STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555446	A. Building B. Wing	06/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossmoor Post Acute	1226 Rossmoor Parkway Walnut Creek, CA 94595

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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, facility failed to ensure one out of three sampled residents (Resident 1) received adequate discharge planning and communication regarding a facility-initiated discharge. This failure resulted in Resident 1 experiencing fear, distress, and uncertainty regarding discharge plans. During a review of facility's document titled, admission Record, printed 6/8/26, Resident 1 was originally admitted to the facility on [DATE] with multiple diagnoses including polyneuropathy (a nerve disease that can cause pain, discomfort, and mobility difficulties) and chronic pain.During a review of facility's document titled, Brief Interview for Mental Status, (BIMS, an assessment for mental status), dated 3/4/26 for Resident 1, the BIMS indicated Resident 1 had a score of 15 out of 15, indicating no impaired cognition (intact mental status).During a concurrent interview and record review on 6/5/26 at 2:16 p.m. with Resident 1, facility's document titled, Notice of Transfer/Discharge, dated 6/4/26, for Resident 1, was reviewed. Resident 1 stated the Social Services Director (SSD) gave her the Notice of Transfer/discharge on [DATE] at 3:40 p.m. and stated the Notice of Transfer/Discharge indicated she would be discharged on 6/8/26 with a location of TBD. Resident 1 stated she understood TBD to mean to be determined. Resident 1 also stated she refused to sign the document because she did not have anywhere to stay. Resident 1 also stated she believed she would be required to leave the facility on 6/8/26 and she is feeling very distressed about being discharged with nowhere to go.During an interview on 6/5/26 at 2:23 p.m. with the Ombudsman (OMB, an independent advocate for residents in skilled nursing facilities), OMB stated she notified the facility on 6/4/26 that Resident 1 required a minimum 30-day written notice, per regulations, for a discharge.During a concurrent interview and record review on 6/8/26 at 2:20 p.m. with SSD, facility's document titled, Social Service Note, dated 6/4/26 at 3:43 p.m., for Resident 1 was reviewed. SSD stated she wrote the lined-out note and the note states, SW met with pt and spoke with pts sister today and discussed notice of transfer with DC date of 6/8. Pt declined to sign it, copy was provided. SW also spoke with pts sister and made her aware of notice of dc effective 6/8.During a telephone interview on 6/8/26 at 1:17 p.m. with Family Member (FM) 1, FM 1 stated Resident 1 called her on 6/4/26 and stated she was going to be discharged on 6/8/26. FM 1 stated Resident 1 was very frightened and said that she had nowhere to go. FM 1 stated she has a cell phone and reviewed her call records and voicemail history between 6/4/26 to 6/8/26. FM 1 stated her call and voicemail history indicated she received a missed call from SSD, no voicemail was left and stated she did not speak to anyone from the facility on the phone about the discharge. FM 1 stated she believed Resident 1 was going to be discharged from the facility on 6/8/26.During a telephone interview on 6/8/26 at 1:01 p.m. with Analyst (ANA) from the Department of Healthcare Services (DHCS, a California state agency that appeals facility-initiated discharges), ANA stated she called the facility and spoke to the DON on 6/5/26 at approximately 9:47 a.m. to discuss an appeal of Resident 1's discharge. ANA stated her understanding from the phone conversation was that facility had been planning to discharge Resident 1 on 6/8/26 and that plan changed.During a concurrent interview and record review on 6/8/26 at 2:13 p.m. with SSD, facility's document titled, Social Service Note, dated (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

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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	6/4/26 at 3:43 p.m., for Resident 1 was reviewed. SSD stated the document indicated she struck out her note stating Resident 1 received a notice of discharge on [DATE] at 6/5/26 at 1:07 p.m.During a concurrent interview and record review on 6/8/26 at 12:35 p.m. with Licensed Vocational Nurse (LVN) 1, facility's document titled Progress Notes, dated 6/4/26 for Resident 1 was reviewed. LVN 1 stated the document indicated she wrote a note on 6/4/26 stating Resident 1 will discharge soon from facility. LVN 1 also stated she called a doctor's office to see if they would be able to see Resident 1 after she discharged from the facility.During a concurrent interview and record review on 6/8/26 at 12:55 p.m. with the Assistant Director of Nursing (ADON), facility's document titled, Progress Notes, dated 6/4/26 for Resident 1 was reviewed. ADON stated she wrote the note on 6/4/26 stating they were working on tasks to prepare Resident 1 for discharge.During an interview on 6/8/26 at 2:20 p.m. with SSD, SSD stated discharge planning was in process for Resident 1 and Resident 1 will be discharged when everything is set up. SSD also stated the goal is for Resident 1 to be discharged from the facility when ready.During a concurrent interview and record review on 6/8/26 at 2:42 p.m. with SSD, the care plan (a care plan is the interdisciplinary plan of care that outlines goals, interventions, and resident-centered planning, including discharge planning), printed 6/8/26, for Resident 1 was reviewed. SSD stated Resident 1's discharge care plan stated in the focus section, Patient does not show potential for discharge to the community, long term resident and that was the only entry in Resident 1's care plan about discharge. SSD also stated the care plan for discharge had not been updated since 11/23/21. SSD stated she updates care plans when resident's goals change. SSD also stated the care plan is to show what they are doing for the resident and the purpose of a care plan is to show how they are going to take care of the residents.During an interview on 6/8/26 at 12:47 p.m. with Resident 1, Resident 1 stated no one from the facility had spoken with her about if she is going to be discharged on 6/8/26 since SSD gave her the notice of transfer/discharge on [DATE]. Resident 1 stated she doesn't know what is going on and she feels upset and anxious.During an interview on 6/8/26 at 2:20 p.m. with SSD, SSD stated she had not spoken with Resident 1 since 6/4/26 when she gave her the notice of transfer/discharge. SSD also stated Resident 1 had full capacity and her BIMS was 15.During a review of facility's policy and procedure titled, Care Plans - Comprehensive Person-Centered, revision date March 2022, the policy indicated, . Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change.During a review of facility's policy and procedure titled, Transfer or Discharge, revision date March 2025, the policy indicated, . Transfers and discharges must meet specific criteria and require resident/representative notification, orientation, and documentation in the medical record.