

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/08/2026
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)		
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview and record review, the facility failed to ensure it kept accurate records of controlled medications (medication with a potential for abuse) as evidenced by: 1. The facility failed to ensure, for Residents 1-3, the scheduled (controlled medication, narcotic) medication system was complete (all documents available) and accurate (information matched). The record system included Shipping Manifests (pharmacy delivery receipt), Controlled Substance Accountability Sheets (CDR, Controlled Drug Record), Medication Administration Records (MAR, record of medication administration) and destruction logs. The facility records were incomplete. The facility records were inaccurate. These failures had the potential to result in undetected loss and diversion of scheduled medications. In addition, these failures had the potential to result in preventable medication errors (medication not given as ordered). 2. The facility failed to ensure, between 6/23-12/23, the Consultant Pharmacist identified the scheduled (controlled medication, narcotic) medication system was incomplete (all documents available) and inaccurate (information matched). The record system included Shipping Manifests (pharmacy delivery receipt), Controlled Substance Accountability Sheets (CDR, Controlled Drug Record), Medication Administration Records (MAR, record of medication administration) and destruction logs. The facility records were incomplete. The facility records were inaccurate. These failures had the potential to result in undetected loss and diversion of scheduled medications. In addition, these failures had the potential to result in preventable medication errors (medication not given as ordered). Findings:1. During an interview, on 3/3/26 at 11 a.m., Director of Nursing (DON) and Medical Record Director (MRD), were asked to describe the scheduled medication record system. Their description included that scheduled medication Shipping Manifests were retained by the facility. The MRD was requested to provide the scheduled medication Shipping Manifests for the months of 6/23 through 12/23. The facility was requested to provide the corresponding CDRs. During a concurrent tour and interview on 3/3/26 at 11:45 a.m., at the north nursing unit, Registered Nurse (RN 1) identified the medication cart. RN 1 was requested to describe the scheduled medication documentation process. RN 1's description included scheduled medications were delivered with a Shipping Manifest and a corresponding CDR. The medication was locked in the medication cart. The CDR was filed at the medication cart. The CDR was used to document removal of patient medications. Administration of the medication was documented on the MAR. Completed CDRs were sent for retention. If there were scheduled medications remaining upon discontinuation, the remaining medications and the CDR were sent to the DON. During a concurrent interview and record review, on 3/4/2 at 9:45 a.m., DON and MRD provided the requested Shipping Manifests and CDRs. During a concurrent interview and medical record review, on 3/9/26 at 10:15 a.m., DON identified Shipping Manifest #2581880 Resident 1 prescription 5893500 Hydrocodone (narcotic pain reliever) /APAP (acetaminophen, pain reliever) 5/325 mg (milligram) tablet #39. DON stated the facility did not (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
--	-------	-----------

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 07/08/2026
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)		
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	have a corresponding CDR. During a concurrent interview and medical record review, on 3/9/26 at 10:15 a.m., DON identified 50 CDRs that the facility did not have a corresponding Shipping Manifest. The missing Shipping Manifests included the following: 33 manifests for Hydrocodone-Acetamin (acetaminophen, pain reliever) 5-325 mg tablets 4 manifests for Oxycodone (narcotic pain reliever)-APAP 10-325 mg tablets 5 manifests for Hydrocodone-Acetamin 10-325 mg tablets During a concurrent interview and record review, on 3/10/26 at 1 p.m., DON identified Resident 2's MAR. She compared the 6223024 Oxycodone 5 mg capsule #60 date 11/21/23 CDR against the MAR. DON acknowledged the CDR removals did not have a corresponding MAR administration on the dates and times listed below.- 11/21/23 1500- 11/24/23 0400- 11/25/23 1500 During a concurrent interview and record review, on 3/10/26 at 1 p.m., DON identified Resident 3's MAR. She compared the 6158952 Hydrocodone/APAP 10/325 mg tablet #18 against the MAR. DON acknowledged the CDR removals did not have a corresponding MAR administration on the dates listed below. 11/11-11/14/23 An administrative record review, of the Policy for Controlled Substances (Revision Date November 2022) showed, Dispensing and Reconciling Controlled Substances, 1. Controlled substance inventory is monitored and reconciled to identify loss or potential diversion in a manner that minimizes the time between loss/diversion and detection/follow-up. 2. The system of reconciling the receipt, dispensing and disposition of controlled substances includes the following: a. Records of personnel access and usage; b. Medication administration records (MAR); c. Declining inventory records (CDR). 2. During an interview, on 3/3/26 at 11 a.m., Director of Nursing (DON) and Medical Record Director (MRD), were asked to describe the scheduled medication record system. Their description included that scheduled medication Shipping Manifests were retained by the facility. The MRD was requested to provide the scheduled medication Shipping Manifests for the months of 6/23 through 12/23. The facility was requested to provide the corresponding CDRs. During a concurrent tour and interview on 3/3/26 at 11:45 a.m., at the north nursing unit, Registered Nurse (RN 1) identified the medication cart. RN 1 was requested to describe the scheduled medication documentation process. RN 1's description included scheduled medications were delivered with a Shipping Manifest and a corresponding CDR. The medication was locked in the medication cart. The CDR was filed at the medication cart. The CDR was used to document removal of patient medications. Administration of the medication was documented on the MAR. Completed CDRs were sent for retention. If there were scheduled medications remaining upon discontinuation, the remaining medications and the CDR were sent to the DON. During a concurrent interview and record review, on 3/4/2 at 9:45 a.m., DON and MRD provided the requested Shipping Manifests and CDRs. During a concurrent interview and medical record review, on 3/9/26 at 10:15 a.m., DON identified Shipping Manifest #2581880 Resident 1 prescription 5893500 Hydrocodone (narcotic pain reliever) /APAP (acetaminophen, pain reliever) 5/325 mg (milligram) tablet #39. DON stated the facility did not have a corresponding CDR. During a concurrent interview and medical record review, on 3/9/26 at 10:15 a.m., DON identified 50 CDRs that the facility did not have a corresponding Shipping Manifest. The missing Shipping Manifests included the following: 33 manifests for Hydrocodone-Acetamin (acetaminophen, pain reliever) 5-325 mg tablets 4 manifests for Oxycodone (narcotic pain reliever)-APAP 10-325 mg tablets 5 manifests for Hydrocodone-Acetamin 10-325 mg tablets During a concurrent interview and record review, on 3/10/26 at 1 p.m., DON identified Resident 2's MAR. She compared the 6223024 Oxycodone 5 mg capsule #60 date 11/21/23 CDR against the MAR. DON acknowledged the CDR removals did not have a corresponding MAR administration on the dates and times listed below.- 11/21/23 1500- 11/24/23 0400- 11/25/23 1500 During a concurrent interview and record review, on 3/10/26 at 1 p.m., DON identified Resident 3's MAR. She compared the 6158952 Hydrocodone/APAP (continued on next page)		

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/08/2026
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)		
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	10/325 mg tablet #18 against the MAR. DON acknowledged the CDR removals did not have a corresponding MAR administration on the dates listed below.11/11-11/14/23 During a concurrent interview and record review, on 3/10/26 at 1:10 p.m., DON identified the Consultant Pharmacist reports 6/23-12/23. DON inspected the reports and stated that incomplete/inaccurate issues with Shipping Manifest, CDR and MAR were not documented. An administrative record review, of the Policy for Controlled Substances (Revision Date November 2022) showed, Dispensing and Reconciling Controlled Substances, 1. Controlled substance inventory is monitored and reconciled to identify loss or potential diversion in a manner that minimizes the time between loss/diversion and detection/follow-up.2. The system of reconciling the receipt, dispensing and disposition of controlled substances includes the following: a. Records of personnel access and usage; b. Medication administration records (MAR); c. Declining inventory records (CDR). An administrative record review, of the Policy for Pharmacy Services-Role of the Consultant Pharmacist (Revision Date April 2019) showed, Polic Interpretation and Implementation, 3. The consultant pharmacist shall provide consultation on all aspects of pharmacy services in the facility, and collaborate with the facility and medical director to:, a. develop, implement, evaluate, and revise (as necessary) the procedures for the provision of all aspects of pharmacy services.		

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/08/2026
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)		
F 0836 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards. Based on observation, interview and record review, the facility failed to follow state Title 22 regulations and ensure the social services department was staffed and supervised by a qualified social worker which affected all 20 residents for at least 3 months. This failure resulted in all residents receiving social services from unqualified staff. During an interview on 2/4/26 at 2:48 p.m., with social services director (SSD), SSD stated they had been in the position since December 2025. SSD stated they were a certified nursing assistant prior to taking the position. During a review of facility assessment titled, Facility Assessment Tool, dated 10/13/2025, the assessment indicated the facility identified resources needed to provide competent support and care for our resident population every day and during emergencies. staff type. therapy services. social worker, mental health social worker. During a concurrent interview and record review on 3/3/26 at 10:15 a.m., with Human Resources (HR), SSD's resume titled, [SSD] Certified Nursing Assistant, undated, was reviewed. HR stated SSD's resume indicated high school was the highest education completed and SSD has not completed any other education granting a Bachelor's degree. During a concurrent interview and record review on 3/3/26 at 12:15 p.m., with HR, SSD's job description titled, Job Description: Social Services Director, dated 2/2024, was reviewed. The job description was signed by SSD. HR stated the job description indicated a minimum education requirement of Bachelor's Degree in Social Work or Human Services and 2 years of supervised social work experience in a health care setting working directly with individuals. MSW preferred. HR stated SSD did not meet the educational requirements of the position of social services director. A review of facility policy and procedure (P&P) titled, Social Services End of Life Care Section: Medically Related Social Services, dated 12/2015, indicated social service staff will participate in assessing and evaluating the benefits of outside resources for residents diagnosed with a terminal condition. the social worker will review any Advance Directive on file and communicate with the resident to assure resident's wishes are honored. A review of facility P&P titled, Social Services Behavioral Management Section: Medically Related Social Services, dated 12/2015, indicated the facility would identify and address resident's behavior patterns that may impede their capability to relate to others and which may interfere with their functional capacity. the social worker will coordinate arrangement of the services. During a review of California state regulation titled, Title 22 S72433, the state regulation indicated 'Social Work Service' means those services which assist a patient and a patient's family to understand and cope with personal, emotional and related health and environmental problems. During a review of California state regulation titled, Title 22 S72105, the state regulation indicated a Clinical Social Worker was person who is a licensed clinical social worker by the Board of Behavioral Sciences. During a review of California state regulation titled, Title 22 S72437, the state regulation indicated Social Work Service Unit-Staff. the social work service unit shall be organized, directed and supervised by a social worker, who is responsible for supervision of other social work staff, including social work assistants.		