

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056280	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/08/2024
NAME OF PROVIDER OR SUPPLIER Brookdale Healthcare & Wellness Centre, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 2919 Fruitvale Ave Oakland, CA 94602	

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 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50013</p> <p>Based on observation, interview, and record review, the facility failed to ensure that two of three sampled residents (Resident 1 and Resident 2) were provided foot care and treatment. Resident 1 and Resident 2 had dark brown colored long, curved, thick toenails on both feet. Resident 1 and Resident 2 did not receive podiatry services at least four months since their admission to the facility in 10/2023.</p> <p>This failure resulted in Resident 1 not being able to wear socks, unable to stand or walk due to discomfort from her toenails. This failure also resulted in Resident 2 experiencing discomfort from linen/sheets and blanket touching her long toenails which made Resident 2 feel depressed and uncared for, sad and uncomfortable.</p> <p>Findings:</p> <p>1)</p> <p>During a record review of Resident 1 ' s admission face sheet dated 10/10/23, the facesheet indicated Resident 1 was admitted to the facility on [DATE] with diagnosis of diabetes.</p> <p>During a record review of Resident 1's Minimum Data Set (MDS, an assessment used to guide plan of care) dated, 1/17/24 the assessment indicated, Resident 1's Brief Interview of Mental Status (BIMS, an assessment for cognition status) score was 15 out of 15, indicating intact mental status. The assessment indicated, Resident 1 required moderate assistance (helper does less than half the effort) with the activities of daily living.</p> <p>During an interview on 2/8/24 at 10:35 a.m. with Resident 1 in her room Resident 1 stated, she had not seen a podiatrist (foot doctor)since her admission to the facility. Resident 1 stated, she had asked the staff about her needing nail care for both feet and was told that podiatry service was not available for her.</p> <p>During a concurrent observation and interview on 2/8/24 at 11:25 a.m., with Licensed Vocational Nurse (LVN 1) in Resident 1's room, Resident 1's bilateral feet were observed. Resident 1's toenails were dark brown, overgrown, about1/4 inch, curved and thickened. LVN 1 stated, Resident 1's toenails appeared to have not been cut for more than two months. LVN 1 stated, the risk of uncut toenails placed Resident 1 at risk of injury and infection. Resident 1 stated, she was not able to wear shoes or socks and could not walk due to discomfort with her toenails.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056280	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/08/2024
NAME OF PROVIDER OR SUPPLIER Brookdale Healthcare & Wellness Centre, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 2919 Fruitvale Ave Oakland, CA 94602	
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 0687</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 2/8/24 at 2:00 p.m., with the MDSC Coordinator (MDSC 1), Resident 1 ' s progress notes dated 12/3/23 till 2/8/24 were reviewed. The MDSC 1 stated she was unable to locate any documentation if Resident 1 was offered and/ or declined toenails care/ podiatry care.</p> <p>During a record review of Resident 2 ' s admission face sheet dated 2/8/24, the record indicated Resident 2 was admitted on [DATE] and was readmitted on [DATE] with a severe protein-calorie malnutrition, and deep vein blood clots.</p> <p>During a record review of Resident 2's Minimum Data Set (MDS, an assessment used to guide plan of care) dated 1/8/24 the assessment indicated a Brief Interview of Mental Status (BIMS, an assessment for cognition status) score was 15 out of 15, indicating intact mental status. The assessment indicated Resident 2 required moderate assistance.</p> <p>During an interview on 2/8/24 at 11:00 a.m. with Resident 2 in her room, Resident 2 stated she had not seen a podiatrist while in the facility.</p> <p>During concurrent observation and interview on 2/8/24 at 11:20 a.m., with LVN 1, in Resident 2's room, Resident 2's feet/toenails were observed. Resident 2 ' s toenails were discolored dark tan, overgrown by 1/8 inch , curved and thickened. Resident 2, stated she has discomfort from sheets and blankets touching the long toenails. Resident 2 stated the discomfort makes her sad and uncomfortable. LVN 1 stated Resident 2 ' s toenails have more than two months of growth. LVN 1 stated the risk of uncut toenails placed Resident 2 at risk for injury and infection. LVN1 stated facility's Social worker (SW1) was responsible for arranging the appointment for all residents who needed podiatry care.</p> <p>During a concurrent interview and record review on 2/8/24 at 2:10 p.m., with the MDSC 1, Resident 2's progress notes from 12/8/23 till 2/8/24 and care plans were reviewed. The MDSC 1 stated she was unable to locate any documentation if Resident 2 was offered and/ or declined toenails care/ podiatry care.</p> <p>During a concurrent interview and record review on 2/8/24 at 11:10 a.m., with SW 1 in her office, Podiatry Consult log for the month of 10/2023, 11/2023, 12/2023 and 1/2024 were reviewed. SW 1 stated, the Wound nurses provided a list of residents needing podiatry referrals to her on a monthly basis and those lists were maintained in a binder in the social work office. The SW 1 stated she was responsible for faxing the list to the podiatrist. SW 1 stated if a resident did not have podiatry coverage through the medical insurance, the service was covered by the facility. SW 1 stated she was unable to find any records for podiatry referrals for Resident 1 and Resident 2 for the months of 10/2023, 11/2023, 11/2023, 12/2023 and 1/2024.</p> <p>During the review of the facility's document titled, Podiatry Foot Care Agreement states, Podiatry care is offered in this facility to any resident requiring care as requested by the resident, responsible party and or attending physician.</p> <p>During the review of the facility's policy and procedure (P&P) titled, Referrals to Outside Services, dated December 1, 2013, the P&P indicated the Director of Social Services coordinates the referral of residents to outside agencies to fill resident needs for services not offered by the Facility.</p>		