STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055434	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hayward Gardens Post Acute	1628 B Street Hayward, CA 94541

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. Based on interview and record review, the facility did not ensure that Resident 79's binding arbitration agreement was explained to and signed by Resident 79's designated representative.This deficient practice has the potential to result in residents and/or resident representatives not being aware and/or fully understanding the implications of arbitration agreements.Finding:During a record review of Resident 79's admission Record (AR), the AR indicated, Resident 79's diagnoses included a history of transient ischemic attack (TIA, a brief interruption of blood flow to the brain causing temporary stroke^like symptoms and is considered a warning sign for possible future stroke), heart failure and weakness. During a record review of Resident 79's admission Record (AR), the AR indicated that Resident 79's healthcare decision maker was his daughter.During a record review of Resident 79's Arbitration Agreement, on 05/05/2026 at 4:33 PM, the signatory on the document indicated Resident 79's signature and not Resident 79's daughter.During an interview on 05/05/2026, at 3:50 PM, with Resident 79's daughter (healthcare decision maker), Resident 79's daughter stated that Resident 79's arbitration agreement was not discussed with her.During an interview on 05/07/2026 at 09:35 AM, with the admission Coordinator (AC) 1, AC 1 explained how she determines whether a resident or representative understands the arbitration agreement. AC 1 stated that if the resident or representative does not understand arbitration, she provides an explanation. AC 1 stated that some individuals sign and others decline.During record review on 05/05/2026, the facility's policy and procedure (P&P), titled, Binding Arbitration Agreements, revision dated, November 2023, the P&P indicated, Residents (or representatives) are informed of the nature and implications of any proposed binding arbitration agreements so as to make informed decisions on whether to enter into such agreements. Policy Interpretation and Implementation. 5. The terms and conditions of a binding arbitration agreement are explained to the resident (or representative) in a way that ensures his or her understanding of the agreement, including that the resident may be giving up his or her right to have a dispute decided in a court proceeding. 6. The terms and conditions of a binding arbitration are explained to the resident (or representative) in a form and manner that he or she understands, taking into consideration the resident's (or representative's) language, literacy and stated preference for learning. 7. After the terms and conditions of the agreement are explained, the resident or representative must acknowledge that he or she understands the agreement before being asked to sign the document. a. A signature alone is not sufficient acknowledgment of the understanding. b. The resident (or representative) must verbally acknowledge understanding, and the verbal acknowledgment documented by the staff member who explains the agreement.

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. ˆBased on observation, interview and record review, the facility failed to maintain an effective infection control program when:Certified Nursing Assistant (CNA) 4 handled contaminated linen from Resident 33, who is on contact precautions for MRSA, without wearing the required PPE. The contaminated linen was not bagged prior to being placed in the laundry hamper.CNA 1 handled Resident 29's soiled linens and garbage disposal bag without gloves worn and did not perform hand hygiene. Two lighters were found stored in an opened full box of Tegaderm dressings in the medication storage room (Tegaderm is a thin, see through plastic dressing used to cover wounds, scrapes and surgical incisions. It acts as a protective, germ-proof barrier that keeps dirt out of the skin).License Vocational Nurse (LVN) 1 did not perform hand hygiene before preparing and giving medications to Resident 37.These failures placed the residents at increased risk of healthcare-associated infections. 1.During an observation on 5/4/26, at 9:49 a.m., Certified Nursing Assistant (CNA 4) came out of Resident 33's room. CNA 4 had slightly yellow-stained towels and bed sheets in her bare hands, while contaminated linen touched CNA 4's arm and the sleeve of her uniform. While standing outside of Resident 33's room, CNA 4 waited for another staff to push the barrel (laundry hamper) towards her and dropped the contaminated linen directly into the hamper, without bagging them. During an interview on 5/4/26, at 9:57 a.m., CNA 4 stated that she needed to wear PPE (Personal Protective Equipment, gear worn to lessen exposure from germs or infection) when handling dirty laundry, and not doing so increased the risk of spreading germs and infection to other residents. During a review of Resident 33's physician order, dated 4/24/26, under Order Summary indicated, Resident 33 was on contact precautions (safety measure to wear gloves and gown when in contact with an infected resident, surfaces or equipment) related to MRSA (methicillin-resistant staphylococcus aureus, bacteria that does not respond to antibiotics). During an interview om 5/4/26, at 2:44 p.m., laundry personnel (LP) stated contaminated laundry for Resident 33 should be bagged into a red/yellow plastic bag before placing it directly inside the barrel for laundry personnel to be able to tell to handle those contaminated linens with more caution. During an interview on 5/6/26, at 9:23 a.m., Director of Nursing (DON) stated that full gown, gloves, mask are needed to be worn when caring and handling contaminated linen of a resident on contact precautions because of risk of spreading infection causing fever, abnormal laboratory blood results, and change in level of consciousness (a person is less awake, aware or responsive than normal). During a review of the facility's Policy and Procedure (P&P) titled, Isolation – Categories of Transmission-Based Precautions, dated September 2022, the P&P indicated, Contact Precautions . Staff avoid touching potentially contaminated environmental surfaces or items in the resident's room after gloves are removed. During a review of the facility's P&P titled, Laundry and bedding, soiled, reviewed January 2026, the P&P indicated, contaminated laundry is bagged or contained at the point of collection. 2. During an observation on 05/04/26, at 9:45 AM, Resident 29's door had an Enhanced Barrier Precaution (EBP) sign posted, which required staff to don appropriate personal protective equipment (PPE) and perform hand hygiene upon entry and exit. CNA 1 entered Resident 29's room without disposable gloves worn. CNA 1 removed Resident 29's soiled linens and discarded the garbage (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	disposal bag in the disposable bin. CNA 1 then exited Resident 29's room and proceeded to the clean linen room and retrieved clean linens. CNA 1 did not perform hand hygiene. CNA 1 returned to Resident 29's room and replaced the Resident 29's bed linens. During an interview on 05/04/26 at 10:25 AM with CNA 1, when asked whether staff must perform hand hygiene when entering and exiting resident rooms, including rooms with EBP signs posted on the door, CNA 1 acknowledged they are required to do hand hygiene and stated, I am sorry ma'am, I did not do hand hygiene. During record review of the facility's policy and procedure (P&P), titled, Handwashing/Hand Hygiene, revision dated October 2024, the P&P indicated, that hand hygiene is required. Immediately before touching a resident. Before performing an aseptic task (for example, placing an indwelling device or handling an invasive medical device). After contact with blood, body fluids, or contaminated surfaces. After touching a resident. After touching the resident's environment . Before moving from work on a soiled body site to a clean body site on the same resident. Immediately after glove removal. The P&P further indicated that single use disposable gloves must be worn.Before performing aseptic procedures . When anticipating contact with blood or body fluids. When in contact with a resident, or the equipment or environment of a resident, who is on contact precautions. 3. During the medication storage room observation on 5/4/26, at 2:00 p.m., with the Infection Preventionist (IP), two lighters were found stored in an opened full box of Tegaderm dressings in the medication storage room. The IP stated that the lighters should not be stored with Tegaderm dressings, as the dressings were used for resident wounds. IP further stated the risks involved were contamination (making something dirty due to addition of germs) and the spread of infection. During an interview on 5/6/26, at 10:25 a.m., with Director of Nursing (DON), The DON stated that lighters and Tegaderm should not be stored together because Tegaderm was used for wound care and keeping them together posed a risk of infection. Review of the facility's policy and procedure (P&P) titled, Monitoring Compliance with Infection Control, revised August 2019, the P&P indicated, Policy statement: Routine monitoring and surveillance of the workplace are conducted to determine compliance with infection prevention and control policies and practices. 4. During the medication pass observation on 5/5/26, at 8:14 a.m., Licensed Vocational Nurse (LVN) 1 did not sanitize his hands before preparing Resident 37's medications. Immediately following preparation, LVN 1 gave the medication to Resident 37 without sanitizing his hands in between. During an interview on 5/5/26, at 8:35 a.m., with LVN 1, LVN 1 stated he should have sanitized his hands before preparing and giving medications to Resident 37 and stated the risk of not performing proper hand hygiene was spread of infection. During an interview on 5/6/26, at 10:25 a.m., with the DON, the DON stated that medication nurses must perform hand hygiene both before handling and administering medications. The DON noted that improper hand hygiene posed a risk for the spread of infection. During an interview on 5/7/26, at 9:38 a.m., with the IP, the IP stated that medication nurses should perform hand hygiene before handling medications and before giving medications and stated the risk of not doing proper hand hygiene was spread of infection. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility's policy and procedure (P&P) titled, Handwashing/ Hand Hygiene, revised October 2024, the P&P indicated, Policy Statement: This facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infections.1. All personnel are trained and regularly in-serviced (employee education or training) on the importance of hand hygiene in preventing the transmission of healthcare associated infections 2. All personnel are expected to adhere to hand hygiene policies and practices to help prevent the spread of infections to other personnel, residents, and visitors.

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure staff protected dignity and maintained personal privacy for one of one resident (Resident 29) during preparation and transport for a scheduled shower. This failure resulted in Resident 29 being exposed and insufficiently covered while being moved through the hallway, creating risk for embarrassment, loss of dignity, and violation of personal privacy.Findings:During a record review of Resident 29's admission Record (AR)printed on 5/07/26, the AR indicated, Resident 29 was admitted to the facility on [DATE]. The AR indicated Resident 29 was a [AGE] year-old female with diagnosis of limitations of activities due to cerebral aneurysm (also called a brain aneurysm, is a weak, bulging area in the wall of a blood vessel in the brain. If the blood vessel ruptures, it can leak blood into the area around the brain. This type of bleeding is life-threatening and requires emergency medical treatment), cognitive communication deficit (trouble with the thinking parts of communication) and weakness.During a record review of Resident 29's Minimum Data Set (MDS, a resident assessment tool used in identifying problems to be addressed in plan of care), dated 4/22/26, the MDS indicated, Resident 29's Brief Interview for Mental Status (BIMS, short-term memory screening tool) score was four (4) out of fifteen (15), indicating cognitive (mental) impairment.During an observation on 05/04/26 at 9:45 AM, Certified Nursing Assistant (CNA) 1 was preparing Resident 29 in Room A for a scheduled shower. Resident 29 was observed seated on a white plastic shower chair with her backside uncovered and fully exposed. Resident 29 was covered with small hand towels: one was draped across the upper chest , one over the abdomen, and one from the hips to mid-thigh. During and observation on 05/04/26 at 09:50 AM, CNA 1 wheeled Resident 29 from Room A to the shower room while the Resident 29's upper back, buttocks and lower back were exposed. During an interview on 05/04/26 at 10:25 AM, CNA 1 was informed that the Resident 29 was observed with her backside exposed and covered only with hand towels. CNA 1 responded, yes ma'am, I know I'm sorry. CNA 1 acknowledged that he should have provided fuller coverage for the resident and that transporting the resident in the condition observed was not in accordance with facility expectations.During a record review of the facility's written policy and procedure (P&P) titled Dignity, revised 1/2026, the P&P indicated, staff to promote, maintain and protect resident privacy, including bodily privacy during assistance with personal care and during treatment process.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide respiratory care to one of 20 sampled residents when Resident 38's order for incentive spirometer (a handheld, plastic device used after surgery or illness to help exercise the lungs, encourage deep breathing, and prevent lung complications like pneumonia or lung infection) was not followed.This failure had the potential to result in Resident 38 experiencing respiratory distress and a decline in health status.During a review of Resident 38's admission record indicated the resident was admitted on [DATE] with diagnoses that included bronchiectasis and respiratory failure [bronchiectasis is a long-term lung condition where the airways (the tubes that move air in and out of your lungs) become permanently widened, scarred, and inflamed; respiratory failure is a life-threatening condition where the lungs cannot get enough oxygen into the blood or cannot remove enough carbon dioxide (waste gas) from the body].During a review of Physician's Orders, dated 5/7/26, the Physician Orders indicated an active order of Incentive spirometer at least 10 times every hour while awake, with a start date of 4/17/26.During a concurrent observation and interview with Registered Nurse (RN) 1 on 5/7/26, at 8:45 a.m., in Resident 38's room, there was no IS found at the resident's bedside table and drawers. The RN acknowledged failing to offer the IS to the resident during her shift on 5/6/26. RN 1 stated that the purpose of the IS was to strengthen the resident's lungs.During a concurrent interview and record review on 5/7/26, at 10:04 a.m., with Registered Nurse Supervisor (RN-S), Resident 38's physician orders, dated 5/7/26, and Medication Administration Record (MAR), dated May 2026 were reviewed. The MAR did not indicate the nurses were offering the IS to Resident 38. RN-S stated nurses should follow the physician orders to provide and to offer the resident an IS and stated the IS was intended to expand Resident 38's lungs and to prevent further respiratory issues.During a review of the facility's policy and procedure (P&P) titled, Respiratory Care Services, revised January 2026, indicated, .Incentive spirometer: Residents shall use an incentive spirometer only when clinically appropriate and ordered by the physician/provider or recommended as part of the resident's respiratory or post-surgical plan of care. Staff shall educate, cue and monitor residents for correct use and tolerance. Procedure: Staff shall: 1. Verify the order, including frequency, duration.8. Document use, tolerance, resident response, education, refusals, and any concerns.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure foley catheter (a thin, flexible, indwelling tube inserted through the urethra into the bladder to drain urine into a collection bag) care, monitoring and assessment were documented within the electronic health record (EHR) for one of seven sampled residents (Resident 72). This failure caused a lack of information to facilitate communication among the interdisciplinary team (IDT-a collaborative group of healthcare professionals from diverse specialties who work together to manage complex resident care) and to provide resident-centered care for Resident 72. During record review of admission record, printed on 5/7/26, Resident 72 was admitted on [DATE].During record review of Resident 72's Minimum Data Set (MDS, an assessment tool used to guide care), dated 4/23/26, indicated Resident 72's Brief Interview for Mental Status (BIMS, an assessment tool used to assess mental status) score was 15 out of 15, and indicated Resident 72's cognition was intact. MDS Functional Abilities section indicated Resident 72 was dependent (helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity) in toileting hygiene (the ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement). MDS Bowel and Bladder section indicated Resident 72 had a foley catheter. During record review of Resident 72's Order Summary Report indicated, check and empty drainage bag every shift and as needed.During a review of Resident 72's Bladder Care Plan, initiated 4/21/26, indicated external catheter: provide catheter care and empty catheter every shift and as needed .record output of foley catheter.During a review of Resident 72's Medication Administration Record (MAR), initiated 5/6/26, the MAR indicated, check and empty drainage bag every shift and as needed.monitor fluid output every shift.check and empty drainage bag every shift and as needed when half full. During an interview on 05/06/2026, at 2:14 p.m., with Certified Nurse Assistant (CNA) 4, CNA 4 stated Resident 72 could not get out of bed and preferred bed baths. CNA 4 stated Resident 72 was incontinent to stool with foley catheter and wore a brief. CNA 4 stated they completed catheter care daily in the morning and afternoon. CNA 4 stated they documented catheter output in the EHR as Resident 72 typically had a large output. CNA 4 stated it was important to document catheter care and urine output because it was done.During a concurrent interview and record review on 5/7/26, at 9:46 a.m., with Director of Staff Development (DSD), the intake-output MAR and bladder incontinence task record were reviewed. The intake-output MAR indicated no foley output for April or May, and the bladder incontinence task record indicated a total of 1600ml of urine output since admission. DSD stated there was no documentation of foley catheter care since admission. DSD also stated foley catheter care and urine output should be documented in EHR daily by CNA and/or Registered Nurse (RN).During a concurrent interview and record review on 05/07/2026, at 10:12 a.m., with the Registered Nurse Supervisor (RN-S), the intake-output MAR and bladder incontinence task record were reviewed. The RN-S stated accurate documentation of foley care and urine output was very important because that was how the foley catheter was monitored and how the staff were able to report to physician any changes or abnormalities. RN-S stated there was no foley care documentation for April or May and insufficient foley output documentation for April and May 2026.During a review of the facility's policy and procedure (P&P) titled, Catheter care, Urinary, dated August 2022, the P&P indicated, nursing and the interdisciplinary team should assess and document the ongoing need for a catheter that is in place. Use a standardized tool for documenting clinical indications for catheter use.the following information should be recorded in the residents medical record, the date and time catheter care was given, the name and title of the individual giving catheter care, all assessment data obtained when giving catheter care, character of urine such as color and odor, any problems noted at catheter-urethral junction during perineal care such as drainage, redness, bleeding, irritation, crusting (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	or pain, any problems or complaints made by the resident related to the procedure, how the resident tolerated the procedure.During a review of the facility's P&P titled, Charting and Documentation, undated, the P&P indicated, all observations, medication administered, services performed, etc., must be documented in the residents clinical record.