

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 07/27/2024
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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50013</p> <p>Based on interview, and record review, the facility failed to ensure one of one sampled resident (Resident 1) was allowed to return to the facility after admission to the Acute Care Hospital 1 (ACH 1).</p> <p>This failure had the potential for Resident 1 to experience psychosocial distress regarding not being able to return to the facility.</p> <p>Findings:</p> <p>During a record review of Resident 1's Admission Record, dated 7/27/24, the Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses of hemiplegia (paralysis of one side of the body) and hemiparesis (muscle weakness or partial paralysis on one side of the body), dysphagia (difficulty swallowing), and chronic obstructive pulmonary disease (a lung disease that causes obstructed airflow from the lungs).</p> <p>During record review of Resident 1's Hospitalist Progress Note dated 7/29/2024, the Hospitalists Progress Note indicated Resident 1 was admitted to the ACH 1 for concerns of a stroke. The progress note indicated Resident 1 had severe cervical (neck) spine stenosis (abnormal narrowing of a passage) with spinal cord edema (swelling). Resident 1 was transferred to ACH 2 for neurosurgery eval and underwent a cervical laminectomy and fusion on 7/10/2024.</p> <p>During a concurrent interview and record review on 7/26/24 at 4 p.m., with the ACH 2 Case Manager (ACHCM), the of document titled, Discharge Patient, dated 7/18/24 was reviewed. The ACHCM confirmed Resident 1 had a discharge order from the ACH 2 on 7/18/24. The Discharge Patient document indicated Resident 1 had a discharge order on 7/18/24 and it was pending accepting SNF.</p> <p>During a concurrent interview and record review on 7/27 at 10:17 a.m., with the facility's Director of Staff Development (DSD), the DSD stated Resident 1 was non-compliant and the facility did not want Resident 1 to return to the facility.</p> <p>Review of the facility's document titled, Daily Rosters, dated 7/24/24 through 7/26/24, indicated three male beds were vacant and available for admission to the facility.</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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 7/27/24 at 11:00 a.m., with the facility's Charge Nurse (CN), the CN stated Resident 1 was non-compliant with daily care and facility rules. The CN stated the facility did not want Resident 1 to return to the facility. The CN further stated there were available beds in the facility.</p> <p>During an interview on 7/31/24 at 8:30 p.m. with Resident 1, Resident 1 stated he wished to return to the facility because he did not have anywhere else to go.</p>		