

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555595	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2025
NAME OF PROVIDER OR SUPPLIER Smith Ranch Skilled Nursing & Rehabilitation Cente		STREET ADDRESS, CITY, STATE, ZIP CODE 1550 Silveira Parkway San Rafael, CA 94903	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>51218</p> <p>Based on interview and record review, the facility failed to protect one resident (Resident 1) of two sampled residents from misappropriation of resident property when Resident 1's credit card was used by a Front Desk Staff (FDS).</p> <p>This failure resulted in Resident 1 feeling taken advantage of, distrustful, and embarrassed.</p> <p>Findings:</p> <p>A review of Resident 1's admission record indicated admission to the facility in February 2025 diagnosis which included abnormalities of gait and mobility, need for assistance with personal care, bipolar disorder (a mental health condition characterized by mood swings that range from the lows of depression to elevated periods of emotional highs), depressive disorder (a mental health condition characterized by symptoms like sadness, loss of interest and low energy) with psychotic symptoms (a mental health condition characterized by symptoms of false beliefs and seeing or hearing things that do not exist), and anxiety disorder (a mental health condition characterized by excessive worry and fear that can interfere with daily life).</p> <p>A review of a Minimum Data Set (MDS- a federally mandated resident assessment tool), dated 4/15/25, indicated Resident 1 had no memory impairment.</p> <p>A review of the facility's document titled Statement of conversation with [FDS] . , dated 4/10/25 at 1 p.m. and signed by the Administrator (ADM) indicated, .When asked how many times he had used [Resident 1's] debit card for fuel for [the FDS's] car, [the FDS] specified that it was 4-5 times in amounts varying from \$30-\$40. He also stated that she had given him cash of \$20 on occasion.</p> <p>A review of the facility's undated document titled Facts of the Incidents took place during most probable dates are October - December 2024 , written by the FDS Indicated, .Who Incident With: [Resident 1] and [the FDS] .several times I have taken gas by her card .I would like to ask apologize for this unwanted situation. But I know what I did .I am really sorry for the situation, and I never thought that I could be suspended due to helping our respected [Resident 1].</p> <p>(continued on next page)</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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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1's Interdisciplinary Team (IDT, a group of professionals from different fields who collaborate to provide care for a resident) note dated 4/15/25 at 9:19 a.m. and written by the Director of Nursing (DON), indicated, [Resident 1] reported an 'alleged' financial abuse to the Activities Director stating that there is an unauthorized transaction that she noted on her credit card. Per [FDS], he had shared some personal and financial problems with the [Resident 1] and the [Resident 1] stated that she felt sorry for his situation .On 4/10, at 1100H [11 a.m.], the DSD [Director of Staff Development], BOM [Business Office Manager] and Administrator reached out to the [FDS] regarding the alleged misuse of funds of one of our residents .the [FDS] .stated there has been an agreement between him and the [Resident 1] not to inform any manager, especially the administrator .If substantiated, [FDS] will be terminated.</p> <p>During an interview on 4/22/25 at 10:10 a.m., the DON stated the FDS was terminated after the FDS confessed to using Resident 1's credit card to purchase personal items for himself. The DON also stated staff had just completed training on abuse before the incident occurred.</p> <p>During an interview on 4/22/25 at 11:49 a.m., Resident 1 stated she gave her credit card to the FDS to buy her personal items and to purchase personal items for himself. Resident 1 stated when bank statements were reviewed, she noted multiple unapproved amounts of money spent. Resident 1 stated, I feel stupid and embarrassed for trusting someone with my credit card when I was just trying to help him.</p> <p>During an interview on 4/22/25 at 12:26 p.m., the DSD stated the FDS admitted to spending money from Resident 1's credit card on personal items for himself and he was terminated. The DSD stated the definition of misappropriation had previously been discussed with staff and staff had been trained on what to do. The DSD further stated it was her expectation staff are not allowed to do favors for residents, and they are to inform the resident to ask Social Service (SS) or Activities staff if they need purchases made.</p> <p>During an interview on 4/22/25 at 12:44 p.m., the Director of Social Services (DSS) stated staff was expected to notify residents to bring their requests for items to either SS or activities staff.</p> <p>During an interview on 4/22/25 at 12:58 p.m., the License Nurse 1 (LN 1) stated staff are not allowed to assist or purchase items for residents. The LN 1 further stated staff are supposed to notify SS staff or a family member if a resident requested items to be purchased.</p> <p>During an interview on 4/22/25 at 1 p.m., the LN 2 stated staff were not allowed to accept credit cards or cash from residents. The LN 2 stated she would escalate the residents' request to purchase items to the DON, ADM, or DSS.</p> <p>A review of the FDS' employee file was conducted on 4/22/25 at 1:10 p.m. and indicated the FDS conducted abuse training upon the date of hire on 6/20/24.</p> <p>During an interview on 4/22/25 at 1:34 p.m. the ADM stated his expectation was for employees to follow the employee handbook regarding procuring outside items for residents or accepting credit cards or cash. low the expectations of the employee handbook.</p> <p>(continued on next page)</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's document titled [The Facility's] Employee Handbook, dated 2017, indicated, Theft . No items brought in by a resident or supplied by the Facility to the resident should ever be removed from Facility premises. This rule applies to .money .or any other personal item that belongs to the resident. Gifts and Tipping .You are not allowed to accept tips or gifts of any kind from residents .</p> <p>A review of the facility's policy and procedure titled, ABUSE, NEGLECT, & EXPLOITATION OF RESIDENTS & PROPERTY, dated 2016 indicated, The resident has a right to be free from abuse .misappropriation of resident property, and exploitation .Residents must not be subjected to abuse by anyone, including .facility staff.</p>		