

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: 055150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Diablo Valley Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain a safe, sanitary, and comfortable environment when:-Bugs, flies, and spiders were observed in/or near resident rooms.-Garbage leakage in the garbage compactor area was noted, creating odors.-Unused/out-of-service equipment were stored outdoors in an area where the ground was muddy.These failures potentially increase the risk of pest infestation and posed avoidable health and safety risks to residents.Findings:During an interview on [DATE] at 9:35 a.m. with Resident 4, Resident 4 stated she observed a spider on her curtain and informed staff, asking them not to sit near it; staff acknowledged and agreed. Resident 4 also stated she saw a fly in her room.During a review of Resident 4's admission Record (AR), the AR indicated Resident 4 was admitted to the facility on [DATE] with cellulitis (common bacterial infection of the skin and underlying soft tissues) of the lower limb.During a review of Resident 4's Minimum Data Set (MDS, an assessment tool used to direct resident care) dated [DATE], the MDS indicated a Brief Interview for Mental Status (BIMS, a scoring system used to evaluate a resident's memory, orientation and short-term recall) score of 15. A BIMS score of 13-15 is an indication of intact cognitive (mental) status.During an interview on [DATE] at 9:43 a.m. with Housekeeping Staff (HS) 1, HS stated she occasionally noticed dead fruit flies on the windowsill and sometimes found spiders, which she simply picked up removed from the residents' rooms.During an interview on [DATE] at 10:18 a.m. with Resident 5, Resident 5 stated she occasionally saw flies inside the room during lunch and dinner.During a review of Resident 5's MDS dated [DATE], the MDS indicated a BIMS score of 14.During a telephone interview on [DATE] at 10:39 a.m. with Family Member (FM) 1, FM 1 stated upon arrival at the facility on [DATE], there were roaches in the hallway, moldy walls and chipped paint inside the resident room.During a concurrent observation and interview on [DATE] at 11:48 a.m. with HS 1, in the hallway by the exit next to the kitchen, a deceased roach-like insect was noted near the exit door leading to the garbage area. HS 1 stated she was not sure of the insect's species; however, two similar dead insects were also observed outside the exit door. Adjacent to the area was a garbage compactor, with liquid waste leaking toward the drain. Medical equipment such as old manual lifts were stored nearby, and the ground was wet and muddy. Additionally, two dumpsters containing empty boxes were present, both lacking covers.During a concurrent observation and joint interview on [DATE] at 12:11 p.m. with Residents 6 and 7, Resident 6 stated she noticed flies in the room during mealtimes, which is why she kept a fly swatter because she did not like seeing flies while eating. Resident 6 stated she also gave a swatter to her roommate, Resident 7. Resident 7 also stated seeing roaches running around their room at night. During the interview, a fly was observed moving across rooms. Upon leaving the residents' room, there was a spider near the doorway.During a review of Resident 6's AR, the AR: (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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, for two of two (Resident 2 and 3) sampled residents reviewed for Restorative Nursing Program (RNP, a structured nursing-driven program designed to maintain or improve a resident's functional abilities, prevent decline and support independence with daily mobility, self care, and other ADLs), the facility failed to provide Restorative Nursing Assistant services (RNA, also referred to as RNP) as required in the resident's comprehensive care plans nor did it maintain restorative program to prevent further functional decline when:-Resident 2's RNA program was not initiated timely after skilled therapy ended.-Resident 3's repeated refusals to RNA services for ambulation were not addressed for three months from May 2026 to July 2026.This failure had the potential to result in decreased range of motion and overall functional decline.Findings:During a review of Resident 2's admission Record (AR) dated 7/30/26, the AR indicated Resident 2 was admitted to the facility in June 2025 with diagnoses that included hemiplegia (paralysis on one side of the body) and hemiparesis (weakness on one side of the body) affecting left dominant side, muscle weakness, and need for assistance with personal care.During a review of Resident 2's Minimum Data Set (MDS, an assessment tool used to direct resident care) dated 6/11/26, the MDS indicated a Brief Interview for Mental Status (BIMS, a scoring system used to evaluate a resident's memory, orientation and short-term recall) score of 14. A BIMS score of 13-15 is an indication of intact cognitive (mental) status.During an interview on 7/29/26 at 10:05 a.m. with Resident 2, Resident 2 stated that the last time she received RNA services was approximately two weeks ago. Resident 2 stated that staff told her that RNA would follow up on Monday; however, no one came. Resident 2 further stated that after her skilled therapy (rehabilitation) ended, RNA services were not initiated or continued.During a review of Resident 2's Activities of Daily Living (ADL, such as bathing, personal hygiene, getting in and out of bed, eating) care plan last revised 3/19/26, the interventions included Physical Therapy (PT), Occupational Therapy (OT) evaluation and treatment as ordered.During a review of Resident 2's Physical Therapy PT Discharge Summary (PTDS) for dates of service 3/18/26-5/21/26, the PTDS indicated, at the start of therapy on 3/18/26, Resident 2 was totally dependent on staff for movement (turning and repositioning in bed, walking) and transfers (transferring in and out of chair, and bed). Upon discharge, Resident 2 required maximum assistance for turning, repositioning, walking, and transferring between bed and chair. Resident 2 was discharged from skilled therapy with recommendation for RNP.During a review of the Restorative Nursing Program (RNP) Referral dated 5/13/26, the RNP Referral indicated for Resident 2's active Range of Motion (ROM, how far a joint or body part can move in each direction, active ROM is movement of a joint performed by the resident herself using their own muscle without any assistance from another person or device) program three times weekly for both upper and both lower extremities using a bicycle.During a review of Resident 2's physician order dated 6/25/26 (42 days after referral), the physician order indicated RNA program to both upper and lower extremities three times weekly using omni cycle (motor-assist therapeutic exercise system designed for patients with limited strength, coordination, endurance, or neurological/orthopedic limitations) for 15 minutes every dayshift on Monday, Wednesday and Friday for 90 days.During a review of Resident 2's Documentation Survey Report (DSR) for June 2026, the DSR indicated Resident 2 received RNA program two times, on 6/26/26 and 6/29/26. DSR for July 2026 indicated Resident 2 did not receive RNA services from 7/15/26 to 7/24/26.During a telephone interview on 7/29/26 at 2:21 p.m. with Restorative Nursing (continued on next page)		

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assistant (RNA) 1, RNA 1 stated Rehab therapy services resumed after Resident 2 returned from the hospital on 7/12/26. After completing skilled therapy, Resident 2 was transitioned back to the RNA program this Monday 7/27/26. RNA 1 also stated Resident 2 experienced multiple hospitalizations, and each time she returned to the facility, Resident 2 was reassessed by the rehabilitation (rehab) team before being referred to the RNA program. RNA 1 stated prior to Resident 2's recent hospitalization, Resident 2 consistently participated in the RNA program. During a concurrent interview and record review on 7/29/26 at 2:28 p.m. with Assistant Director of Nursing (ADON), ADON stated Resident 2 was hospitalized on [DATE] and returned on 7/12/26. RNA services were provided on 7/13/26, but Resident 2 was picked up by therapy on 7/15/26, 7/17/26 and 7/22/26. ADON stated, on 7/27/26, Resident 2 was advised by the gastroenterologist to go to the Emergency Department (ED) but returned to the facility same day. During an interview on 7/30/26 at 10:47 a.m. with Infection Preventionist/Licensed Vocational Nurse (IP/LVN), IP/LVN stated there was a lapse between the time rehab department generated the referral and when it was picked up by the RNA staff that resulted in the delay in initiating restorative services. IP/LVN stated, ideally, when rehab discharges a resident from skilled therapy, the referral should be received and acted upon within 1-2 days so the resident can begin the RNA program without interruption. During a follow-up interview on 7/30/26 at 11:19 a.m. with IP/LVN, IP/LVN stated there was a lapse in communication regarding RNA referrals. IP/LVN stated referrals were not consistently routed to a single point of contact, at times the referral was given directly to the RNA staff, other times to her, and on other occasions Director of Rehabilitation (DOR) or the Physical Therapist/Physical Therapy Aide would provide the referral to nursing. IP/LVN stated there should be a more appropriate and efficient referral process that ensures all RNA referrals are received, tracked, and acted upon promptly. During an interview on 7/30/26 at 11:42 a.m. with DOR, DOR stated Resident 2 was not in therapy in June 2026, her last skilled therapy date was 5/21/26. DOR stated, at discharge from therapy on 5/21/26, the plan was for Resident 2 to return to custodial care, and a referral for RNA was completed at that time and given to nursing. DOR also stated Resident 2 did not receive skilled therapy upon her return from the hospital on 7/12/26, or anytime in July 2026. DOR stated that the referral process from rehab to nursing could be more efficient as there was no formal protocol for referral routing. During a review of Resident 3's ADL care plan last revised 3/24/26, the care plan indicated Resident 3 was admitted to the facility on [DATE] with diagnoses that included Alzheimer's disease, osteoporosis of the right knee and left shoulder and difficulty walking. The Restorative Nursing care plan last revised 4/23/26 indicated Resident 3 was at risk for decline in ambulation and required RNP. Resident 3 needed RNA program for ambulation and mobility. During a review of Resident 3's DSRs from May 2026 to July 2026 indicated the following for Resident 3's RNA program for ambulation/mobility program three times weekly using front-wheeled walker (assistive device featuring two wheels in the front and non-wheeled rear legs) with supervision or touching assistance for 50 feet as tolerated. In May 2026, the DSR indicated nine refusals and three episodes of missed RNA services, Resident 3 participated with RNA services only once on 6/12/26. In June 2026, DSR indicated seven refusals and two episodes of missed RNA services. Resident 3 participated with RNA services four times during this period. In July 2026, DSR indicated five refusals and five episodes that were marked NA. During review of Resident 3's RNA Weekly Summary (RNAWS) dated 6/4/26, 6/10/26, 6/17/26, 6/24/26, 7/5/26 and 7/16/26, the RNAWS indicated resident refuses to do any of her RNA most of the time, nurse in [charge] aware. During an interview on 7/30/26 at 10:47 a.m. with IP/LVN, IP/LVN stated when a resident declines RNA, it is important to ascertain the reasons for their refusal; consider whether timing or medication may be influencing their decision. IP/LVN stated refusals should not be accepted without exploring the underlying cause and determining whether adjustments can be made.		