

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A427	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/10/2025
NAME OF PROVIDER OR SUPPLIER Crestwood Manor - Fremont		STREET ADDRESS, CITY, STATE, ZIP CODE 4303 Stevenson Boulevard 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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>Based on interview, and record review, the facility failed to provide care in a manner that maintains dignity and respect for one resident (Resident 1) of three sampled residents when:</p> <p>Registered Nurse (RN 1) grabbed and struggled with Resident 1 ' s arm to take away a cup of water.</p> <p>This failure caused Resident 1 to feel like a child, emotional distress, and injury.</p> <p>Findings:</p> <p>During a review of Resident 1's Minimum Data Set (MDS - Resident assessment and care guide tool), dated 3/4/25, the MDS indicated Resident 1 had no verbal or behavioral symptoms directed towards others e.g., hitting, kicking, pushing, scratching, grabbing, threatening others, screaming at others. MDS indicated Resident 1 had clear speech, able to express his ideas and wants, and understood what others said to him. MDS indicated Resident 1's diagnoses included schizoaffective disorder (a mental disorder characterized by disruptions in thought processes, perceptions, emotional responsiveness, and social interactions).</p> <p>During an interview on 6/10/25, at 11:40 a.m., with Resident 1, Resident 1 stated that RN 1 grabbed his arm and struggled with him to take away a cup of water and scratched his hand. Resident 1 stated he was thirsty and wanted a drink. Resident 1 stated RN 1 told him he was on fluid restriction and grabbed the cup from Resident 1. Resident 1 stated he was treated like a child. Resident 1 stated RN 1 scratched and hurt his arm.</p> <p>During a review of Resident 1 ' s progress notes, dated 5/14/25, progress notes indicated Resident 1 showed a nurse a scratch to his left forearm that was scabbing and a superficial red mark underneath it. Resident 1 stated, the nurse grabbed my arm and dug her nails into me and scratched me.</p> <p>During an interview on 6/10/25, at 11:45 a.m., with RN 2, RN 2 stated she saw RN 1 and Resident 1 in the hallway. RN 2 stated RN 1 and Resident 1 both held the cup of water. RN 2 stated she asked RN 1 and Resident 1 to give RN 2 the cup of water and no need for the struggle. RN 2 stated the water from the cup was spilled on the floor. RN 2 stated she took a towel to wipe the floor.</p> <p>During an interview on 6/10/25, at 12:43 p.m., with Certified Nursing Assistant (CNA 1), CNA 1 stated Resident 1 had a cup of water. CNA 1 stated RN 1 told Resident 1 not to drink anymore. CNA 1 said RN 1 grabbed the cup from Resident 1. CNA 1 stated Resident 1 refused to give RN 1 the cup of water.</p> <p>(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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A427	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/10/2025
NAME OF PROVIDER OR SUPPLIER Crestwood Manor - Fremont		STREET ADDRESS, CITY, STATE, ZIP CODE 4303 Stevenson Boulevard 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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/10/25, at 12:16 p.m., with RN 1, RN 1 stated Resident 1 was on fluid restriction. RN 1 stated Resident 1 had a cup of water. RN 1 stated she tried to stop Resident 1 from drinking from the cup and Resident 1 said no. RN 1 stated she tried to take the cup of water from Resident 1 . RN 1 stated Resident 1 pulled back and forth and refused to give up the cup of water. RN 1 stated she had training in crisis prevention. RN 1 said next time she will talk to Resident 1 and calm Resident 1 down.</p> <p>During an interview on 6/10/25, at 12:18 p.m., with Crisis Prevention Instructor (CPI), CPI stated unless a resident is a danger to self or others, staff are not allowed to physically handle residents.</p> <p>During an interview on 6/10/25, at 12:48 p.m., with Director of Nursing (DON), DON stated the expectation was for licensed nurses to talk with residents in a calm manner, explain risk of having too much fluid, notify the physician and try not to have an altercation with residents.</p> <p>Based on interview, and record review, the facility failed to provide care in a manner that maintains dignity and respect for one resident (Resident 1) of three sampled residents when:</p> <p>Registered Nurse (RN 1) grabbed and struggled with Resident 1's arm to take away a cup of water.</p> <p>This failure caused Resident 1 to feel like a child, emotional distress, and injury.</p> <p>Findings:</p> <p>During a review of Resident 1's Minimum Data Set (MDS - Resident assessment and care guide tool), dated 3/4/25, the MDS indicated Resident 1 had no verbal or behavioral symptoms directed towards others e.g., hitting, kicking, pushing, scratching, grabbing, threatening others, screaming at others. MDS indicated Resident 1 had clear speech, able to express his ideas and wants, and understood what others said to him. MDS indicated Resident 1's diagnoses included schizoaffective disorder (a mental disorder characterized by disruptions in thought processes, perceptions, emotional responsiveness, and social interactions).</p> <p>During an interview on 6/10/25, at 11:40 a.m., with Resident 1, Resident 1 stated that RN 1 grabbed his arm and struggled with him to take away a cup of water and scratched his hand. Resident 1 stated he was thirsty and wanted a drink. Resident 1 stated RN 1 told him he was on fluid restriction and grabbed the cup from Resident 1. Resident 1 stated he was treated like a child. Resident 1 stated RN 1 scratched and hurt his arm.</p> <p>During a review of Resident 1's progress notes, dated 5/14/25, progress notes indicated Resident 1 showed a nurse a scratch to his left forearm that was scabbing and a superficial red mark underneath it. Resident 1 stated, the nurse grabbed my arm and dug her nails into me and scratched me.</p> <p>During an interview on 6/10/25, at 11:45 a.m., with RN 2, RN 2 stated she saw RN 1 and Resident 1 in the hallway. RN 2 stated RN 1 and Resident 1 both held the cup of water. RN 2 stated she asked RN 1 and Resident 1 to give RN 2 the cup of water and no need for the struggle. RN 2 stated the water from the cup was spilled on the floor. RN 2 stated she took a towel to wipe the floor.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A427	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/10/2025
NAME OF PROVIDER OR SUPPLIER Crestwood Manor - Fremont		STREET ADDRESS, CITY, STATE, ZIP CODE 4303 Stevenson Boulevard 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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/10/25, at 12:43 p.m., with Certified Nursing Assistant (CNA 1), CNA 1 stated Resident 1 had a cup of water. CNA 1 stated RN 1 told Resident 1 not to drink anymore. CNA 1 said RN 1 grabbed the cup from Resident 1. CNA 1 stated Resident 1 refused to give RN 1 the cup of water.</p> <p>During an interview on 6/10/25, at 12:16 p.m., with RN 1, RN 1 stated Resident 1 was on fluid restriction. RN 1 stated Resident 1 had a cup of water. RN 1 stated she tried to stop Resident 1 from drinking from the cup and Resident 1 said no. RN 1 stated she tried to take the cup of water from Resident 1. RN 1 stated Resident 1 pulled back and forth and refused to give up the cup of water. RN 1 stated she had training in crisis prevention. RN 1 said next time she will talk to Resident 1 and calm Resident 1 down.</p> <p>During an interview on 6/10/25, at 12:18 p.m., with Crisis Prevention Instructor (CPI), CPI stated unless a resident is a danger to self or others, staff are not allowed to physically handle residents.</p> <p>During an interview on 6/10/25, at 12:48 p.m., with Director of Nursing (DON), DON stated the expectation was for licensed nurses to talk with residents in a calm manner, explain risk of having too much fluid, notify the physician and try not to have an altercation with residents.</p>