

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

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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 07/31/2026
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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide a safe and comfortable homelike environment for nine of thirteen sampled residents (Resident's 1,2,4,5,6,7,8,9,12), when room temperatures reached above 81degrees (°) Fahrenheit (F) during a summer heat wave.This failure resulted in residents feeling hot and uncomfortable and increased the potential for heat-related illnesses such as heat stroke, dehydration and impaired skin integrity in an already vulnerable population.On 7/30/26, the department entered the facility to investigate a complaint related to power outages in the facility. The weather report that day indicated a temperature high of 84 °F.A review of a new AFL (All Facilities Letter-communication from California Department of Public Health to Skilled Nursing Facilities), dated 7/30/26, issued a Hot Summer Weather Advisory reminding all health care facilities that the elderly and other health compromised individuals are more susceptible to temperature extremes and possible dehydration.During a telephone interview on 7/30/26 at 9:35 a.m. with the local Ombudsman, the Ombudsman stated she received complaints about hot temperatures at the facility and had visited the facility last week. The Ombudsman stated when she checked room temperatures on the second floor of the facility the temperatures were between 81-85 °F.During a concurrent observation and interview on 7/30/26 at 2:00 p.m., Resident 1 is seen in bed with damp moist skin on his face and neck and is wearing a thin hospital gown with a fan running above the TV pointed at him. Resident 1 stated when it was hot outside and with 3 residents in a small room, it got very hot and the fans didn't always help, and it was hard to cool down.During a concurrent observation and interview on 7/30/26 at 2:10 p.m. Resident 2 is in bed near the window in a thin hospital gown with a thin sheet over him. The sun is shining through the gaps in the blinds and Resident 2 had no fan available, his lips and skin appeared dry and flaky. Resident 2 stated it got too hot in the room, and it was worse by the window. Resident 2 stated his mouth was dry and he was dry all over.A review of Resident 2's Minimum Data Set (MDS- a resident assessment tool), dated 6/26/26, indicated Resident 2 had a BIMS (Brief Interview for Mental Status- score measures a person's thinking and memory, ranging from 0 to 15 points based on three categories: 13-15 (cognitively intact), 8-12 (moderate impairment), and 0-7 (severe impairment) score of 13.During an interview on 7/30/26 at 2:28 p.m. with Certified Nursing Assistant A (CNA A), CNA A stated the facility had swamp coolers at the end of each hallway, but CNA A felt the cooler air could not reach inside the rooms. CNA A stated there had been complaints from residents about the heat.During a concurrent observation and interview on 7/30/26 at 2:30 p.m. Resident 4 was in bed near the window, the window was cracked, sun was shining through the window, and Resident 4 was wearing a thin hospital gown with damp moist skin on her face and neck. The fan above the TV in the center of the room was off. Resident 4 stated the fan in the room did not oscillate and did not reach her bed. (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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident 4 stated she had to have her brother buy her a small fan she could keep at bedside. Resident 4 stated it was summer and got very warm, some days it was uncomfortable, and she wished the facility would do more to keep residents cool. A review of Resident 4's MDS, dated 7/1/26, indicated Resident 4 had a BIMS score of 12 with moderate cognitive impairment. During a concurrent observation and interview on 7/30/26 at 2:40 p.m. Resident 5 was seen wearing a tube top with bare arms, her hair was up and wet at the base of her neck, and her skin was damp and moist. Resident 5 stated it got hot in the room and the fan did not help on very hot days. Resident 5 stated her mouth and nose were dry sometimes and she was always sweating. Resident 5 felt residents who had beds closest to the window had it the worst. A review of Resident 5's MDS, dated [DATE], indicated Resident 5 had a BIMS score of 10 with moderate cognitive impairment. During an interview on 7/30/26 at 2:51 p.m. with Resident 6 in her room, Resident 6 stated she did not like to complain but got hot being by the window and was uncomfortable, and the fan in the room didn't reach her. During a concurrent observation and interview on 7/30/26 at 3:02 p.m. with Licensed Nurse A (LN A), LN A appeared flushed and the skin on her face and neck were moist. LN A stated it was hot on the second floor and was worse in the afternoons on hot days. LN A stated the cooler air from the units at the end of the halls could not reach inside the rooms and even the nurse's station got hot. LN A stated this was a problem for many residents and LN A did not want anyone to get dehydrated. During a concurrent observation and interview on 7/30/26 at 3:20 p.m. Resident 7 had all curtains drawn, window blinds closed and had a personal Air Conditioning (AC) unit connected to the closed window. The AC unit was on, but no air could be pulled from the closed window and the temp display on the AC unit read 86 ° F. Resident 7 was slumped down in bed, and the skin on her face had beads of moisture. Resident 7 stated the AC unit wasn't working and the room got so hot she was uncomfortable and couldn't stand it. A review of Resident 7's MDS, dated [DATE], indicated Resident 7 had a BIMS score of 14 with no cognitive impairment. During a concurrent observation and interview 7/30/26 at 3:35 p.m. Resident 8 had side curtains drawn, a fan above the TV in center of room was running, all lights were off. Resident 8 was in bed in a hospital gown and was thin and frail. Resident 8 stated it was so very hot in the room some days. Resident 8 stated the fan only dried the sweat off and days like today got very uncomfortable and made her tired and hot. A review of Resident 8's MDS, dated [DATE], indicated Resident 8 had a BIMS score of 11 with moderate cognitive impairment. During a concurrent observation and interview on 7/30/26 at 3:40 p.m. Resident 9 was seen sitting up in bed in a hospital gown only, hair was up and wet at the base of her neck, beads of moisture on her forehead. The window was open and there was a fan running behind her bed facing towards the window. Resident 9 stated she felt sweaty and tired and got too hot in her room. Resident 9 stated she kept the window open and used the fan to try and blow the hot air out. Resident 9 stated the heat made her ALS (Amyotrophic lateral sclerosis (ALS) a progressive nervous system disease that destroys motor neurons in the brain and spinal cord. High heat can severely impact adults by worsening muscle fatigue, increasing systemic stress, accelerating dehydration, and in some studies, correlating with an elevated risk of severe health complications or mortality during sudden temperature spikes) worse and her body struggled to regulate her temperature. Resident 9 stated it felt like it was 98°F in the room and the facility had not taken any action to help her or other residents. A review of Resident 9's MDS, dated [DATE], indicated Resident 9 had a BIMS score of 15 with no cognitive impairment. During a concurrent observation and interview on 7/30/26 at 4:10 p.m. Resident 12 was in bed near the window, all blinds and curtains were closed. Resident 12 was in hospital gown with a thin sheet up to her waist, the skin on her face was moist. There was a fan in the middle of the room above the TV that was not running. Resident 12 stated she asked for an (continued on next page)		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	oscillating fan 3 weeks ago and had not received one. Resident 12 stated the fan in the room did not oscillate, so only one resident could benefit at a time. Resident 12 stated the room was hot and she felt sweaty and uncomfortable. A review of Resident 12's MDS, dated [DATE], indicated Resident 12 had a BIMS score of 11 with moderate cognitive impairment. A review of Resident's 1, 2, 4, 5, 6, 7, 8, 9, and 12's Care Plans, indicated these residents were already at risk for dehydration, fluid and electrolyte imbalances and impaired skin integrity. During a concurrent observation and interview on 7/30/26 at 4:30 p.m. with both the Maintenance Director (MD) and the Administrator (ADM), all rooms of sampled residents were checked for current temperatures by the MD using an infrared gun. The readings indicated Resident 1 and Resident 2's room was 86.5 °F, Resident 4's room was 82.6 °F, Resident 5 and Resident 6's room was 82.8 °F, Resident 7 and Resident 8's room was 84.4 °F, Resident 9's room was 82.8 °F, and Resident 12's room was 82.4 °F. The MD and ADM confirmed the temperature readings and agreed they were above the required 81°F maximum. During concurrent interview and record review on 7/30/26 at 4:50 p.m. with the MD, MD reviewed his temperature logs for the last 2 months, which indicated room temperatures between 70-76 °F. MD stated he measured room temperatures every Monday morning and did not have any afternoon readings from hotter times of the day. MD agreed the logs were not an accurate representation of room temperatures throughout the day. During an interview on 7/31/26 at 2:30 p.m. the Director of Nursing (DON) stated ensuring comfortable temperatures below 81° F was important for all residents as higher temperatures put residents at risk for heat stroke, dehydration and skin issues. A review of a facility policy titled, Homelike Environment, revised 02/26, indicated, The facility staff and management maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include comfortable and safe temperatures between 71°F and 81°F.		