

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/07/2025
NAME OF PROVIDER OR SUPPLIER Willow Pass Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3318 Willow Pass Road Concord, CA 94519	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility had one shared bathroom for male and female residents (Residents 1 and 2). This failure resulted in Resident 1 feeling unsafe and made Residents 1 and 2 feeling they lacked privacy. During a concurrent observation and interview on 8/8/2025 at 12:31 p.m., with Resident 1 (female) in the resident's room, Resident 1 stated she felt unsafe because she was sharing the bathroom with Resident 2 (male) and further stated there was no bathroom lock. On observation, Resident 1's room was situated beside a room for male residents and there was one shared bathroom inside the two rooms with no locks in the doors. Resident 1 further stated that Resident 2 had to raise his arm outside of the bathroom door so that she knew that Resident 2 was using the bathroom. Stated she was not sure if it was okay for female residents to share bathrooms with male residents. During a review of Resident 1's Minimum Data Set (MDS, a comprehensive assessment tool) dated 6/5/25, indicated Resident 1 was able to make herself understood by others and was able to understand others. The MDS also indicated Resident 1 only needed set up and clean up assistance in toileting and only needed supervision from the staff when walking a distance of 150 feet. During an interview on 8/8/25 at 12:40 p.m., with Resident 2, the resident stated he shared the bathroom with Resident 1 and stated that there should be a lock for privacy. Stated it was uncomfortable for him to share his bathroom with a female. During a review of Resident 2's MDS, dated [DATE], it indicated Resident 2 usually made himself understood by others and was usually able to understand others. The MDS also indicated Resident only needed supervision from the staff in toileting and when walking a distance of 150 feet. During an interview on 8/8/25 at 1:00 p.m., with the Director of Nursing (DON), the DON acknowledged that female residents should not be sharing bathrooms with male residents. Stated the risk was lack of privacy for the residents. Further stated there should be a bathroom lock to prevent abuse. During a review of the facility's policy and procedure (P&P) titled, quality of life-Homelike Environment, revised February 2021, the P&P indicated, "Staff shall provide person-centered care that emphasizes the residents' comfort, independence and personal needs and preferences."</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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