

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056345	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2020
NAME OF PROVIDER OF SUPPLIER SAN LEANDRO HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 368 JUANA AVENUE SAN LEANDRO, CA 94577	
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 0921 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation and interview, the facility failed to ensure patio sliding doors opened and closed easily to egress in the rooms of three of three sampled residents (Resident 1, 2 and 3). This failure had the potential to cause residents and responsible party's fear of safety and anxiety. Findings: During an observation on 2/25/20 at 11:45 a.m., accompanied by the Administrator (Admin) and Director of Nursing (DON), resident rooms 15, 16 and 17's patio sliding doors did not open or close easily and the lock on the sliding doors were not functioning properly. In an interview on 2/25/20 at 11:45 a.m., Admin stated facility will fix the sliding doors locking systems. In an interview on 2/26/20 at 11:00 a.m., Resident 1's responsible party stated she was worried for the safety of Resident 1. RP stated the sliding door in Resident 1's rooms did not lock and may allow people to get inside of the facility from outside.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.