

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 03/28/2024
NAME OF PROVIDER OR SUPPLIER Bay Marina Post Acute		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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43771</p> <p>Based on interview and record review, the facility failed to notify (Resident 1) Physician and representative of a significant change in Resident 1's health condition of one out of two sampled residents after Resident 1 exhibited signs of difficult breathing.</p> <p>This failure to report significant change in Resident 1's health condition may result in delay of treatment.</p> <p>Findings:</p> <p>During review of Resident 1's Face Sheet, Face Sheet indicated Resident 1 was admitted to the facility in 2019. The Face Sheet also indicated Resident 1 had a responsible party (RP 1) for emergency contact and financial decisions.</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool use to guide care) dated 11/28/23, the MDS indicated Resident 1 had a score of six on the Brief Interview for Mental Status exam. (BIMS, a scoring system used to determine the resident's cognitive status regarding attention, orientation, and ability to register and recall information. A BIMS score of thirteen to fifteen is an indication of intact cognitive status; a score of six is an indication of severe impairment.)</p> <p>During a review of Resident 1's Change of Condition (COC) Evaluation notes, dated on 12/04/2023, at 6:12 p.m., indicated Resident 1 had other change in condition, of decrease in mobility and ambulation, requires more assistance with ADLs. The COC also indicated the recent onset not resolving spontaneously.</p> <p>During a review of Resident 1's nursing Progress Notes dated 12/04/23, at 6:12 p.m., progress notes had no documentation of severe congestion, oxygen saturation, and starting oxygen through nasal cannula on Resident 1. The nursing progress notes also indicated an entry by Licensed Vocational Nurse 1 (LVN 1) at 8:15 p.m., came back from lunch break to check resident, if possible, call the MD to transfer to ER due to the severe congestion, on getting to the room, noted resident foot both out of the bed, seems resident try to get out of bed to the bathroom, but unable due to body weakness, call at his name asking if he needed help, no response, placed the foot back in the bed, try looking for pulse, unable, the nasal canula was in bed, called for CODE BLUE (medical emergency) to room [ROOM NUMBER].</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 01/09/2024, at 3:35 p.m., with LVN 1, LVN 1 stated, Resident 1 had tested positive for COVID 19 on 12/04/2023. LVN 1 stated, she went into Resident 1's room between 7:00 p.m. and 7:30 p.m. to do hourly check/rounding on Resident 1. Resident 1 was lying in bed and was restless, had runny nose, and congestion. LVN 1 placed 2 liters oxygen on Resident 1 for difficulty breathing and to help Resident 1 relax. LVN 1 stated, she went on break at 8 :30 p.m. and did not give report to the other LVN assigned on Station 2. LVN 1 was the nurse assigned to station 3. LVN 1 also stated, there were three nurses assigned to residents in the entire building plus a MDS coordinator who was in her office. LVN 1 stated, she did not call Resident 1's Physician and representative for this change in condition. LVN 1 stated, she returned from lunch break and saw Resident 1's roommate bed standing outside the doorway. LVN 1 went into Resident 1's room, saw Resident 1's leg hanging out of the bed and his nasal cannula hanging on his ears but not in his nose. LVN 1 stated, she called out to Resident 1, Resident 1 did not answer.</p> <p>During an interview on 01/09/2024, at 4:22 p.m., with License Vocational Nurse 2 (LVN 2), LVN 2 stated, he was assigned to station 2. LVN 2 stated, he was passing medications when a Code Blue was called. LVN 2 stated, the nurses took turns for lunch breaks. LVN 2 stated, during a Code Blue (emergency , staff will all go to the room, one person will check POLST, and one person call 911, nursing staff will leave the room when 911 comes and take over, then staff will go out to notify Physician and Resident representative. LVN 2 stated, it is important to notify the Physician and family right away because there is a change of condition and also Physician and family should be aware of patient's condition.</p> <p>During an interview on 01/11/2024, at 1:31 p.m., with Administrator (ADM), ADM stated facility staff are required to notify Physician and family of resident's change of condition right away. ADM stated, it is important staff notify family and Physician right away because it's a change of condition and to make them aware of resident's current health status.</p> <p>During a review of facility's policy and procedure (P & P), Change of Condition Notification, dated 4/01/2015, the PNP indicated, the facility will promptly inform the resident, consult the resident Attending Physician, and notify the resident's legal representative or an interested family member, if known, when the resident endures a significant change in their condition caused by, but not limited to A. An accident; B. A significant change in the resident's physical mental or psychosocial and/or. Change of Condition related to attending Physician notifications defined as when the Attending Physician must be notified when any sudden and marked adverse change in the resident's condition which is manifested by signs and symptoms different than usual denote a new problem, complication or permanent change in status and require a medical assessment, coordination and consultation with the Attending Physician and a change in the treatment plan. The License Nurse will notify the family/surrogate decision-makers of any changes in the resident's condition as soon as possible.</p>		