

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555809	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2026
NAME OF PROVIDER OR SUPPLIER All Saint's Subacute & Transitional Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1652 Mono Avenue San Leandro, CA 94578	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on interview and record review, the facility failed to provide services to meet professional standards of quality for one of three sampled Residents (Resident 1), when Resident 1 did not have their blood sugar level checked and/or received Insulin [medication for Diabetes Mellitus (DM - a chronic condition where the body cannot properly manage sugar in the blood leading to high levels that can damage organs)] as ordered by their physician. This failure had the potential for Resident 1 to experience life-threatening emergencies as well as severe organ damage. During a review of Resident 1's admission Record, dated 12/15/25, the admission Record indicated Resident 1 was admitted to the facility in April 2023 with multiple diagnoses that included Type 2 Diabetes Mellitus with hyperglycemia (high blood sugar) and Gastrostomy Status (indicates a feeding tube (G-tube) placed directly into stomach through the abdominal wall used for long-term feeding, fluids, or medicine when a patient cannot eat enough by mouth). During a review of Resident 1's Minimum Data Set Assessment (MDS- a federally mandated resident assessment tool), dated 10/25/25, the MDS assessment indicated Resident 1 had a Brief Interview for Mental Status (BIMS -an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 15. Meaning Resident 1 has intact cognition. MDS also indicated, Resident 1 had multiple diagnoses that included Diabetes Mellitus. During a review of Resident 1's care plan (document that outline resident's care needs), dated 4/20/2023, the care plan indicated Resident 1 had imbalanced nutrition related to insulin resistance (when body cannot easily absorb glucose from the blood for energy). Care plan also revealed Resident 1 was at risk for complications such as unstable blood glucose and cardiovascular disease (condition that can lead to heart attack and stroke) and one of the interventions were Diabetes medication as ordered by doctor. During an interview on 12/15/25 at 2:30 p.m. in Resident 1's room in the presence of both Resident 1 and Resident 1's Responsible Party (RP), Resident 1 stated, they did not have blood sugar checked and did not receive insulin on multiple occasions. RP added, Resident 1 did not get their blood sugar checked and/or received insulin on the evening of 7/5/25. During a concurrent interview and record review on 2/9/26 at 11:29 a.m. with the Director of Nursing (DON), Resident 1's Medication Administration Record (MAR) for 7/5/25 was reviewed. DON stated the MAR for 7/5/25 at 6:00 p.m. indicated Resident 1's blood sugar had not been checked, and Resident 1 also did not receive insulin as ordered. DON added, the licensed nurse did not document justification for missed insulin administration for Resident 1. During a review of Resident 1's Physician's Order Summary Report, dated 5/5/24, the Order Summary Report indicated Resident 1 had a prescription for Humalog Insulin Injection Solution 100 UNIT/ML (unit per milliliter) (Humalog Insulin-a medication used to treat DM) Inject as per sliding scale (personalized chart that dictates how much fast acting insulin to give before a meal based on current blood sugar reading). every 6 hours for DM. During a review of Resident 1's MAR for the month of July 2025, the MAR indicated Resident 1 did not receive Humalog insulin on 7/5/25 at 6:00 p.m. as scheduled. During a review of facility's policy and procedures (P&P) titled, Nursing</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 555809	Facility ID: 555809 If continuation sheet Page 1 of 5

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Care of the Older Adult with Diabetes Mellitus, undated, revealed under Medication Management 1. Follow the provider orders for blood for blood glucose monitoring.7. Assist the resident with his or her specific medication regimen, as ordered and as needed.During a review of facility's P&P titled, Administering Medications, undated, under policy statement, Medications are administered in a safe and timely manner, and as prescribed. Under Policy Interpretation and Implementation .4. Medications are administered in accordance with prescriber orders, including any required time frame.6. Medications are administered within one (1) hour their prescribed time, unless otherwise specified.		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to observe infection control measures for two of six sampled residents (Resident 1 and Resident 2) when the following was observed: 1. House Keeper (HK) 1 was seen inside Resident 1's room who was on Contact Precaution (extra safety steps healthcare workers take to stop spread of germs) without Personal Protective Equipment (PPE- clothing and equipment that is worn or used to provide protection against hazardous substances and/or environments) and did not perform hand hygiene after exiting Resident 1's room.2. Registered Nurse (RN) 1 did not wear PPE or wash their hands after giving a subcutaneous (medication delivered through injection under the skin) injection to Resident 1.3. Certified Nursing Assistant (CNA) 1 emptied Resident 2's urinary drainage bag with gloved hands and exited Resident 2's room without removing gloves or performing hand hygiene. These failures had the potential to spread infections among residents at the facility.1. During a review of Resident 1's admission Record, dated 12/15/25, the admission Record indicated Resident 1 was admitted to the facility April 2023 with multiple diagnoses that included Type 2 Diabetes Mellitus with hyperglycemia (high blood sugar) and Gastrostomy Status (indicates a feeding tube (G-tube) placed directly into stomach through the abdominal wall used for long-term feeding, fluids, or medicine when a patient cannot eat enough by mouth). During a concurrent observation and interview on 12/15/25 at 1:15 a.m. in Resident 1's room, HK 1 was observed inside Resident 1's room not wearing PPE. HK 1 then exited Resident 1's room and did not perform hand hygiene. HK 1 explained, she just cleaned and emptied Resident 1's bathroom and trash bins. HK 1 then proceeded to fill up PPE supplies on Resident 1's supply rack. HK 1 stated, they knew they were supposed to wear PPE when cleaning Resident 1's room. HK 1 added, there was no supply of PPE this morning. During a review of Resident 1's Physician's Order Summary Report, dated 3/20/25, the Order Summary Report, indicated Resident 1 was on contact precaution as ordered by the physician. During a review of facility's infection control signage posted outside Resident 1's door, the infection control signage indicated CONTACT PRECAUTIONS EVERYONE MUST: Clean their hands, including before entering and when leaving the room. The signage also indicated PROVIDERS AND STAFF MUST ALSO: Put on gloves before room entry. Discard gloves before room exit. Put on gown before room entry. Discard gown before room exit. Do not wear the same gown and gloves for the care of more than one person. During a review of facility's infection control signage posted outside Resident 1's room titled Your 5 Moments for Hand Hygiene, undated, the infection control signage indicated .3. Clean your hands immediately after an exposure risk to body fluids (and after glove removal). To protect yourself and the health-care environment from harmful patient germs. 4. Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side. To protect yourself and the health-care environment from harmful patient germs. 5. Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving - even if the patient has not been touched. To protect yourself and the health-care environment from harmful patient germs. During a review of the facility's policy and procedure titled, Enhanced Barrier Precautions undated, indicated, under Policy Interpretation and Implementation,.3.b. A resident .has a wound or indwelling medical device, and has secretions or excretions that cannot be covered or contained; .5. Indwelling medical devices include central lines, urinary catheters, feeding tubes, and tracheotomies. 6. Examples of secretions or excretions include wound drainage, fecal incontinence or diarrhea, or other discharges from the body that cannot be contained and pose an increased potential for extensive environmental contamination and risk of transmission of a pathogen.8. Examples of high-contact resident care activities re [NAME] the use of gown and gloves for EBPs include: .h. prolonged,</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>high-contact with items in the resident's room, with resident's equipment, or with resident's clothing or skin During a review of the facility's policy and procedure titled, Handwashing/Hand Hygiene undated, indicated, under Policy Interpretation and Implementation: Administrative Practices to Promote Hand Hygiene, .2. All personnel are expected to adhere to hand hygiene policies and practices to help prevent the spread of infections to other personnel, residents, and visitors. Under Indications for Hand Hygiene, 1. Hand hygiene is indicated: .c. after contact with blood, body fluids, or contaminated surfaces; d. after touching a resident; e. after touching the resident's environment; .g. immediately after glove removal. 2. During a review of Resident 2's admission Record, dated 12/15/25, the admission Record indicated Resident 2 was admitted to the facility in November 2024 with multiple diagnoses that included tracheostomy (surgical opening in the neck that allows a person to breathe through a tube) status, gastrostomy status and ventilator associated pneumonia (an infection/inflammation in the lungs). During a concurrent observation and interview on 12/15/25 at 1:35 p.m. with RN 1 in Resident 1's room, RN 1 was observed inside Resident 1's room not wearing PPE. RN 1 then exited Resident 1's room and did not perform hand hygiene. RN 1 stated, she did not wear PPE inside Resident 1's room because the PPE supply rack on Resident 1's door was empty. RN 1 further stated, PPE supply was kept at the nurse's station, not near Resident 1's room. RN 1 added, PPE was supposed to be worn because Resident 1 was on contact precaution. When asked if RN 1 had direct contact with Resident 1, RN 1 stated, yes because she had given medication to Resident 1 via G-tube, checked Resident 1's blood sugar check and gave insulin to Resident 1. RN 1 acknowledged she did not perform hand hygiene after direct contact with Resident 1. RN 1 added, there was increased risk of transmission of infection for not wearing PPE and not performing hand hygiene after giving direct care to Resident 1. During a review of Resident 2's Physician's Order Summary Report, dated 3/20/25, indicated Resident 2 was on contact precaution as ordered by the physician. During a review of Resident 2's care plan care plan (document that outline resident's care needs), dated 10/4/24, the care plan indicated Resident 2 was on contact precaution and one of the interventions were, staff will perform hand washing after completing care and leaving the room. The care plan also showed, use of personal protective equipment was required. During a review of facility's infection control signage posted outside Resident 2's room titled Your 5 Moments for Hand Hygiene, undated, the infection control signage indicated.3. Clean your hands immediately after an exposure risk to body fluids (and after glove removal). To protect yourself and the health-care environment from harmful patient germs. 4. Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side. To protect yourself and the health-care environment from harmful patient germs. 5. Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving - even if the patient has not been touched. To protect yourself and the health-care environment from harmful patient germs. During a review of the facility's policy and procedure titled, Enhanced Barrier Precautions undated, indicated, under Policy Interpretation and Implementation,.3.b. A resident .has a wound or indwelling medical device, and has secretions or excretions that cannot be covered or contained; .5. Indwelling medical devices include central lines, urinary catheters, feeding tubes, and tracheotomies. 6. Examples of secretions or excretions include wound drainage, fecal incontinence or diarrhea, or other discharges from the body that cannot be contained and pose an increased potential for extensive environmental contamination and risk of transmission of a pathogen.8. Examples of high-contact resident care activities re [NAME] the use of gown and gloves for EBPs include: .h. prolonged, high-contact with items in the resident's room, with resident's equipment, or with resident's clothing or skin During a review of the facility's policy and procedure titled, Handwashing/Hand Hygiene</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>undated, indicated, under Policy Interpretation and Implementation: Administrative Practices to Promote Hand Hygiene, .2. All personnel are expected to adhere to hand hygiene policies and practices to help prevent the spread of infections to other personnel, residents, and visitors. Under Indications for Hand Hygiene, 1. Hand hygiene is indicated: .c. after contact with blood, body fluids, or contaminated surfaces; d. after touching a resident; e. after touching the resident's environment;.g. immediately after glove removal. 3. During a concurrent observation and interview on 12/15/25 at 1:39 p.m. in Resident 2's room, CNA 1 was observed at Resident 2's bedside emptying their urinary drainage bag into a container, CNA 1 was wearing gown and gloves. CNA 1 exited Resident 2's room, removed and discarded the gown in the trash bin outside Resident 2's room. CNA 1 did not remove his dirty gloves. CNA 1 then walked towards the nurse's station while removing his gloves and then touched a clean pack of gowns that were located in the nurses' station. CNA 1 stated, he removed the dirty gown in the hallway because the garbage bin was outside Resident 2's room. CNA 1 also stated, he did not perform hand hygiene after emptying urinary bag because he did not think about it. CNA 1 added, the PPE supply rack on Resident 2's door was empty this morning so had to go to the nurse's station where PPE supplies are stored. During an interview on 12/15/25 at 3:38 a.m. with Director of Nursing (DON), DON stated, it was acceptable for CNA 1 to remove dirty gown in the hallway and discard the dirty gown in the garbage bin that was placed immediately outside Resident 2's room. DON also stated, RN 1 was expected to wear PPE when in direct contact with Resident 1 who was in contact precaution. DON added, CNA 1 was expected to disinfect hands with ABHR after removing dirty PPE and before donning new ones to prevent spread of infection. During a review of facility's infection control signage posted outside Resident 2's room titled Your 5 Moments for Hand Hygiene, undated, the infection control signage indicated, .3. Clean your hands immediately after an exposure risk to body fluids (and after glove removal). To protect yourself and the health-care environment from harmful patient germs. 4. Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side. To protect yourself and the health-care environment from harmful patient germs. 5. Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving - even if the patient has not been touched. To protect yourself and the health-care environment from harmful patient germs. During a review of the facility's policy and procedure titled, Enhanced Barrier Precautions undated, indicated, under Policy Interpretation and Implementation,.3.b. A resident .has a wound or indwelling medical device, and has secretions or excretions that cannot be covered or contained;. 5. Indwelling medical devices include central lines, urinary catheters, feeding tubes, and tracheotomies. 6. Examples of secretions or excretions include wound drainage, fecal incontinence or diarrhea, or other discharges from the body that cannot be contained and pose an increased potential for extensive environmental contamination and risk of transmission of a pathogen.8. Examples of high-contact resident care activities re [NAME] the use of gown and gloves for EBPs include: .h. prolonged, high-contact with items in the resident's room, with resident's equipment, or with resident's clothing or skin During a review of the facility's policy and procedure titled, Handwashing/Hand Hygiene undated, indicated, under Policy Interpretation and Implementation: Administrative Practices to Promote Hand Hygiene, .2. All personnel are expected to adhere to hand hygiene policies and practices to help prevent the spread of infections to other personnel, residents, and visitors. Under Indications for Hand Hygiene, 1. Hand hygiene is indicated: .c. after contact with blood, body fluids, or contaminated surfaces; d. after touching a resident; e. after touching the resident's environment; .g. immediately after glove removal.</p>		