STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056389	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vale Healthcare Center	13484 San Pablo Avenue San Pablo, CA 94806

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 0790 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide routine and 24-hour emergency dental care for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to track, find, replace, and follow up with two of two Residents (Resident 2 and Resident 3) whose dentures were lost at the facility. This failure resulted in two Residents not having their teeth to eat and talk which impacted their dignity and psychosocial well-being. Findings: During a review of Resident 2 ' s admission record titled Face Sheet, undated, the Face Sheet indicated Resident 2 was admitted to the facility on [DATE] for Heart Failure (A chronic condition where the heart doesn ' t pump blood as well as it should.). During a review of Resident 2 ' s Minimum Data Set (MDS- an assessment tool to guide care), the MDS assessment indicated Resident 2 had a Brief Interview for Mental Status (BIMS- a mental status exam) score of 15 indicating intact cognition. The MDS assessment also indicated Resident 2 required set up and assistance with oral hygiene, to include managing, denture soaking, and rinsing with use of equipment. During a record review of the Resident 2's Care Plan Essentials, dated 12/21/23, the care plan indicated Resident 2 had upper dentures on admission to facility. During an interview on 4/9/25 at 12:10 p.m. with Resident 2, Resident 2 stated her upper dentures were lost about 2 months ago. Resident 2 stated, the facility would get upset with her whenever she would ask about them. Resident 2 stated she was having to eat soft foods because of not having teeth to chew meat. Resident 2 stated she mostly ate mashed potatoes and soup. Resident 2 stated her dental insurance would cover the denture replacement, but no one at the facility had gotten back to them regarding her lost dentures. Resident 2 stated that it was upsetting not having her dentures. Resident 2 stated she felt like the facility blamed her for her missing dentures. Resident 2 also stated staff told her they found another Resident's dentures in the laundry room but they were not hers. During an interview on 4/9/25 at 1:40 p.m. with Director of Social Services (DSS), DSS stated they were aware of Resident 2 ' s lost dentures. DSS stated they found lost dentures in the laundry room, but they did not belong to Resident 2. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056389	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0790 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 3 ' s admission record titled, Face Sheet, undated, the Face Sheet indicated Resident 3 was admitted to the facility on [DATE] with a diagnosis of Cerebral Infarction, (A condition where the brain tissue dies due to lack of blood flow and oxygen), and is on hemodialysis, (A medical procedure that uses a machine to filter waste products and excess fluids from the blood, when the kidneys are failing) for end stage renal (kidney) disease. During a review of Resident 3 ' s MDS assessment, the MDS assessment indicated, Resident 3 had a BIMS score of 13. The MDS assessment also indicated Resident 3 required set up and assistance with oral hygiene, to include managing denture soaking and rinsing with use of equipment. During a review of the facility's document titled, Observation Data List Report, the Observation Data List Report indicated Resident 3 had both upper and lower dentures upon admission to the facility. During a review of Resident 3 ' s Progress Note, dated 9/12/24, at 12:18 p.m., the Progress Note indicated a call had been placed to Lumina Dental and that the facility would pay for x-rays and dentures. During an interview on 4/9/25 at 11:17 a.m. with Resident 3 ' s Family Member (FM), FM stated he contacted the facility about his dad ' s lost dentures, but no one had gotten back to him. During an interview on 4/9/25 at 11:30 a.m. with Social Worker (SW1), SW1 stated they were not aware of Resident 3 ' s lost dentures. SW1 stated the facility did not have a tracking log for Residents who had lost their dentures. SW1 stated they were not sure if Resident 3 ' s lost dentures were discussed at the Interdisciplinary Team (IDT-team members from different departments who work together to resolve patient care problems) meetings. During an interview on 4/9/25 at 12:50 p.m. with Resident 3, Resident 3 stated no one had gotten back to him about his lost dentures. Resident 3 stated he was using old temporary partials that did not fit properly which caused him to have trouble speaking and eating. Resident 3 stated his social interactions had been impacted. Resident 3 stated he felt upset and bad about himself. Resident 3 also stated his son has been trying to help with his lost dentures, but the facility had not gotten back to his son either. During an interview on 4/9/25 at 1:40 p.m. with Nursing Supervisor (NS), NS stated Resident 3 had a dental appointment scheduled by SW1. NS stated SW1 was responsible for following up on lost dentures. During a review of the facility's Policy and Procedures (P&P) titled, Residents and Personal Property, the P&P indicated, .reports of misappropriation or mistreatment of resident property are to be investigated through the resident theft/loss/grievance process and documented in the progress notes or through the grievance process .