

LA CASA VIA TRANSITIONAL CARE CENTER

Report ID: CCN 056399
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§ 1 Facility Identity

Facility	LA CASA VIA TRANSITIONAL CARE CENTER
CCN	056399
Location	1449 YGNACIO VALLEY ROAD, WALNUT CREEK, CA, 94598
Ownership type	For profit - Limited Liability company
Certified beds	99

§ 2 CMS Federal Record

Civil money penalties on file	\$0
Deficiency citations — current cycle	9 (up from 0 in the prior 24 months)
Deficiency citations — prior 24 months	0
Immediate Jeopardy — current cycle	0
Actual-harm (G+) citations — current cycle	0
Special Focus Facility status	Not listed
Abuse icon	No

§ 3 Federal Penalties in Context

This facility — penalties on file	\$0
CA state average	\$26,375 (this facility is 0.0× the CA average)
National average	\$31,239 (this facility is 0.0× the national average)

Averages are CMS-published per-facility fine amounts for the same snapshot. Figures and multiples are stated as published; no inference is drawn here.

§ 4 Current-Cycle Deficiencies

The current survey cycle records the following 9 federal deficiency citations (CMS F-tags). Scope/severity is CMS's own A–L grade; "Immediate Jeopardy" is CMS's most serious classification.

F-TAG	FINDING (CMS)	SCOPE/SEV.	SOURCE
F812	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.	F	Standard survey
F550	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.	D	Standard survey
F656	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.	D	Standard survey
F677	Provide care and assistance to perform activities of daily living for any resident who is unable.	D	Standard survey
F761	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.	D	Standard survey
F921	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.	D	Standard survey
F684	Provide appropriate treatment and care according to orders, resident's preferences and goals.	D	Complaint
F757	Ensure each resident's drug regimen must be free from unnecessary drugs.	D	Complaint
F760	Ensure that residents are free from significant medication errors.	D	Complaint

§ 5 Ownership & Chain Context

Ownership record	Chain: ASPEN SKILLED HEALTHCARE (35 facilities); Owner on file: AWCY LLC (organization)
Ownership chain	ASPEN SKILLED HEALTHCARE (35 facilities)
Penalties vs chain average	\$0 vs \$21,356 (0.0× the chain average)
Current deficiencies vs chain average	9 vs 12.3 (0.7× the chain average)

§ 6 CMS Care Compare Star Ratings

Overall	5 / 5 (state avg 3.2 · US avg 3)
Health inspection	4 / 5 (state avg 2.8 · US avg 2.8)
Staffing	4 / 5 (state avg 3.1 · US avg 2.9)
Quality measures (QM)	5 / 5 (state avg 4.2 · US avg 3.7)

§ 7 Record Provenance

CMS data as of	Jun 2026
Independent verification	https://www.medicare.gov/care-compare/details/nursing-home/056399
Snapshot SHA-256	49bf303b3f835c2839fe07e1014408a7af799dd217320188967dc8539ce45fd8
Methodology & version	v1.0 — https://www.caregiverhelpnow.com/methodology

§ 8 For Your Attorney

1. The full survey file (Form 2567) for each inspection cited above is available from the state survey agency or by FOIA request.
 2. Quarterly staffing data: CMS Payroll-Based Journal (PBJ) public use files, CCN 056399.
 3. Cite this snapshot as “CMS Care Compare, as of Jun 2026” — integrity hash 49bf303b3f83.
 4. Deficiency F-tags cited above are searchable in CMS QCOR (qcor.cms.gov).
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This snapshot is a frozen record of CMS Care Compare data as of Jun 2026. Independently verifiable at the URL above. Generated by CareSentinel under Nodal Logics LLC. Compiled under CareSentinel methodology v1.0, documented at <https://www.caregiverhelpnow.com/methodology>; the Snapshot SHA-256 above pins this record to that methodology version.

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