STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A408	A. Building B. Wing	05/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crestwood Treatment Center	2171 Mowry Avenue 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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to protect two of four sampled residents' (Resident 2 and 4) right to be free from physical abuse when:Resident 1 struck Resident 2 on the lip with closed fist in the television room.Resident 3 struck Resident 4 in the nasal area with closed hand in the television room.These failures resulted in Resident 2 sustaining skin tear to lower lip and Resident 4 abrasion on the bridge of nose. During a review of Resident 1's Annual Minimum Data Set (MDS- a federally mandated resident assessment and care guide tool), dated 4/29/25, the MDS indicated Resident 1 was admitted to the facility on [DATE]. MDS indicated Resident 1's Basic Interview of Mental status (BIMS, a scoring system used to determine the resident's cognitive status regarding attention, orientation, and ability to register and recall information. A BIMS score of thirteen to fifteen is an indication of intact cognitive status.) score was 09 meaning impaired cognition. MDS indicated Resident 1 had verbal behavior symptoms directed towards others e.g., threatening, screaming, and cursing at others. Resident 1 had slurred speech, with difficulty communicating but able if prompted. MDS indicated Resident 1 used manual wheelchair for mobility. MDS indicated Resident 1 was independent once seated in wheelchair and able to wheel at least 50 feet and make turns. MDS indicated Resident 1's diagnosis included traumatic brain injury and non-Alzheimer's' dementia (a progressive disease that destroys memory and other important mental functions).During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2 was admitted to the facility on [DATE] with diagnoses that included schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly), dementia (memory loss) and stroke. MDS indicated Resident 2's BIMS score was 09 meaning impaired cognition. MDS indicated Resident 2 used wheelchair for mobility. MDS indicated Resident 2 needed a helper with ability to wheel at least 50 feet and make two turns once seated in wheelchair. MDS indicated Resident 2 had clear speech, able to make self-understood and understand others.During a review of Resident 2's Progress Notes (PN), dated 4/11/26, PN indicated Resident 2 was stationed in his wheelchair in the television room when Resident 1 approached him and attempted to position his wheelchair close to Resident 2's wheelchair. Resident 1's wheelchair contacted Resident 2's wheelchair. Resident 2 made an unclear statement to staff when Resident 1 struck Resident 2 on the lip with closed fist and Resident 2 sustained minor skin tear on the lip.During a concurrent observation and interview on 5/22/26, at 9:50 a.m. with Resident 1, Resident 1 was seated up in his wheelchair in his room. Resident 1 stated he did not strike Resident 2 with his hands. Resident 1 stated he was not in the television room. Resident 1 backed up his wheelchair from his room to the hallway and rolled his wheelchair down the hallway.During a review of Resident 1's impaired cognition plan, revised 2/20/24, the care plan indicated Resident 1 had impaired thought processes related to history of traumatic brain injury. Care plan indicated Resident 1 rolled his wheelchair near other residents in a seemingly intentional manner and into tight spaces without attending to circumstances; this behavior and his teasing behavior could be triggering to other residents and placed residents at risk to become recipient of contact. Resident 1's care plan interventions included to provide supervision, proactively anticipate needs of resident in the event he (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

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	attempted to redirect his peers.During an interview on 5/22/26, at 10:26 a.m. with Program Leader (PL 1), PL 1 stated she was on duty monitoring residents in the television room when Resident 1 came into the television room. PL 1 stated Resident 1 backed up his wheelchair into the television room without looking and bumped into Resident 2. PL 1 stated Resident 1 punched Resident 2 on the lips and tried to punch Resident 2 again. PL 1 stated she was aware Resident 1 would roll near other residents intentionally. PL 1 stated she was alone monitoring residents in two television rooms. PL 1 stated she tried to redirect Resident 1. PL 1 stated at least two program leaders should be in the television room to monitor residents.During a review of Resident 3's admission Record (AR), dated 5/22/26, AR indicated Resident was admitted to the facility on [DATE], with diagnoses that included schizophrenia and dementia.During a review of Resident 3's MDS dated [DATE], MDS indicated Resident 3's BIMS score was 11 meaning impaired cognition. MDS indicated Resident 3 had verbal behavior symptoms directed towards others e.g., threatening, screaming, and cursing at others and other behavioral symptoms not directed towards others (e.g., physical symptoms such as hitting or verbal/vocal symptoms like screaming and disruptive sounds). MDS indicated Resident 3 had clear speech, able to make self-understood and understand others. MDS indicated Resident 3 used manual wheelchair for mobility. MDS indicated Resident 3 was independent once seated in the wheelchair and able to wheel at least 50 feet and make turns.During a review of Resident 4's admission Record (AR), dated 5/22/26, AR indicated Resident 4 was admitted to the facility on [DATE], with diagnoses that included bipolar disorder (a mental health condition that causes extreme mood swings) and dementia.During a review of Resident 4's MDS, dated [DATE], MDS indicated Resident 4's BIMS score was 15 meaning intact cognition. MDS indicated Resident 4 had verbal behavior symptoms directed towards others e.g., threatening, screaming, and cursing at others and other behavioral symptoms not directed towards others (e.g., physical symptoms such as hitting or verbal/vocal symptoms like screaming and disruptive sounds). MDS indicated Resident 4 had clear speech, able to make self-understood and understand others.During a review of Resident 4's Progress Note (PN), dated 4/10/26, the PN indicated that while residents were waiting in the television room, Resident 3 approached Resident 4 as Resident 4 sat in the television room. Resident 3 asked Resident 4 to move his walker. Resident 4 could not hear due to Resident 4 wearing his headphone. As Resident 4 attempted to move his walker, Resident 3 became upset and struck Resident 4 with closed hands in the nasal area, knocking down his glasses. Resident 4 sustained an abrasion on the nasal bridge.During a concurrent observation and interview on 5/22/26, at 10:07 a.m. with Resident 4, Resident 4 was in his room standing with a walker. Resident 4 stated that he did not know why he was hit on the face by Resident 3. Resident 4 stated he had his headphone on his head and did not hear what Resident 3 was saying. Resident 4 said he was suddenly hit on the face. Resident 4 stated he sustained injury on his nose.During a review of Resident 4's mood problem care plan, initiated on 8/28/25, care plan indicated Resident 4 exhibited intrusive and verbally aggressive behaviors towards staff members, and Resident 4 initiated physically aggressive contact toward staff members during care. Care plan interventions included that staff members were encouraged to maintain a safe distance from Resident 4 if he was exhibiting loud verbal outbursts or verbal aggression to reduce potential for physically aggressive contact.During an interview on 5/22/26, at 10:40 a.m., with Program Leader (PL 2), PL 2 stated that Resident 3 bumped into Resident 4's walker. PL 2 stated Resident 3 pushed Resident 4's walker out of the way then punched Resident 4 in the face. PL 2 stated the incident happened in the television room. PL 2 said that he was the only staff present. PL 2 stated at least two program leaders should be in the television room to monitor residents.During an interview on 5/22/26, at 10:54 a.m., with Resident 3, Resident 3 stated he hit Resident 4 in the face. Resident 3 said Resident 4 did not listen to Resident 3. Resident 3 stated Resident 4 had headphone on his head and could not listen to him. During an interview on 5/22/26, at 10:22 a.m., with Director of Therapeutic Recreation (DTR), DTR stated a minimum of three to four staff should be in the television rooms to facilitate activities every shift to manage resident behaviors and environment. DTR stated (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	staff monitor residents, anticipate residents' needs, help guide the residents into an appropriate place to sit, redirect, and provide reassurance.During an interview on 5/22/26, at 11:02 a.m., with Director of Nursing (DON) and Administrator (Admin), Admin stated facility increased the number of staff supervision to cover the activities in the television room.During a review of the facility's policy and procedure (P&P) titled, Elder and Dependent Abuse/Suspicion of a crime, dated 6/25/24, the P&P indicated, Facility believes every person served, or resident has the right to be free of physical abuse, neglect, financial abuse, abandonment, isolation, abduction, exploitation, or other treatment with resulting physical harm or pain or mental suffering.