

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/22/2025
NAME OF PROVIDER OR SUPPLIER Stonebrook Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 4367 Concord Boulevard Concord, CA 94521	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation, interview, and record review, the facility failed to maintain a homelike environment when three out of four sampled rooms (Room A, B, and C) were observed to have privacy curtains that were worn and frayed along the bottom and side edges, detracting from the homelike appearance of the resident rooms. This failure had the potential to negatively affect the residents' quality of life and homelike environment. During a concurrent observation and interview with Housekeeping Supervisor (HS) on 12/18/25 at 9:29 a.m., the bottom hems of the privacy curtains in room A and B were frayed with loose threads that were hanging down, and the fabric linings/nettings were exposed and detached near the lower edge. The side hem of the privacy curtain in room C appeared worn and frayed. The HS stated the curtains were torn and in need of replacement. HS stated there was no schedule for the facility staff to routinely check and inspect the curtains; instead, inspections were conducted on an as-needed basis. HS stated checking the condition of the privacy curtains was on his to-do list and he believed the facility had ordered new privacy curtains. During a record review of the facility's purchase order dated 11/6/25 with the Administrator (ADM) on 12/18/25 at 2:50 p.m., there were no privacy curtains ordered. During an interview on 12/22/25 at 12:35 p.m., HS stated that 28 out of 69 resident rooms required replacement of privacy curtains. A review of facility policy and procedures (P&P) titled Homelike Environment, revision dated 2/2021, indicated, residents are provided with a safe, clean, comfortable, and homelike environment.</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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