

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2025
NAME OF PROVIDER OR SUPPLIER Eden Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 27350 Tampa Avenue Hayward, CA 94544	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record, the facility failed to ensure two out of six sampled Residents (Resident 2 and 4), were free from abuse, when Residents 2 and 4 had a physical altercation. Resident 2 had multiple skin tears with bleeding and Resident 4's right index finger was bitten. This failure resulted in pain and injuries on residents. During a review of facility's admission Record (AR) indicated Resident 2 was admitted to the facility on [DATE], with diagnoses that included dementia with other behavioral disturbance. Resident 2's Minimum Data Set (MDS - resident assessment tool) dated 05/28/25, the MDS indicated a Brief Interview for Mental Status (BIMS, a scoring system used to determine the resident's cognitive status regarding attention, orientation, and ability to register and recall information) score of 05, (BIMS score of 0 - 7, suggest severe cognitive impairment).During a review of facility's AR indicated Resident 4 was admitted to the facility on [DATE], with multiple diagnoses that included unspecified osteomyelitis (infection in the bone). Resident 4's MDS dated [DATE], the MDS indicated a BIMS score of 10, (BIMS score of 8 - 12, suggest moderate cognitive impairment).During a review of facility's Resident 2's eInteract Change in Condition dated 04/20/25 indicated, Patient was noted with multiple scratches on front of face and right arm scratches, minimal bleeding, with skin tear. Charge nurse immediately separated the patients and render a treatment to affected skin. Resident 2's Skin Status Evaluation indicated Multiple scratches on face and right arm area with skin tear.During a review of facility's Resident 4's eInteract Change in Condition dated 04/20/25 indicated, Resident 4 stated I was upset because [Resident 2] is using my wheelchair, she doesn't want to listen, so I scratch her, and [Resident 2] bite her right pointing finger. Resident 4's Skin Status Evaluation noted Skin tear on right point finger.During an interview on 08/14/25 at 04:21 p.m., with Registered Nurse (RN) 1, RN 1 started on 04/20/25, he was doing his rounds, RN 1 was in the area near Residents 2 and 4's shared room. RN 1 stated he heard a commotion in Resident 2 and 4's room. RN 1 when he went to the room, Resident 2 was sitting in her wheelchair, and she was near Resident 4's bed. RN 1 stated that Resident 4 was in her bed, and she was swinging her arms towards Resident 2, and Resident 2 had her arms up trying to defend herself from Resident 4. RN 1 stated other staff came in to help, and RN 1 stated by the time he was able to take Resident 2 away from Resident 4's reach, Resident 2 had a lot of skin tears and had blood on her. RN 1 stated that Resident 2 had multiple skin tears.During a review of facility's policy and procedure titled Abuse Prevention Policy dated 03/17/2025 indicated Resident have the right to be free from all forms of abuse. This includes but is not limited to freedom from physical abuse, verbal abuse, mental abuse, neglect, sexual abuse, misappropriation of property, involuntary seclusion, and financial abuse. The facility prohibits and prevents the forms of abuse, involuntary seclusion, neglect, and misappropriation of property.</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
---	-------	-----------