

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055876	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/11/2024
NAME OF PROVIDER OR SUPPLIER Princeton Manor Healthcare Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2124 57th Avenue Oakland, CA 94621	

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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>42255</p> <p>Based on observation, interview, and record review, the facility failed to ensure three of 78 sampled residents' (Resident 2, Resident 6, and Resident 8), call lights were within reach and easily accessible.</p> <p>This failure placed the Resident 2, Resident 6 and Resident 8 at risk of not being able to ask for assistance.</p> <p>Findings:</p> <p>Resident 2 was admitted to the facility in late 2020, with diagnoses which included cerebral infarction (disrupted blood flow does to the brain), stenosis (narrowing of the spinal cord) and convulsions (irregular movement of arms and legs).</p> <p>Resident 6 was admitted to the facility in late 2020 with diagnoses which included heart disease, bradycardia (slow heartbeat) and blindness of the right eye (vision loss).</p> <p>Resident 8 was admitted to the facility in mid-2022, with diagnoses which included seizure (irregular body movement), Parkinson (tremors, stiffness, and loss of balance) and repeated falls.</p> <p>During an observation on 4/11/24 at 1:15 p.m. in Resident 2's, Resident 6's and Resident 8's rooms, the call lights were on the floor behind or under the beds.</p> <p>During a concurrent observation and interview on 4/11/24 at 2 p.m. with Medical Records Director (MR), in Resident 2's, Resident 6's and Resident 8's rooms, the MR confirmed the call lights were on the floor behind the beds and out of reach of the Residents and stated, They should be within reach so they can call the staff.</p> <p>During an interview on 4/11/24 at 2:40 p.m. with the Administrator (ADM), the ADM stated, I would expect that everyone should have their call lights.</p> <p>Requested a copy of facility's policy and procedure for answering the call lights. The facility was not able to provide,</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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