

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055212	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/02/2026
NAME OF PROVIDER OR SUPPLIER The Vineyards Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 76 Fenton Street Livermore, CA 94550	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not provide an ongoing activity program to Resident 1 to ensure that she maintained her highest physical, mental and psychosocial well-being. This deficient practice placed Resident 1 at risk of sensory deprivation and social isolation. During an interview on 1/27/26, at 2:27 p.m., with Family Member (FM) 1, FM 1 stated she did not observe Resident 1 having any activities while the resident was still residing in the facility. Review of Resident 1's admission Record dated 1/29/26, indicated that the resident was admitted to the facility on [DATE] with diagnoses that included Alzheimer's disease (a progressive disease that destroys memory and other important mental functions) and dementia (memory loss and impaired decision-making capacity). Review of Resident 1's Minimum Data Set (MDS, an assessment tool used to direct resident care) dated 9/26/25 under Section C, indicated Resident 1's short-term memory was impaired, and had moderately impaired decision-making capacity (decisions poor, cues/supervision required). Review of activity assessment dated [DATE] indicated that Resident 1's activity preferences were watching classical and musical movies. Review of activities care plan dated 8/23/25 indicated an intervention to provide the resident in room activities. During a concurrent interview and record review on 1/28/26, at 1:23 p.m., with the Activity Director (AD), Resident 1's activity progress notes were reviewed. AD acknowledged there were no activity notes that indicated Resident 1 was provided with activities while the resident was staying in the facility. AD further stated residents with Alzheimer's disease need activities to stimulate their mental cognition. During an interview on 1/28/26 at 2:00 p.m., with the Director of Nursing (DON), DON stated the risk for Resident 1 in not having activities was mental deterioration. During a review of the facility's policy and procedure (P&P) titled, Quality of Life-Dignity, Revised February 2020, the P&P indicated, Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, feeling of self-worth and self-esteem.3. Some of the ways in which respect for choices and values are exercised include:.b. Activities-residents are encouraged to attend activities of their choice, including religious, political, civic, recreational, or social activities.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 055212
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