

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555104	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2026
NAME OF PROVIDER OR SUPPLIER Concord Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 San Miguel Road Concord, CA 94518	
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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure residents' personal and medical information was communicated in a way that protects personal privacy and confidential information for one sampled resident (Resident 1), when Resident 1's first name and medical information were communicated via a group messaging system involving nursing staff's personal smart phone (a mobile phone that performs many functions of a computer, typically having a touch screen and access). This failure resulted in violation of resident's right to secure and confidential personal and medical information. During a facility tour and concurrent interview on 7/8/26, at 10:20 a.m., with Infection Control Nurse (ICN), ICN stated he was using his smart phone to communicate with the housekeeping supervisor. ICN stated according to the facility policy, personal cell phones are prohibited unless their use is deemed necessary. ICN stated that it was not essential to utilize his personal device for this communication with the housekeeping supervisor. During a concurrent observation and interview on 7/8/26, at 10:50 a.m., with Licensed Vocational Nurse (LVN) 1, LVN 1 stated he was using his personal cell phone to communicate with the wound care nurse via text message. LVN 1 stated the wound care team utilizes a group text to share patient names and relevant care information. LVN 1 stated the group text included wound care nurses, a nurse practitioner, and three (3) Licensed Vocational nurses. A message observed on LVN 1's personal smart phone referenced Resident's 1 medical information and first name. During an interview with the Director of Nursing (DON) on 7/8/26, at 11:19 a.m., the DON stated cell phone usage in patient care areas is discouraged and prohibited. DON stated the facility used WhatsApp (an instant messaging system which allows users to send text and voice messages and share media such as photos, videos and documents) for simple communication purposes. The DON stated the group chat that is used by the wound care team, and different facility departments communicate to each other what is happening with the resident. The DON stated the process of ensuring the resident's personal privacy and confidentiality maintained during the chat is by not using patient names or identifying information. DON stated she is not sure if WhatsApp is secure. During a concurrent observation and interview with the Facility Manager (FM) on 7/8/26, at 11:40 a.m., FM stated the Management group used WhatsApp to communicate maintenance issues, Notice of Medicare Non-Coverage (NOMNC) issues and interdisciplinary team (IDT) group information related to residents. The WhatsApp on FM's personal cellular device indicated control for group permission and listed nine (9) staff members in the group. FM stated he believed the communication sending system was secure and they only use resident room numbers. FM stated the Wound care team was not part of the Management team on WhatsApp. During a record review of Resident 1's admission record dated 7/9/26, Resident 1 was admitted to the facility on [DATE] with a diagnosis of cerebral palsy, idiopathic aseptic necrosis of toes, peripheral vascular disease and chronic venous hypertension with ulcer of right lower extremity. During a review of Resident 1's (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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Minimum Data Set (MDS-an assessment tool used to guide care), the Brief Interview for Mental Status (BIMS- an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident), dated 5/30/26, indicated Resident 1's BIMS summary score was 15/15. A score of 15/15 indicated Resident 1 was cognitively intact, with no memory or cognitive issues. Resident 1's MDS Section GG Functional Abilities section indicated functional limitation of upper and lower extremities, resident uses a wheelchair and walker. Resident requires set up or clean up, to partial/moderate assistance, with specific activities. Section M - skin conditions indicated the resident had one venous and arterial ulcer. During a review of Resident 1's order summary dated 7/6/26, the order summary indicated a Registered Nurse (RN) received an order for a vascular appointment for Resident 1. The order was created by a registered nurse on 7/6/26 and signed by physician on 7/8/26 by using a password on a cell phone.During a review of the facility policy and procedure (P&P) titled, Employee use of telephones and Phone Access, date unknown, the P&P indicated cellular phones may be used for personal calls and text messaging only when the employee is on an authorized meal break period. Employee cell phones will remain off and/or silent during all other work hours. Non-emergency messages will be placed at a designated location.During a review of the facility P&P titled, Residents Rights, dated February 2021, the P&P indicated, the unauthorized release, or disclosure of resident information is prohibited. Any release, or disclosure of resident information must be in accordance with current laws governing privacy of information.During an interview and record review with the DON on 7/9/26, at 1:00 pm, the DON stated the information in the Telephone and Phone Accessories , Employee use of policy indicated, failure to comply with cellular phone polices may result in disciplinary action and applies to the above mention policy. The DON stated the facility does not have a specific policy on personal cellular phone usage for communication with other departments relating to patient care.During an interview with the facility Administrator on 7/9/26, at 2:30 p.m., the Administrator stated the facility had no policy on personal cellar device usage to communicate resident care issues and the facility did not have a policy or procedure on the use of WhatsApp.		