

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055775	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2025
NAME OF PROVIDER OR SUPPLIER Orinda Care Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 11 Altarinda Road Orinda, CA 94563	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>31403</p> <p>Based on interview and record review, the facility did not secure the belongings of one of three sampled residents (Resident 1) when Resident 1 ' s had some of her clothing items and money gone missing and facility staff did not create inventory, track, or replace the missing items.</p> <p>This failure resulted in Resident 1 expressing feeling, Frustrating which could affect Resident 1 ' s overall well-being.</p> <p>Findings:</p> <p>During a record review of Resident 1 ' s clinical document, Admission Record, the document showed, the facility admitted Resident 1 in May 2025. Diagnoses included post-polio syndrome. (muscle weakness that can develop in someone who previously had polio).</p> <p>Record review of Resident 1 ' s clinical document, MDS 3.0 Nursing Home PPS (NP) Version 1.19.1 (resident assessment) showed, Resident 1 was oriented to the day, month, and year and could accurately recall words presented to her.</p> <p>During an interview on 4/22/2025 at 9:35 a.m. with Resident 1, Resident 1 stated she had underwear and other clothes Stolen and that she had reported this to Everyone including the social worker. Resident 1 stated staff had made a Half ditched effort to find the items. She stated she also lost \$53 which had been stored in her bedside table. Resident 1 stated staff said they would Check the inventory of her belongings when she was admitted . But found the facility had not completed one. Resident found the situation Frustrating.</p> <p>During an interview on 4/22/2025 at 10:20 a.m. with Social Services Director (SSD), SSD stated, she was made aware of Resident 1 ' s missing clothes and money. The SSD stated they had found some of the clothing items and returned them and stated she was Not sure if she had been reimbursed for the money or if the items had been checked on the admission inventory list.</p> <p>Record review of the medical record showed no inventory of Resident 1 ' s belongings on admission.</p> <p>During an interview on 4/22/2025 at 12:05 p.m. with the SSD, SSD confirmed, there was no documented inventory list in the clinical record for Resident 1.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055775	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2025
NAME OF PROVIDER OR SUPPLIER Orinda Care Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 11 Altarinda Road Orinda, CA 94563	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a record review of the facility ' s Policy and Procedure (P&P) document titled, Lost and Found dated 2008, the P&P indicated, Our facility shall assist all personnel and residents in safeguarding their personal property.</p> <p>During a record review of the facility ' s Policy and Procedure (P &P) document titled, Personal Property dated 2022, the P&P indicated, The president ' s personal belongings and clothing are inventoried and documented upon admission and updated as necessary.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055775	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2025
NAME OF PROVIDER OR SUPPLIER Orinda Care Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 11 Altarinda Road Orinda, CA 94563	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>31403</p> <p>Based on observation, interview and record review, the skilled nursing licensed staff did not notify the physician for a change in condition for one of three sampled residents (Resident 1). Resident 1 had a change in mentation and was hallucinating.</p> <p>This resulted in Resident 1 feeling it was a Horrible Experience with a possible unnecessary hospital stay.</p> <p>Findings:</p> <p>During a record review of Resident 1 ' s clinical document, Admission Record, the document indicated the facility admitted Resident 1 in May 2023. Diagnoses included post-polio syndrome. (muscle weakness that can develop in someone who previously had polio).</p> <p>Record review of Resident 1 ' s clinical document, the document MDS 3.0 Nursing Home PPS (NP) Version 1.19.1 (resident assessment) showed Resident 1 was oriented to the day, month, and year and could accurately recall words presented to her.</p> <p>During an interview on 4/22/2025 at 9:35 a.m. with Resident 1, Resident 1 stated she had been Hallucinating and had asked the staff for a test and was Ignored. Resident 1 stated it had been a Horrible experience.</p> <p>Record review of Resident 1 ' s clinical documents Progress Notes showed the following:</p> <p>2/5/2025: Resident 1 left the facility for an appointment at 11 a.m. At the time she was alert and responsive.</p> <p>2/5/2025: Resident returned to the facility at 12:17 p.m. and was alert and oriented.</p> <p>2/5/2025: At 10:45 p.m. Resident 1 told staff there were Snakes under her bed.</p> <p>2/8/2025: From 11:30 p.m. (2/7/25)to 1:30 a.m (2/8/25). Resident 1 tried to elope from the facility and was hallucinating .</p> <p>There was no documentation in the clinical record which showed the doctor had been notified.</p> <p>During an interview on 4/22/2025 at 12:50 p.m., with Director of Nursing (DON), DON confirmed, staff had not notified the doctor regarding Resident 1 ' s change in condition. The DON stated the hallucinations can be a sign of an infection and without treatment, the symptoms can get worse.</p> <p>Record review of Resident 1 ' s clinical document, Progress Note dated 2/8/2025, showed Resident 1 tried to leave the facility as she believed her room was in another building and bugs were crawling All over her room. The MD was notified, and Resident 1 was sent to the hospital.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055775	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2025
NAME OF PROVIDER OR SUPPLIER Orinda Care Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 11 Altarinda Road Orinda, CA 94563	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the document Hospitalist Discharge Summary dated 2/11/2025, showed Resident 1 was admitted into the hospital for two days due to hallucinations. Resident 1 was seen by Psychiatry and prescribed medications.</p> <p>Record review of the document Acute condition Changes - Clinical Protocol dated 2001, showed .the nurse shall assess and document/report the following baseline information: Vital signs; Neurological status; Current level of pain, and any recent changes in pain level; Level of consciousness; Cognitive and emotional status .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055775	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2025
NAME OF PROVIDER OR SUPPLIER Orinda Care Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 11 Altarinda Road Orinda, CA 94563	
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>31403</p> <p>Based on interview and record review the skilled nursing facility did not provide services to support dental health and the ability to live independently for one of three sampled Residents (Resident 1) when:</p> <ol style="list-style-type: none"> 1. Dentist recommendation following a dental exam of Resident 1 to be scheduled as soon as possible for an abscess biopsy was never ordered and carried out. 2. Resident 1 was not provided the assistance she needed to live independently. <p>This failure resulted in the potential for pain and infection, and contributed to Resident 1 feeling Frustrated, thereby negatively impacting their overall well-being, autonomy, and quality of life.</p> <p>Finding:</p> <ol style="list-style-type: none"> 1. During a record review of Resident 1 ' s clinical document, Admission Record, the document showed, the facility admitted Resident 1 in May 2023. Diagnoses included post-polio syndrome (muscle weakness that can develop in someone who previously had polio). <p>Record review of Resident 1 ' s clinical document, MDS 3.0 Nursing Home PPS (NP) Version 1.19.1 (resident assessment), the document indicated, Resident 1 was oriented to the day, month, and year and could accurately recall words presented to her.</p> <p>Record review of Resident 1 ' s clinical document titled, Lumina Healthcare and Dental dated 7/24/2023, showed Resident 1 had been evaluated by a dentist. Under the section Treatment Recommendation it showed Biopsy ASAP. In a concurrent interview on 4/22/2025 at 12:05 p.m. the Social Services Director (SSD) was asked if the biopsy had been ordered. The SSD stated she was not sure.</p> <p>There was no documentation in the clinical record which showed the biopsy had been ordered.</p> <p>During an interview on 4/22/2025 at 12:20 p.m. with Resident 1 , Resident 1 stated, the biopsy had never been completed.</p> <p>During an interview on 4/22/2025 at 12:50 p.m. with Director of Nursing (DON), DON confirmed there was nothing in the record which showed the biopsy had been done. The DON stated the potential outcome was infection.</p> <ol style="list-style-type: none"> 2. During an interview on 4/22/2025 at 9:35 a.m. with Resident 1, Resident 1 stated she was Frustrated because she wanted to transition to live independently. In order for that to happen she needed to obtain a new identification card. Resident 1 stated facility staff were not assisting her in obtaining the new card as she has difficulty using her hands due to her medical condition. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055775	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2025
NAME OF PROVIDER OR SUPPLIER Orinda Care Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 11 Altarinda Road Orinda, CA 94563	
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the Resident 1 ' s clinical document, Psychosocial Note dated 6/28/2024 showed, SSD had met with Resident 1 to assist her in obtaining a driver ' s license replacement and had made an appointment at the local DMV.</p> <p>During an interview on 4/22/2025 at 10:40 a.m. with SSD, SSD stated the Identification Card issue had been fixed.</p> <p>During an interview on 4/22/2025 at 11:45 a.m. with Resident 1, resident 1 stated she still did not have a new ID card, and it was Frustrating.</p> <p>During an interview on 4/22/2025 at 12 noon with Minimum Data Set nurse (MDS RN), MDS (RN) stated, he had assisted Resident 1 in obtaining a new ID but ran into problems as it required a birth certificate which she did not have. It also required her to take a driving test which she physically was unable to do. The MDS RN stated he reported this to the SSD.</p> <p>Record review of the document Progress Notes dated 3/31/2025 confirmed the MDS RN had assisted Resident 1. The MDS RN documented I attempted to get her a real ID, but she will need a certified copy of her birth certificate or passport of which she had none and that the lack of documents .Complicates things but that the SSD can help her further. The MDS RN documented Resident 1 was left Upset and crying.</p> <p>During an interview on 4/22/2025 at 12:02 p.m. the SSD confirmed she had not followed up regarding the ID card.</p> <p>Record review of the document Job Description dated 3/22/2021, showed the Social Services Director Directs the overall operation of the Social Services Department in accordance with current federal, state, and local standards, guidelines and regulations and Company policies and procedures to assist each resident and family adjust to placement, illness and plan of care so as to attain the highest practicable level of functioning. Duties and Responsibilities included Ensures ongoing evaluations for dental, vision and mental health exams and follow up.</p>		