

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2024
NAME OF PROVIDER OR SUPPLIER Crown Bay Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 508 Westline Drive Alameda, CA 94501	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>32717</p> <p>Based on observation, interview, and record review, the facility failed to follow infection prevention and control procedures when Certified Nursing Assistant (CNA) 1, did not wear Personal Protective Equipment (PPE, protective items or garments worn to protect the body or clothing from hazards that can cause injury and to prevent the transmission of infectious agents from one person to another, also known as cross-contamination) while providing care to Resident 1 who was on contact isolation).</p> <p>This failure had the potential to result in spread of infection.</p> <p>Findings:</p> <p>During a review of Resident 1's Face Sheet, the Face Sheet indicated Resident 1 was admitted to the facility in March 2024 with diagnoses that included scabies (a parasitic infestation caused by tiny mites that burrow into the skin and lay eggs, causing intense itching and a rash).</p> <p>During an interview on 5/15/24 at 11:09 a.m. with Licensed Vocational Nurse-Infection Preventionist (LVN-IP), LVN-IP stated Resident 1 was confirmed to have scabies on 4/16/24 and was isolated in a single room right away.</p> <p>During a review of Resident 1's May 2024 Physician Order Sheet , the May 2024 Physician Order Sheet indicated an order for contact isolation (contact precaution, infection control measures used for patients with diseases caused by microorganisms (bacteria and viruses) that are spread through direct and indirect contact).</p> <p>During a review of Resident 1's Skin Integrity care plan, dated 4/16/24, the care plan indicated for Contact precautions by staff, gloves, gown, thorough handwashing. Linens in separate container. Precautionary signs at resident's doorway.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and concurrent interview on 5/15/24 at 12:30 p.m. with CNA 1, CNA 1 did not wear PPE while inside Resident 1's room assisting with meals. CNA 1 stated being inside Resident 1's room to help Resident 1 eat lunch. A lunch cart was parked just outside Resident 1's room. CNA 1 stated she did not wear gown and gloves while helping Resident 1 and did not state reason for not wearing PPE. There was a visible sign on the left side of Resident 1's door that indicated CONTACT PRECAUTIONS EVERYONE MUST: Clean their hands, including before entering and when leaving the room. PROVIDERS AND STAFF MUST ALSO: Put on gloves before room entry. Discard gloves before room exit. Put on gown before room entry. Discard gown before room exit .</p> <p>During an interview on 5/15/24 at 12:32 p.m. with Registered Nurse (RN) 1, RN 1 stated a sign for contact precaution was posted right by the door big enough for anyone to see before entering the room.</p> <p>During a review of the facility's policy and procedure (P&P) titled Transmission Based Precautions , undated, the P&P indicated for contact precaution, one must put on gloves before entering the room, wear a gown in some patient-care situations, avoid unprotected items touched by or used on the resident and was hands with special antimicrobial cleaner before leaving the room.</p> <p>During an interview on 5/15/24 at 12:50 p.m. with Director of Nursing (DON), DON stated, when caring for a resident who is on Contact Precaution, staff who provide ADLs (Activities of Daily Living- personal hygiene, toileting, transfers and eating) like assisting resident with meals, staff should wear gown and gloves. DON stated patient-care situations include ADL care.</p>