

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555398	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/22/2025
NAME OF PROVIDER OR SUPPLIER Hayward Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 25919 Gading Road Hayward, CA 94544	

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 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow up on Resident 1's grievance. This failure led to Resident 1 feeling angry and sad. Findings: During a review of Resident 1's admission Record, dated 9/10/25, it indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included anxiety disorder. During an interview on 9/10/25 at 11:50 a.m., with Resident 1, the resident stated Resident 2 resided in the room across Resident 1's room and he could hear him yelling and screaming at the staff. Also stated Resident 2 had a behavior of pounding on and off on overbed table. Further stated that Resident 2's behavior made him angry and sad. Stated he had brought his concern to the staff on multiple occasions, but nothing was done about it. During a review of Resident 1's Minimum Data Set (an assessment tool) dated 6/25/25, it indicated he had a brief interview for mental status or BIMS of 15 (score of 15 indicates a cognitively intact status, meaning the resident shows no significant or minimal cognitive impairment). During an interview on 9/10/25 at 2:31 p.m., with Certified Nursing Assistant (CNA) 1, CNA1 stated Resident 2 had a behavior of screaming, banging on bedside tables, throwing whatever he could get a hold of from his bedside to the staff. Further stated Resident 1 was complaining he could not sleep because of the noise. During an interview on 9/10/25 at 1:23 p.m., with Licensed Vocational Nurse (LVN) 1, LVN 1 stated that Resident 1 had been complaining of Resident 2's behavior of screaming and banging whatever items he could grab on his table for the past year. During an interview on 9/10/25 at 2:20 p.m., with Registered nurse (RN) 1, RN 1 stated Resident 2 had a behavior of banging on his bedside table and Resident 1 complained about Resident 2's behavior. RN 1 stated the management was aware of Resident 1's complaints. During an interview on 9/10/25 at 2:44 p.m., with the Assistant Director of Nursing (ADON), ADON stated she was not aware of Resident 1's grievance and the nursing staff should tell the management if residents have grievances. During an interview on 9/10/25 at 3:11 p.m., with the Director of Nursing (DON), DON stated she was not aware of Resident 1's grievance and the nursing staff should tell the management if residents have concerns or grievances. Stated she should be informed of the grievances, so interventions were done to resolve Resident 1's concerns. During a review of the facility's undated policy and procedure (P&P) titled, Resident Grievance/Complaint Procedures, the P&P indicated, Any resident, family member, or appointed resident representative may file a grievance or complaint concerning care, treatment, behavior of other residents, staff members.</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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