

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/03/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055850	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2024
NAME OF PROVIDER OR SUPPLIER Pine Ridge Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 45 Professional Center Pkwy 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)		
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>40254</p> <p>Based on interview and record review the facility failed to report an allegation of abuse within the required timeframes when allegation was not reported to authorities within the required two hours timeframe after the facility was notified of the allegation.</p> <p>This failure to report allegations of abuse within the federally mandated requirement of two hours, had the potential to contribute to ongoing resident physical abuse, as well as the potential for mental and emotional harm. It also delayed the timely investigation by authorities.</p> <p>Findings:</p> <p>During review of a document titled SOC 341 (a state of California form for reporting allegations of abuse), dated 3/15/24, revealed Resident 1 reported that before lunch the CNA (Certified Nursing Assistant) that was working with her put his hand on her face and around her mouth area. The report indicated the time and date of the alleged event was 3/14/24 at approximately 11:00 a.m.</p> <p>During a further review of SOC 341 it indicated telephone report made to law enforcement on 3/15/24 at 11:00 a.m. The form was faxed to CDPH on 3/15/24 at 1:07 p.m.</p> <p>During an interview and concurrent record review with the Administrator on 3/20/24 at 11:43 a.m., when discussing reporting abuse within 2 hours, the Administrator stated I didn't realize when reviewing the required reporting timeframes in the facility's abuse policy.</p> <p>Review of the facility's Policy and Procedure titled Abuse Investigation and Reporting, not dated, indicated:</p> <p>Reporting</p> <p>2. An alleged violation of abuse, neglect, exploitation, or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported immediately, but not later than:</p> <p>a.) Two (2) hours if the alleged violation involves abuse OR has resulted in serious bodily injury; or</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	b.) Twenty-four hours if the alleged violation does not involve abuse AND has not resulted in serious bodily injury.		