

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  03/23/2026
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interviews, and record review, the facility failed to ensure a safe environment by not monitoring visitors entering and exiting the facility. This failure potentially compromised the safety of the residents. During a phone interview with Resident 1's Family Member (FM) 1 on 3/20/26 at 2:35 p.m., FM1 stated that she had observed visitors entering and leaving the facility without checking in or out at the front lobby desk. FM 1 stated she was concerned about her mother's safety. During a review of Resident 1's admission record indicated the resident was admitted on [DATE] with diagnoses that included anxiety disorder. During a concurrent observation and interview on 3/23/26, at 9:30 a.m., with the Director of Nursing (DON), in the facility lobby, visitors were observed entering and exiting the facility without signing in or out at the front reception desk. DON stated that the visitors were not required to check in or out. Upon further observation, there was no designated visitor sign-in log at the front desk. During an interview with the Front Lobby Receptionist (FLR) on 3/23/26 at 11:15 a.m., the FLR confirmed that there was no requirement for visitors to check in or check out at the front lobby desk. During another interview with the DON on 3/23/26 at 2:30 p.m., DON acknowledged that the facility visitors should be signing in and out in the front desk to ensure the residents' safety. During a review of the facility's policy and procedure (P&amp;P) titled, Visitation, dated 2001, the P&amp;P indicated, Policy Statement: Our facility permits residents to receive visitors subject to the resident's wishes and the protection of the rights of other residents in the facility. Reasonable Clinical and Safety Restrictions: Some visitation may be subject to reasonable clinical and safety restrictions that protect the health, safety, security and/or rights of the facility's residents .</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
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