

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 04/03/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44823</p> <p>Based on observation, interview, and record review, the facility failed to ensure Resident 1 was free from physical abuse when:</p> <ol style="list-style-type: none"> 1) Resident 1 was hit by another resident and sustained a bloody right lower lip, 2) Resident 1 was touched on the face by another resident (Resident 2) while in Activity room. <p>This failure resulted to Resident 1 being the recipient of physical abuse which affected Resident 1's physical and psychosocial well-being.</p> <p>Findings:</p> <p>A review of Resident 1's Face Sheet, printed 3/3/25, indicated Resident 1's diagnoses of Alzheimer's (a disease characterized by a progressive decline in mental abilities) disease and dementia (a progressive state of decline in mental abilities).</p> <p>1. During an interview on 2/27/25, at 11:00 a.m., with Licensed Vocational Nurse (LVN) 1, LVN 1 stated on 2/13/25 at 4:15 a.m., LVN 1 was notified by Licensed Vocational Nurse (LVN) 2 that Resident 1 was found in the hallway in her wheelchair with blood coming down from Resident 1's cheek.</p> <p>During an interview on 3/3/25, at 10:55 a.m., with Nursing Supervisor (NS), NS stated Resident 1 got hit on the lower lip. When NS saw Resident 1 that morning, there was dried blood on Resident 1's mouth area. Per NS, Resident 1's skin on mouth area had swelling and bruising. NS added the facility's surveillance video showed Resident 1 going into room [ROOM NUMBER] and showed someone's hand pushing wheelchair out of the room. Per NS, Resident 1 was confused, hard to keep safe, and was wandering. NS stated Resident 1 should have been closely monitored.</p> <p>During an interview on 3/3/25, at 3:23 p.m., with Certified Nursing Assistant (CNA) 1, CNA 1 stated she first saw Resident 1 in the hallway near rooms [ROOM NUMBERS]. Per CNA 1, Resident 1 said a man hit me.</p> <p>During an interview on 3/3/25, at 3:40 p.m., with Administrator (ADM), ADM stated Resident 1 went inside room [ROOM NUMBER]. ADM added video surveillance then showed a hand pushed Resident 1's wheelchair out of the room.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a record review on 4/3/25, at 11:00 a.m., facility document Change of Condition dated 2/13/25 at 10:10 a.m. written by LVN 1 was reviewed. Per Change of Condition, Resident 1 was observed bleeding in the mouth. Resident 1 said someone hit her mouth, it was a man.</p> <p>2. During an interview on 3/3/25, at 1:26 p.m., with Activity Assistant (AA) 1, AA 1 stated Resident 1 was seated at a table by herself in Activity room. Resident 2, in his wheelchair, wheeled self towards Resident 1 and touched Resident 1's left cheek. Per AA 1, Resident 1 asked why Resident 2 was touching her face.</p> <p>During an interview on 4/3/25, at 9:50 a.m., with Director of Nursing (DON), the DON stated Resident 2 made contact with the face of Resident 1 in Activity room.</p> <p>During a record review on 4/3/25, at 11:00 a.m. facility document Discharge Summary dated 2/26/25 by Medical Doctor (MD) was reviewed. Per Discharge Summary, MD noted Resident 1's SNF (skilled nursing facility) stay was complicated by . physical assault by another SNF resident with bruising at her lower lip and right lower chin.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Resident Rights, undated, the P&P indicated, Protection from Abuse: Facilities must protect residents from physical, emotional, or sexual abuse, as well as any form of mistreatment or exploitation.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Abuse Prevention Program, dated August 2017, the P&P indicated, The resident has the right to be free from verbal, sexual, physical, and mental abuse . Residents will be cared for in a safe environment. Resident-to-Resident Abuse . Facility staff will monitor and re-direct residents to ensure the safety of residents and persons within the facility.</p>		