

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

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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 06/25/2026
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 0850 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	Hire a qualified full-time social worker in a facility with more than 120 beds. Based on interview and record review, the facility failed to ensure the Social Service Director (SSD) met the minimum qualifications of their position per federal regulations for a census of 135, when the SSD did not have a Bachelor's degree in Social Work or in a Human Services field. This failure decreased the facility's potential to meet the social service needs of the residents. A review of the facility's license, dated 6/1/26 to 5/31/27, indicated the facility had 168 beds. During an interview on 6/25/26 at 9:02 a.m. with the SSD, the SSD stated she had a Bachelor's Degree in Communications. During a concurrent record review and interview on 6/25/26 at 1:35 p.m., with the Human Resources Director (HRD), the HRD confirmed the SSD's job description requires a Bachelor's degree in Social Work or a Human Services field and two years of supervised social work experience in a healthcare setting. The HRD further stated he did not verify the SSD's Bachelor's degree in Communications as it was stated on her resume. Record review of a document titled, Job Description: Social Services Director Prepared by Human Resources, revised 12/25, indicated, Qualification .Education and/or Experience .Bachelor's Degree in Social Work or in Human Services and 2 years of supervised social work experience in a health care setting working directly with individuals.		

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