

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/09/2026
NAME OF PROVIDER OR SUPPLIER Alhambra Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 331 Ilene Street Martinez, CA 94553	

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 0561</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 and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to promote and support the resident's choice when Resident 1 asked for assistance with transferring to another skilled nursing facility on 1/15/26, but the facility did not provide evidence that it actively helped the Resident 1 to locate an alternative placement. This failure placed Resident 1 at risk for emotional distress, reduced control over decisions about their living arrangement, and delays in accessing a facility that could better meet the resident's preferences and needs. A record review of Resident 1's admission Record (AR) printed on 3/5/26, indicated, Resident 1 was admitted to the facility on [DATE]. A review of Resident 1's Minimum Data Set (MDS, resident assessment tool to evaluate each resident's physical, mental, and functional status) dated 2/2/26, indicated Resident 1's Brief Interview for Mental Status (BIMS, a scoring system used to determine the resident's cognitive status regarding attention, orientation, and ability to register and recall information) score was 15. A score of 13 to 15 indicates that residents are cognitively intact. During an interview on 3/5/26 at 2:10 p.m., Resident 1 stated that he had informed the Administrator (ADM) and the Interdisciplinary Team (IDT, a team of staff members from different departments who collaborate with the resident to assess needs, plan care, and make decisions that support the resident's well-being and preferences), approximately two months earlier, of his desire to transfer to a skilled nursing facility in Solano County, to be closer to his son and sister. However, Resident 1 stated that he had not received any updates regarding efforts to locate another placement. Resident 1 stated that he did not like residing in the current facility and reported feeling sad and stuck there. A record review of IDT conference note, dated 1/15/26 indicated, that Resident 1 expressed dissatisfaction with remaining at the facility and preferred to reside in a skilled nursing facility located in Solano County. During a concurrent record review of Resident 1's chart, and interview on 3/5/26 at 3:03 p.m., with the Social Services Director (SSD), SSD stated that she was aware that Resident 1 had requested a transfer to another nursing facility. The SSD stated that she had contacted two skilled nursing facilities regarding possible placement for Resident 1. However, when asked to provide documentation to support these efforts, the SSD was unable to provide or show any records, notes, referral forms, emails, or other documentation demonstrating that outreach had been made. A review of the facility's Policy and Procedures (P&P), titled Resident Rights, undated, indicated, Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to .Be informed about rights and responsibilities he or her has. Residents are entitled to exercise their rights and privileges to fullest extent possible.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide timely treatment to one of five sampled residents (Resident 1) when Resident 1 had asked for psychological therapy on 1/14/26. The facility did not start the referral for treatment for Resident 1 until 2/25/26. Resident 1 was not seen by a psychiatrist or psychologist until 3/2/26. Resident 1 waited 45 days before receiving mental health services. This failure placed Resident 1 at risk for worsening depressive symptoms and decline in overall well-being while awaiting mental health services. A review of Resident 1's admission Record (AR) printed on 3/5/26, the AR indicated Resident 1 was admitted to the facility on [DATE], with diagnosis that included muscular dystrophy (a group of diseases that cause muscle to become weaker and lose mass over time, ultimately leading to loss of function). A review of Resident 1's Minimum Data Set (MDS, resident assessment tool to evaluate each resident's physical, mental, and functional status) dated 2/2/26, indicated Resident 1's Brief Interview for Mental Status (BIMS, a scoring system used to determine the resident's cognitive status regarding attention, orientation, and ability to register and recall information) score was 15. A BIMS score of 13 to 15 indicates that residents are cognitively intact. A review of Resident 1's MDS comprehensive assessment dated [DATE], indicated that Resident 1's Patient Health Questionnaire-9 (PHQ-9) score was 17. A PHQ-9 score of 17, indicates moderately severe depression. During an observation on 3/5/26 at 1:47 p.m., Resident 1 was observed sitting by a table in the activity room and staring at a book. During an interview on 3/5/26 at 2:07 p.m., Resident 1 stated he felt like he was going crazy, hearing things very loudly and being unsure whether the voices were real. Resident 1 stated he was unable to sleep at night and had no energy during the day. Resident 1 stated that in mid-January 2026, he told the Ombudsman that he wanted to receive talk therapy. During an interview on 3/5/26 at 2:30 p.m., the Activity Director (AD) stated that Resident 1 usually attends activities but most of the time, Resident 1 sits quietly and does not interact with other residents. During an interview on 3/5/26 3:07 pm, the Social Services Director (SSD) stated the Ombudsman told her that Resident 1 wanted talk therapy during a visit to the facility in January 2026. SSD stated she informed the Director of Nursing (DON) verbally on the same day, that Resident 1 was asking for psychological therapy. During an interview on 3/9/26 at 10:43 a.m., the Director of Nursing (DON) stated she was not aware that Resident 1 had asked to see a psychologist or psychiatrist on 1/14/26. DON stated she became aware of Resident 1's request on 2/19/26. DON stated she learned of Resident 1's request after receiving an email from the Ombudsman to the SSD stating that Resident 1 wanted psychological treatment. DON stated that without timely intervention, Resident 1 could escalate to severe depression, which could lead to loss of motivation, extreme hopelessness, and a decline in activities of daily living (ADL) function. During a concurrent record review of Resident 1's medical records and interview on 3/9/26 at 10:45 a.m. with DON, DON stated that Resident 1 had been seen by a psychologist from March through August 2025 for adjustment disorder with mixed anxiety and depressed mood. DON could not provide a reason why the psychological therapy was discontinued after August 2025. A review of the facility's Policy and Procedures (P&P), titled, Behavioral Health Services, revision dated 2/2019, indicated, the facility will provide and residents will receive behavioral health services as needed to attain or maintain the highest practicable physical, mental and psychosocial well-being in accordance with the comprehensive assessment and plan of care.</p>		