STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555926	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shadelands Post Acute	2765 Mitchell Dr Walnut Creek, CA 94598

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview and review, the facility failed to ensure, for Residents 1-5, the scheduled (controlled medication, narcotic) medication system was accurate (information matches between documents). The record system included Shipping Manifests (pharmacy delivery receipt), Controlled Substance Accountability Sheets (CDR, Controlled Drug Record), Medication Administration Records (MAR, record of medication administration), and destruction logs. The facility records were inaccurate. These failures resulted in the potential for the undetected loss and diversion of scheduled medications. In addition, these failures resulted in the potential for avoidable medication errors (medication not given as ordered). During an interview, on 3/16/26 at 10:15 am, the Director of Nursing (DON) and Medical Record Director (MRD) were asked to describe the scheduled medication documentation process. Their description included: medication was delivered by pharmacy with a Shipping Manifest and CDR. The medication and CDR were placed in the medication cart (stores medication). The nurse removed the medication and documented the date, time, and remaining amount on the CDR. Administered medications were documented on the MAR. CDRs and Shipping Manifests were sent to medical records for retention. The facility was requested to provide all scheduled medication Shipping Manifests and CDRs from 9/1/23 - 3/31/24.During a concurrent observation and interview, on 3/16/26 at 2:30 pm at the nursing unit, Licensed Vocational Nurse (LVN 1) identified a medication cart. LVN 1 was requested to describe the schedule medication documentation process. Her description includedmedication was delivered by pharmacy with a Shipping Manifest and CDR. The medication and CDR were placed in the medication cart. The nurse removed the medication and documented the date, time, and remaining amount on the CDR. Administered medication was documented on the MAR.During a concurrent interview and record review, on 3/17/26 at 9:45 am, DON identified Resident 1's MAR. She compared the 6215169 Hydrocodone (narcotic pain reliever)/APAP (acetaminophen) 10/325 mg (milligram) tablet #56 date 11/19/23 CDR against the MAR. DON acknowledged the CDR removals did not have a corresponding MAR administration on the date and times listed below.12/6/23 0700, 2045Continuing the concurrent interview and record review, on 3/17/26 at 9:45 am, DON identified Resident 2's MAR. She compared the 6271329 Hydrocodone/APAP 5/325 mg tablet #27 date 12/3/23 CDR against the MAR. DON acknowledged the CDR removals did not have a corresponding MAR administration on the dates and times listed below.12/7/23 030012/18/23 050012/24/23 1310Continuing the concurrent interview and record review, on 3/17/26 at 9:45 am, DON identified Resident 3's MAR. She compared the 6427953 Hydrocodone/APAP 10/325 mg tablet #26 date 1/13/24 CDR against the MAR. DON acknowledged the CDR removals did not have a corresponding MAR administration on the dates and times listed below.1/18/24 21411/21/24 07001/22/24 0540Continuing the concurrent interview and record review, on 3/17/26 at 9:45 am, DON identified Resident 4's MAR. She compared the 6543671 Hydrocodone/APAP 5/325 mg tablet #28 date 2/11/24 CDR against the MAR. DON acknowledged the CDR removals did not have a corresponding MAR administration on the dates and times listed below.2/14/24 12102/17/24 10003/8/24 20543/10/24 1013Continuing the concurrent interview and EMR review, on 3/16/26 at 9:45 am, DON identified Resident 5's MAR. She compared the 6690791 Oxycodone (narcotic pain reliever)10 mg (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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	tablet #28 date 3/20/24 CDR against the MAR. DON acknowledged the CDR removals did not have corresponding MAR administration on the dates and times listed below.3/7/24 06304/4/24 19454/7/24 22154/20/24 0500During a concurrent interview and record review, on 3/17/26 at 10 am, DON identified the Pharmacist's Medication regimen review and Report. She reviewed the report and acknowledged it identified Each PRN (as needed) dose documented on the Controlled Drug Count (CDR) sheet should have a corresponding nurse initialed charted in EMAR (MAR). During a concurrent interview and record review, on 3/17/26 at 11:05 am, DON identified the Controlled Substances Policy. She reviewed the policy and acknowledged it required the documentation (CDR and corresponding MAR) to be accurate (monitored and reconciled). An administrative record review, of the Pharmacist's Medication Regimen Review & Report, Monthly Pharmacy Inspection Report, 11/8/23-11/10/23 showed, A. Med Administration & Orders: 7. Random audit of controlled drug charting in EMAR (computer medical record) in all med carts were completed. Each PRN dose documented on Controlled Drug Count sheet (CDR) should have a corresponding nurse initial charted in EMAR. They should correlate and be exact duplicate of each order. This audit found 10 out of 14 were not reconciled.An administrative record review, of the Policy for Controlled Substances (Revision Date November 2022) showed, Dispensing and Reconciling Controlled Substances, 1. Controlled substance inventory is monitored and reconciled to identify loss or potential diversion in a manner that minimizes the time between loss/diversion and detection/follow-up.2. The system of reconciling the receipt, dispensing and disposition of controlled substances includes the following: a. Records of personnel access and usage; b. Medication administration records; c. Declining inventory records.

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F 0836 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards. Based on observation, interview and record review, the facility failed to follow state Title 22 regulations and ensure the social services department was staffed and supervised by qualified staff for facilily with census of 59 residents.This failure resulted in all residents receiving social services from unqualified staff.During an interview on 3/16/26, at 3:36 p.m., with Social Services Director (SSD), SSD stated they had worked here since 2022.During a concurrent interview and record review on 3/17/26, at 12:17 p.m., with Human Resources (HR), SSD's two job descriptions titled Job Description: Social Services Director, dated 9/8/23 and 9/2/25, was reviewed. HR stated the newer job description was changed to have the entire qualifications section which included education, the ability to read and solve practical problem be preferred qualities. HR stated preferred qualifications indicated those weren't requirements for the job, but the facility would prefer a candidate to possess. After review of the revised job description, HR was unable to determine what were the minimum educational requirements of the social services director, but stated the ability to read and solve problem was a requirement.During a concurrent interview and record review on 3/17/26, at 12:43 p.m., with HR, SSD's employment application titled, Application for Employment, dated 9/6/2023, was reviewed. The application indicated SSD had completed high school education and was a licensed vocational nurse. HR stated they did not check if applicants were qualified for the position and the department managers were responsible for ensuring employees were qualified. HR stated the SSD was the only staff in the social services department and did not have any other supervisor.During an interview on 3/17/26, at 2:15 p.m., with Administrator (ADM), the ADM stated they were the overall supervisor for all staff including the SSD. The ADM stated there was no qualified social worker overseeing the social services department.During a review of facility policy and procedure (P&P) titled Social Services, dated 9/2024, the P&P indicated the facility provided medically-related social services.the director of social services is responsible for.program planning, policy development, and priority setting of social services.supervising social services personnel.not all medically-related social services are provided by a qualified social worker. However, the facility is responsible for ensuring all residents are provide these services by a staff member or through referrals to an outside agency.During a review of California state regulation titled, Title 22 S72433, the state regulation indicated 'Social Work Service' means those services which assist.a patient and a patient's family to understand and cope with.personal, emotional and related health and environmental problems.During a review of California state regulation titled, Title 22 S72105, the state regulation indicated a Clinical Social Worker was person who is a licensed clinical social worker by the Board of Behavioral Sciences.During a review of California state regulation titled, Title 22 S72437, the state regulation indicated Social Work Service Unit-Staff.the social work service unit shall be organized, directed and supervised by a social worker, who is responsible for supervision of other social work staff, including social work assistants.