at risk for contamination and should not be used.During a concurrent observation and interview on 5/26/26 at 1:10 p.m. with Director of Maintenance 1(DM1) in the facility kitchen, ceiling tiles throughout the facility kitchen were observed. Ceiling tiles above the dishwashing area were observed to be peeling, there were gaps between tiles throughout the kitchen and on the ceiling by the coffee maker and a preparation counter, there was a separated ceiling tile exposing the area above the tile. Along the back wall of the kitchen by a fire sprinkler, ceiling tiles were observed to be heavily stained and one tile next to the stained tiles was missing. DM1 stated there should be no gaps, loose tiles, missing tiles, stained tile or peeling tile in the kitchen to keep debris and pests from falling into the food.

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 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 notify the California Department of Public Health(CDPH) of a cockroach infestation in the facility kitchen resulting in a 24-hour facility kitchen closure by local public health. This failure had the potential to put the facility at risk for providing meals which would have threatened the well-being of medically fragile residents.During an interview on 5/22/26 at 12:30 p.m. with Registered Dietician (RD1), RD1 stated the facility did not report the kitchen closure to the California Department of Public Health (CDPH), because RD1 thought local public health would notify CDPH.During a concurrent interview and record review on 5/26/26 at 4:00 p.m. with the Administrator (ADM) in the ADM's office, files of incidents reported to CDPH were reviewed. The ADM stated he could not locate verification that the kitchen closure was reported to CDPH. The ADM stated the last facility reported incident to CDPH was on 3/19/26, and the kitchen closure qualified as an unusual occurrence which had the potential to harm residents. The ADM stated the facility did not report the kitchen closure to CDPH as required.A review of the facility's policy and procedure titled Unusual Occurrences dated 12/2007 indicated, As required by federal or state regulations, our facility reports unusual occurrences or other reportable events which affect the health, safety, or welfare of our residents, employees or visitors. Our facility will report the following events to appropriate agencies: .Other occurrences that interfere with facility operations and affect the welfare, safety or health of residents, employees and visitors. Unusual occurrences shall be reported via telephone to appropriate agencies and required by current law and/or regulations within 24 hours of such incident or as otherwise required by federal and state regulations. A written report detailing the incident and actions taken by the facility after the event shall be sent or delivered to the state agency (and other appropriate agencies as required by law) within forty-eight (48) hours of reporting the event or as required by federal and state regulation.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on interviews and record reviews, the facility failed to maintain an effective pest control program.This failure resulted in the presence of live cockroaches and cockroach remains in the facility kitchen. The presence of pests had the potential to contaminate food and cause disease.During an interview on 5/22/26 at 12:30 p.m. with Registered Dietician(RD1), RD1 stated on 5/20/26 the local health department found roach remains inside the panel located below the hot food service area. RD1 stated the kitchen was closed by local public health until pest control was completed and the kitchen was deep cleaned.During an interview on 5/22/26 at 3:30 p.m. with the Director of Maintenance(DM1), DM1 stated the facility kitchen had not been inspected for pests from 12/1/25 until 5/20/26. During an interview on 5/26/26 at 1:30 p.m. with Cook(CK1), CK1 stated he had seen an occasional live roach prior to the 5/20/26 pest control visit.During an interview on 5/26/26 at 1:55 p.m. with Cook(CK2), CK2 stated prior to 5/20/26 he did see live roaches in the kitchen. CK2 stated he had not seen any new traps or pest control going through the kitchen for several months until the pest control visit on 5/20/26.During a telephone interview on 6/2/26 at 11:34 a.m. with Registered Environmental Health Specialist (REHS1), REHS1 stated she observed live cockroaches and cockroach remains under the steam table, (area of the kitchen used to keep food warm while serving), and issued a red tag closure, (an emergency shut down of a kitchen by a public health department for serious safety concerns), of the facility kitchen. REHS1 stated the kitchen will remain closed until pest control provider services the kitchen and the kitchen is deep cleaned. The REHS1 stated cockroaches spread disease and are unacceptable in a commercial kitchen due to food safety risk. During a review of Food Facility Routine Inspection Report dated 5/20/26, the report indicated there were two live cockroaches observed under the active steam table in the cooks line (area in a commercial kitchen where all the cooking and plating takes place during meal service). The report stated there were three live cockroaches under the dirty side counter of the dish machine (commercial dishwasher), and there were two dying cockroaches (one under the steam table and one on the pre-wash ware-wash sink [the first basin in a multi-basin commercial sink used to manually clean, rinse and sanitize dishware, utensils and cookware]), and there were four dead cockroaches (three under the steam table and one under the pre-rinse ware-wash sink). The report indicated there were five to eight dead/dying cockroaches inside monitor traps (a device used to detect, trap, track, and identify insect populations). Three traps were located under back preparation area, (food preparation area). During a review of Eco-Guard Pest Management invoice, dated 5/20/26, the invoice stated .upon arrival I did a full inspection around the affected areas. Found multiple old insect monitors, around the kitchen. got all the old monitors out and place new ones around the kitchen. I also added gel bait around the cracks and crevices for the perimeter I spray all around the baseboard around the kitchen and under appliances and cabinets.service was completed and everything was properly treated. During a review of the facility's policy and procedure titled Pest Control, dated 5/2028, indicated, This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents.