

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055434	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2024
NAME OF PROVIDER OR SUPPLIER Hayward Gardens Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1628 B Street Hayward, CA 94541	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>46658</p> <p>Based on observation, interview and record review, the facility failed to ensure the Director of Nursing (DON) was a registered nurse (RN) for seven months.</p> <p>This failure resulted in an unqualified nurse being designated the DON and had the potential for inadequate supervision and management of the facility residents and nursing staff.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 11/25/24, at 10:04 a.m., with the DON, the DON was wearing a badge indicating they were the Director of Nursing. The DON stated they had been the DON since 3/2024 as the acting DON. The DON stated they had just finished school to be a RN and was waiting to take the National Clinical Licensure Examination (NCLEX, an examination to become a RN) to be a RN.</p> <p>During a concurrent phone interview and record review on 11/25/24, at 11:15 a.m., with the Administrator (Admin), the facility ' s job description for the DON was reviewed. The Admin stated the job description indicated the DON is a registered nurse who oversees and supervises the care of all residents .minimum requirements to perform this position include: .must be in good standing with the State Board of Nursing and maintain all required continuing education/licensing requirements at all times. The Admin stated the DON had been in the position for more than six months and was an Licensed Vocational Nurse (LVN). The Admin stated the DON working as acting DON would have to meet the same requirements but was required to delegate RN duties to RNs on staff.</p> <p>During a concurrent interview and record review on 11/25/24, at 11:40 a.m., with the DON, the DON ' s licensed vocational nurse credentials titled, Board of Vocational Nursing and Psychiatric Technicians, dated 11/25/24, was reviewed. The DON stated they were an LVN and that was their current license.</p> <p>During a record review of the facility staff roster, dated 11/20/24, the staff roster indicated the DON as the DON. The staff roster did not indicate an acting DON position.</p> <p>During a record review of the facility daily staffing sheet titled, Estimated daily NHPPD, dated 11/21/24, the staffing sheet indicated there was one DON on duty. The daily staffing sheet did not indicate an acting DON position.</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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