

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2026
NAME OF PROVIDER OR SUPPLIER We Care Skilled Nursing - Fremont		STREET ADDRESS, CITY, STATE, ZIP CODE 2100 Parkside Drive Fremont, CA 94536	
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>Based on observation, interview and records review the facility failed to ensure to keep one of three sample selected residents (Resident 1) privacy when, resident was taking shower, and the bathroom door was opened by staff multiple times. This deficient practice could result in causing Resident 1 to experience emotional distress, a loss of dignity, and a breakdown of trust in caregivers, potentially leading to anxiety, depression, or withdrawal from necessary medical care. A review of Resident 1's admission Record, printed on 1/15/2026, the admission record indicated Resident 1 was admitted to the facility in September 20205 with multiple diagnosis including Subacute Osteomyelitis (a serious infection and inflammation of the bone) right ankle and foot. During an interview on 1/15/26 At 9: 35 a.m. with Resident 1, Resident 1 stated, he was taking shower and asked the care givers to leave him alone in the bathroom. Resident 1 stated while Resident 1 was taking shower the staff opened the shower door multiple times and he was very upset and distressed at that time. During an interview on 1/15/26 at 10:15 a.m. with the Certified Nurse Assistant (CNA) 1, CNA 1, stated, she was walking on the hallway and noticed the shower wheelchair was outside the room and the sign on the door showed in use, CNA 1 opened the door and immediately Resident 1 started yelling and CNA 1 closed the door quickly. CNA 1 stated the staff should not open the shower door if the sign on the door shows in use for the resident's privacy and she made a mistake. During an interview on 1/15/26 at 10:05 a.m. with the Licensed Vocational Nurse (LVN) 1, LVN 1 stated, she was walking on the hallway and noticed the shower's wheelchair was on the hallway and she thought nobody was in the shower room and opened the door, Resident 1 started to yell and LVN 1 changed the sign to in use and left. LVN 1 stated when they leave the residents inside the shower, they must change the sign on the door and make sure to watch for the residents' privacy. A review of the facility's policy and procedure Dignity revised February 2021, indicated . Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. Residents' private space and property are respected at all times.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 056298
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