

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056422	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/18/2026
NAME OF PROVIDER OR SUPPLIER Fremont Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 39022 Presidio Way Fremont, CA 94538	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review for two of three sampled residents (Resident 1 and Resident 2), the facility failed to follow their policies and procedures (P&P) for reporting to appropriate agencies the physical altercation on 2/24/26, between Resident 1 and Resident 2. The facility failed to confirm reported physical altercation between Resident 1 and Resident 2 was received by the licensing agency and local agency in a timely manner. This failure to report promptly resulted in: 1. Potential to negatively impact the protection of residents from abuse. 2. Licensing agency unaware of the physical altercation between Resident 1 and Resident 2 until after the receipt of facility's Abuse Investigation Summary on 2/27/26. A review of Resident 1's Face Sheet indicated resident was readmitted to the facility on [DATE] with diagnoses that included osteoarthritis (chronic joint condition) and myocardial infarction (heart attack). A review of Resident 2's Face Sheet indicated resident was readmitted to the facility on [DATE] with diagnoses that included Alzheimer's disease (a brain condition that causes a progressive decline in memory, thinking, learning, and organizing skills), schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly), and bipolar disorder (a serious mental illness that causes unusual shifts in mood, energy levels, and behavior). A review of Resident 1 and Resident 2's Incident Report, dated 2/24/26, indicated Resident 1 reported that Resident 2 slapped Resident 1 on the left shoulder for no reason. Resident 2 allegedly yelled at Resident 1 and told her to move out. A review of the facility's record titled, Communication Result Report, dated 2/25/26, at 5:06 p.m., indicated, result of a fax sent to the State Agency (SA) District Manager (DM) on 2/25/26, at 4:59 p.m., showed, Result - E-3) 3), Page Not Sent - pages (P.) 1-5 (Cover sheet and Elder Abuse Report Form [SOC 341]), of the reported incident that happened between Resident 1 and Resident 2, dated 2/24/26. Further review of the Communication Result Report indicated, Reason for error.E. 3) No answer. A review of the facility's record titled, Communication Result Report, dated 2/25/26, at 5:07 p.m., indicated, result of a fax sent to a local agency (LA) on 2/25/26, at 5 p.m., showed, Result - E-3) 3), Page Not Sent - pages (P.) 1-5 (Cover sheet and Elder Abuse Report Form [SOC 341]), of the reported incident that happened between Resident 1 and Resident 2, dated 2/24/26. Further review of the Communication Result Report indicated, Reason for error.E. 3) No answer. During a concurrent interview and record review of the Administrator's (ADM) incident report, on 3/18/26, at 1:31 p.m., with the Director of Nursing (DON), DON noted Communication Result Report showed an error occurred during the process of sending the reported incident to the SA and LA. DON stated the fax did not go through related to no answer, result from the receiver of the fax. During a concurrent interview and record review on 3/18/26, at 2:24 p.m., with the ADM, Fax Communication Result Reports were reviewed. One report was sent to SA and another to LA and both faxes resulted in failed communication. ADM stated it was an honest mistake on ADM's part and will remember to confirm sent faxes were received with no errors, to prevent late reporting. During an interview on 3/18/26, at 2:48 p.m., with the Unit Manager (UM), UM stated, Somebody must have placed the Fax Communication Result Report in the ADM's box without checking the fax went through or not. UM stated it was important to check that faxed documents went through (continued on next page)</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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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	smoothly to intended receiver. A review of the facility's policy and procedure (P&P) titled, Abuse Investigation and Reporting, dated 11/17/25, indicated, All allegation of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and/or injuries of unknown source (Abuse) shall be promptly reported to the appropriate local, state and/or federal agencies (as defined by current regulations) and thoroughly investigated by Company management. Findings of abuse investigations will also be reported to local law enforcement and the Office of the Ombudsman.Reporting 1. All alleged violations involving abuse.will be reported by the Company Administrator, or his/her designee, to the following persons or agencies: a) The State licensing/certification agency responsible for surveying/licensing the facility; b) The local/State Ombudsman.e) Law enforcement officials.An alleged violation of abuse.will be reported immediately but not later than: a) Two (2) hours if the alleged violation involves abuse OR has resulted in a serious bodily injury; or b) Twenty-four (24) hours if the alleged violation does not involve abuse AND has not resulted in serious bodily injury.3. Verbal/written notices to agencies may be submitted via special carrier, fax, email, or by telephone.5. The Administrator, or his/her designee, will provide the appropriate agencies or individuals listed above with a written report of the findings of the investigation within five (5) working days of the occurrence of the incident.		