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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056389 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/09/2026 |
| NAME OF PROVIDER OR SUPPLIER Vale Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 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) |
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| <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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure for one out of three sampled residents (Resident 1), to identify risk and develop a plan to help prevent Resident 1 from leaving the facility without authorization and unannounced. This failure resulted in Resident 1 eloping from the facility. Findings: A review of the facility's Resident Face Sheet indicated Resident 1 was admitted on [DATE], with diagnoses that included cellulitis of left lower limb, unspecified behavioral and emotional disorder, psychoactive substance abuse, Schizophrenia, and alcohol dependence. Resident 1's Minimum Data Set (MDS - resident assessment tool) dated 01/25/2026, 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 08, (BIMS score of 00 - 07: severe impairment; 08 - 12: moderately impaired; and 13 - 15: cognitively intact). During a review of Resident 1's Elopement Risk Assessment dated 11/13/2025, indicated Resident 1 was ambulatory, with behaviors of Hx [History] of wanting to leave the facility within the last 30 days, and Resident 1 was not identified to have Substance Abuse/Psych History. Facility identified Resident 1 as NOT AT RISK. During an interview on 03/05/2026 at 01:27 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated on 01/12/2026, after Resident 1 had her morning snack, she was last seen heading towards the smoking area at around 10 a.m. to 10:30 a.m. LVN 1 stated while she was eating her lunch between 12:30 p.m. to 1 p.m., a Certified Nursing Assistant (CNA) told LVN 1 that Resident 1 was not in her room and did not eat her lunch. LVN 1 stated the lunch tray was passed out in Station 2 between 11:30 a.m. to 12 p.m. LVN 1 checked Resident 1's room and bathrooms, shower rooms, and the smoking area, then LVN 1 notified her supervisor they could not find Resident 1. LVN 1 stated they called Code Yellow. (A code used to notify staff of a missing resident) During a review of Resident 1's Progress Note dated 01/12/2026 at 09:32 a.m., it indicated Resident came by to my office this morning asking when she was going home. I explained to her that per our last conversation with her sister, she will not be moving with family and we will help look for a place for her to move to but it will not be today. She said ok and went on about her way. During a review of Resident 1's Progress Note dated 01/13/2026 at 10:14 a.m., the notes indicated [Recorded as Late Entry 01 01/14/2026 at 07:33 PM] Resident eloped from the facility. All appropriate agencies were notified. Resident was later located by authorities due to public intoxication and was transported to her sister's home. The following morning, the sister contacted the facility to report the resident's whereabouts. During a review of the facility's policy and procedures titled Resident Elopement indicated The facility will provide a safe environment and preventative measures for elopement with the aim to monitor and document patients at risk of elopement.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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