STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555657	A. Building B. Wing	06/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Belmont Healthcare Center	2140 Carlmont Drive Belmont, CA 94002

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review the facility failed to ensure food were stored and prepared in a sanitary manner when these were observed during kitchen tour:There was a dirty window screen next to an interior air conditioning (A/C) unit.There was a water collection tray under an interior A/C unit.There was a dirty filter screen on an interior A/C unit.Floors were not cleaned when: A. Two packets of creamers and four packets of sugar were found on the floor under a storage shelve; B. a small container of sherbet (frozen desert) and a used paper towel were found on the floor under a freezer.These failures had the likelihood for food items to be stored and prepared in an unsanitary environment.Findings: During a concurrent observation and interview with the Dietary Manager (DM) on 6/16/2026 at 9:53 AM, there were observed during initial kitchen tour:There was a dirty window screen next to an interior air conditioning (A/C) unit.There was a water collection tray under an interior A/C unit.There was a dirty filter screen on an interior A/C unit.Floors were not cleaned when: A. Two packets of creamers and four packets of sugar were found on the floor under a storage shelve; B. a 4 fluid ounce partially melted container of lime flavor sherbet and a used paper towel were found on the floor under a freezer.During the concurrent interview, the DM was asked how often staff were supposed to empty the water collection tray under the A/C unit. The DM was unable to provide documented evidence staff were emptying the water tray. Issues regarding stagnant water providing a reservoir for mold, algae, and a water source for pests were discussed with the DM. The DM was asked how often staff were supposed to clean the floor. The DM stated at least once a day. Review of the facility's policy titled GENERAL CLEANING OF FOOD & NUTRITION SERVICES DEPARTMENTS, dated 2023, indicated .Floors, floor mats, and walls must be scheduled for routine cleaning and maintained in good condition. I. Floors must be mopped at least once per day. 2. Sweep the floor, pushing all debris forward. Use a dust pan to remove and dispose of debris as it accumulates. Review of the facility's policy titled Departmental (Maintenance) - Plumbing, HVAC, and Related Systems, dated February 2026, indicated .Inspect air-conditioning unit drains and filters weekly. Change filters at least monthly during use. Discard soiled filters. Review of the facility's policy titled Routine Cleaning and Disinfection Policy, not dated, indicated .It is the policy of this facility to ensure the provision of routine cleaning and disinfection in order to provide a safe, sanitary environment and to prevent the development and transmission of infections to theextent possible.

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