

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055215	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2024
NAME OF PROVIDER OR SUPPLIER Oakland Healthcare & Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3030 Webster Street Oakland, CA 94609	

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)
<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>49091</p> <p>Based on interview and record review, the facility failed to assure nursing staff possessed the competencies and skill sets necessary to provide nursing services to meet the residents' care needs safely for one of one sampled resident (Resident 1), when a Licensed Vocational Nurse(LVN), without an intra-venous(IV-a medical technique that involves administering fluids, medications, or nutrients directly into a vein) and blood withdrawal certificate provided care for Resident 1's peripherally inserted central catheter (PICC- a thin, flexible tube that is inserted into a vein in the upper arm and threaded into a large vein in the chest). This failure had the potential to result in improper infusion of ordered TPN (Total Parenteral Nutrition-a method of feeding that provides nutrients directly into a vein, bypassing the gastrointestinal tract) and cause infection and complications.</p> <p>During a record review of Resident 1's face sheet, printed on 8/27/24, the face sheet indicated Resident 1 was admitted during May 2024, with diagnoses including: surgical aftercare following surgery on the digestive system, short bowel system, nutritional deficiency, and acquired absence of other specified parts of digestive tract.</p> <p>During a record review of Resident 1's Order Summary Report dated 8/27/24, the report indicated Resident 1's medical orders included:</p> <p>-Change dressing and cap as needed for PICC care when soiled, start date 6/1/24 - no end date.</p> <p>- Cyclic-infuse (method of delivering intravenous nutrient solutions to patients in shorter periods of time) from 1700 to 0900. Taper up over 1 hour -33 mls (milliliters-a unit of measure) rate; then 67 ml for 14 hours continuous. Taper down over 1 hr 33 ml one time a day for TPN (plain) - Dextrose (a type of simple sugar made from corn) -200 GM, Clinisol (an intravenous nutrient solution that provides a variety of amino acids - the raw materials for protein synthesis) 40 GM, Sodium Chloride (salt) 230 MEQ, Magnesium sulphate (a mineral supplement used to manage and treat multiple clinical conditions) 5 MEQ TPN, start date 5/4/24 - no end date.</p> <p>- Monitor central line for signs/symptoms of infection/bleeding q (every) shift for central line monitoring, start date 5/4/24- no end date.</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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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 8/27/24 at 10:30 a.m., with the Director of Nursing (DON), the DON confirmed three specific LVNs documented giving care to Resident 1 during the hours 11:00 p.m. to 7:30 a.m., during the month of August 2024. The DON only provided IV competency certificates for two of the three LVN 's.</p> <p>During a record review of the Board of Vocational Nursing Website Licensing details for Licensed Vocational Nurse 1 (LVN 1), the website indicated LVN 1 did not possess an IV and blood withdrawal certification.</p> <p>During a record review of Resident 1's medication administration record (MAR), dated 8/2024, the MAR indicated LVN 1 provided care and/or monitoring for Resident 1's PICC line on 8/6/24, 8/7/24, 8/19/24, 8/24/24, and 8/25/24.</p> <p>During an email correspondence from the Board of Vocational Nursing and Psychiatric Technicians, dated 8/27/24, the Scope of Practice Consultant advised, in California the only LVN who is Board-certified in Intravenous Therapy can flush those (PICC) lines with normal saline or heparin to maintain patency; can care for the dressings on those line sites; and can discontinue those catheters, and Licensed Vocational Nurses who are Board certified in intravenous therapy can perform site dressing care on central lines.</p> <p>During a phone interview with LVN 1 on 8/29/24 at 7:00 a.m., LVN 1 stated, she did not possess an intravenous therapy and blood withdrawal certificate.</p> <p>During a record review of facility ' s policy and procedure (P & P), titled Criteria for Licensed Nurses Administering Therapy Policy: IV 101, dated 3/2023, the P and P indicated, B. IV Certified LVNs may change the dressing and needles access device of central lines as specified by policy. The LVN must demonstrate competency prior to the independent performance of this procedure .C. The IV Certified LVN may NOT start or titrate any IV, which contains medication. However, the LVN may stop or discontinue such infusions whether due to completion of therapy or complication at site or catheter .E. The IV Certified LVN may monitor all types of IV therapies administered through peripheral, central and subcutaneous lines.</p>		