

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055156	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/28/2026
NAME OF PROVIDER OR SUPPLIER St Paul's Towers		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Bay Place Oakland, CA 94610	
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 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. Based on interviews and record reviews, the facility failed to ensure that one of three sampled residents (Resident 1) was treated with respect and dignity. While providing care to Resident 1, Resident 1 punched Certified Nursing Assistant (CNA) in the chest. CNA responded to Resident 1, If you hit me, I will hit you back. Resident 1's family member was in the room and heard CNA 1's comment. This failure had the potential to cause emotional distress to Resident 1 and/or Resident 1's family member. During a record review of the Resident 1's Face Sheet, dated July 28, 2026, the Face Sheet indicated diagnoses of dementia (diseased or injured brain cells that affect thinking, communication, and mood) and trouble with daily tasks. During an interview on 7/8/26 at 1:12 p.m., with CNA about the incident, CNA stated remembering the incident well. CNA stated Resident 1 was aggressive at times. CNA stated that while she provided care to Resident 1, Resident 1 hit her in the chest. CNA stated it hurt and frightened her. CNA stated she reacted by saying to Resident 1, If you hit me, I will hit you. CNA stated Resident 1's family member was in the room and heard the remark. CNA stated Resident 1's family member became upset, yelled at her, and demanded to speak with a supervisor. During an interview on 7/28/25 at 2:20 p.m., with the Administrator (ADM), ADM verified that CNA was suspended because of her action towards Resident 1. The ADM stated all residents must be treated in a safe, helpful and dignified manner. The ADM stated CNA should have responded in a nice way. During a review of the facility's policy and procedure (P&P) titled, Dignity, revised June 2023, the P&P indicated, that staff shall treat cognitively impaired residents with dignity and sensitivity.		

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