

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055310	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/16/2026
NAME OF PROVIDER OR SUPPLIER Marin Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 234 N. San Pedro Rd San Rafael, CA 94903	
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 0559 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to protect the residents' right to receive written notice of a room change for two of four sampled residents reviewed for resident rights (Resident 1 and Resident 2) when the residents were notified of a room change verbally and not in writing. This failure resulted in the residents feeling upset, angry and confused about the change of rooms. Findings: A review of Resident 1's admission record indicated she was admitted in 3/26 with the diagnosis of fracture of the neck (upper portion) of the right femur (thigh bone) and was her own responsible party (RP, healthcare decision maker). A review of Resident 1's Minimum Data Set (MDS- a federally mandated resident assessment tool), dated 3/20/26, indicated she had no memory impairment. A review of Resident 2's admission record indicated she was last admitted in 11/25 with the diagnosis of peripheral autonomic neuropathy (damage to the nerves outside of the brain and spinal cord that control involuntary, automatic bodily functions) and was her own RP. A review of Resident 2's MDS, dated [DATE], indicated she had no memory impairment. During an interview on 6/16/26 at 10:38 a.m. with Resident 1, Resident 1 stated on 6/4/26 she had been notified in person by the Social Services Director (SSD) that her room was being changed that day from room [ROOM NUMBER] on the first floor to room [ROOM NUMBER] on the second floor of the facility. Resident 1 stated she was angry and upset and not given an opportunity to discuss the move until after she had been moved. Resident 1 stated she was not given anything in writing regarding the room change prior to the move. During an interview on 6/16/26 at 10:42 a.m. with Resident 2, Resident 2 stated she was told by staff right before dinner on 6/4/26 that her room was changing and recalled she asked staff, After dinner? and was told, No, right now. Resident 2 stated she remembered being told a new resident was coming that needed to be in isolation (infection control measures used to prevent the spread of germs in healthcare settings) and the room was needed. Resident 2 stated she did not ask for the room change, was given no advance notice and was given nothing in writing about the room change. Resident 2 stated she had felt, Like luggage, and staff put her clothes in garbage bags for the move. During an interview on 6/16/26 at 11:41 a.m. with the SSD, the SSD stated when the facility needed to move residents to different rooms she went to the residents and verbally gave them notice, an hour or two prior to the move, and explained why the facility was requesting them to change rooms. The SSD stated residents were often moved to accommodate new admissions to the facility. The SSD stated she had spoken with Resident 1 and Resident 2 regarding the room change, recalled it was because a new admission needed to be in isolation and did not provide the residents with a written notice prior to the room change. The SSD stated Resident 1 and Resident 2 were not happy with the move and did not want to be on the second floor of the facility. The SSD agreed the residents had the right to a homelike environment and moving their room to a different floor with little notice did not promote a homelike environment for them. During an interview on 6/16/26 at 12:30 p.m. with the Director of Nursing (DON), the DON stated the timeframe within which residents were notified of the facility requesting them to change rooms depended on new admissions and that it was usually a matter of a couple of hours. The DON confirmed residents were notified of the requested change verbally, no (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 0559 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	written notice was given. During a review of the facility's policy titled, Room Change/Roommate Assignment, dated 12/06, the policy stipulated, Prior to changing a room or roommate assignment all parties involved in the change/assignment (e.g., residents and their representatives [sponsors] will be given a ___ hour/day advance notice of such change .The notice of a change in room or roommate assignment may be oral or in writing, or both and will include the reason(s) for such change.		