

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056463	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/13/2025
NAME OF PROVIDER OR SUPPLIER  Emmanuel Post Acute Care - Hayward		STREET ADDRESS, CITY, STATE, ZIP CODE  26660 Patrick Avenue Hayward, CA 94544	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>36593</p> <p>Based on observation and interview the facility failed to store all drugs and biologicals in locked compartments when one medication cart and one treatment cart located in hallways were not locked.</p> <p>This finding had the potential for errors , missing medication and create an unsafe environment for residents.</p> <p>Findings:</p> <p>During an observation on 5/13/25, at 9:25 a.m., in hallways of station 2, there was one unlocked, unattended treatment cart and medication cart. The medication and treatment carts contained resident ' s medications.</p> <p>During an interview on 5/13/25, at 9:27 a.m., with Licensed Vocational Nurse (LVN) 1, LVN 1 stated medication cart was left unattended because LVN 1 was called to attend to another issue. LVN 1 stated medication cart should be always locked when LVN 1 is not in attendance.</p> <p>During a concurrent observation and interview on 5/13/25, at 9:28 a.m., with LVN 2, one treatment cart was found unlocked and unattended in station 2 hallway. LVN 2 stated maybe the wound consultant left the cart unlocked. LVN 2 stated treatment cart should be locked when not in use because the treatment carts contained medications used for wound care.</p> <p>During an interview on 5/13/25, at 9:32 a.m., with Director of Staff Development (DSD), DSD stated facility expectation was that medication and treatment carts should be locked when not in use.</p> <p>During an interview on 5/13/25, at 10:00 a.m., with Director of Nursing (DON), DON stated facility expectation was for medication and treatment carts to be locked when not in use and in reach.</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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