

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: 056121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2026
NAME OF PROVIDER OR SUPPLIER Washington Center		STREET ADDRESS, CITY, STATE, ZIP CODE 14766 Washington Avenue San Leandro, CA 94578	
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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to provide adequate supervision for one of two sampled residents (Resident 1). Despite being a known elopement and fall risk, Resident 1 left the facility lobby unnoticed by staff. This failure in care caused Resident 1 to suffer a fall during an episode of elopement. A review of Resident 1's Face sheet indicated that the resident was admitted to the facility on [DATE] with diagnoses which included history of falling and muscle weakness. During a review of Resident 1's MDS (an assessment tool) Section C (assesses a nursing home resident's cognitive patterns, including attention, orientation, short and long term memory, recall, and the presence of delirium) dated 5/15/26, Section C indicated Resident 1's cognition was moderately impaired. The MDS Section GG (measures a resident's functional abilities and goals, focusing on self-care and mobility) titled Functional Abilities indicated that Resident 1 used a manual wheelchair and needed partial/moderate assistance when wheeling to at least 150 feet. A review of Resident 1's Interdisciplinary Team (IDT) care conference notes dated 4/20/26 revealed Resident 1 fell outside the facility's lobby on 4/20/26 at 9:00 a.m. The IDT care conference notes indicated that Resident 1 was in the wheelchair and went out of the facility and stood up. Resident 1 sustained scrapes on right knee and left shoulder and had swelling of right leg and right ankle. The IDT notes also indicated that Resident 1 had unsteady gait and impaired balance (IDT, a group of individuals representing different departments of the facility). During a review of Resident 1's Leave of Absence Without Notice (LAWN or facility's elopement risk assessment) dated 2/18/26, it indicated that Resident 1 was at risk for Leave of Absence Without Notice or elopement. During an interview on 6/23/26 at 9:08 a.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated that on 4/20/26 at 9:00 a.m., CNA 1 was busy attending to another resident and did not notice Resident 1 leave the facility through the front lobby door. CNA 1 was unaware of the incident and did not know that Resident 1 had already fallen at that time. During an interview on 6/22/26 at 1:44 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated that on 4/20/26 at 9:00 a.m., the facility staff were busy and did not notice Resident 1 go out of the lobby door and fell. Also stated Resident 1 was a high fall risk and should not have gotten out of the lobby unsupervised. During an interview on 6/22/26 at 3:26 p.m., with the Director of Nursing (DON), the DON stated Resident 1 is a known fall and elopement risk and should have been supervised more closely. During a review of the facility's policy and procedure (P&P) titled Fall Management dated 5/26/21, the P&P indicated, Patients will be assessed for fall risk as part of the nursing assessment process. Those determined to be at risk will receive appropriate interventions to reduce risk and minimize injury. During a review of the facility's P&P titled, Leave of Absence Without Notice(LAWN), dated 1/16/26, the P&P indicated, Policy: The interdisciplinary team members (IDT) are recommended to evaluate if a resident is deemed at risk of leaving the facility without notice and identify resident-specific measures in a least restrictive environment.Procedural Guidelines: 1. Residents will be evaluated by the interdisciplinary team members (IDT) for possible leave of absence without notice/authorization upon admission, quarterly and when there is a significant change condition.		

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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