

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555287	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/29/2025
NAME OF PROVIDER OR SUPPLIER Diamond Ridge Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2351 Loveridge Road Pittsburg, CA 94565	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the physician and responsible party (RP) were promptly notified for one of three sampled residents (Resident 1) when Resident 1 had respiratory distress (difficulty breathing). This failure had the potential for Resident 1 to develop further exacerbated medical complications and/or need for emergency medical treatment at the acute hospital. During a review of Resident 1's admission Record, dated 12/29/25, indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included asthma (asthma is a long-term lung disease that makes it difficult to breathe. The tubes that carry air in and out of the lungs become swollen, narrow, and produce extra mucus, similar to trying to breathe through a very thin or clogged straw). During a review of the clinical record for Resident 1, the progress notes documented by Licensed Vocational Nurse (LVN) 1 dated 5/14/25 at 4:27 p.m., indicated, .Respiratory: Difficulty breathing noted. Nurse noted increasing respiratory distress. Shortness of breath noted . (respiratory distress is when the body struggles to get enough oxygen and is working much harder to breathe, making the resident feel very short of breath and scared). During an interview with the Licensed Vocational Nurse (LVN) 1 on 12/29/25 at 4:20 p.m., LVN 1 stated she did not call Resident 1's physician and RP when the resident had respiratory distress. During a concurrent interview and record review with the Director of Nursing (DON) on 12/29/25, at 3:55 p.m., DON could not find the documentation that the physician and Resident 1's RP were informed of the resident's episode of respiratory distress. DON further stated that the facility had to notify the physician and the RP when the resident had a change in condition to ensure that Resident 1 received the proper treatment needed. Also stated the RP had to be informed of the resident's change in condition. During a review of the facility's policy and procedure (P&P) titled, Notification of Changes, Reviewed and Revised on 12/19/2022, the P&P indicated, Policy: The purpose of this policy is to ensure the facility promptly informs the resident, consults the resident's physician and notifies, consistent with his or her authority, the resident's representative when there is a change requiring notification. The facility must inform the resident, consult with the resident's physician and/or notify the resident's family member or legal representative when there is a change requiring such notification. Circumstances requiring notification include: 2. Significant change in the resident's physical, mental or psychosocial conditions such as deterioration in health, mental or psychosocial status. This may include a. life threatening conditions .</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555287
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