

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 09/18/2024
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 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>46487</p> <p>Based on interview and record review, the facility failed to provide written notification before a room change to Resident 1 when the resident was moved to another room without a written notification of the reason of the move.</p> <p>This failure violated the right of Resident 1 to receive a written notice explaining the reason for the move before the room change.</p> <p>Findings:</p> <p>During a review of Resident 1's Minimum Data set (MDS, a resident assessment tool that is used to develop a plan of care), dated 7/28/24, the MDS indicated Resident 1 was cognitively intact.</p> <p>During an interview on 9/18/24, at 10:31 a.m., with Resident 1, Resident 1 stated she was informed she was moving to another room on 5/24/24 and was moved on the same day. Resident 1 stated she was not given a written notice for the reason of the room change before she was moved. Resident 1 further stated she felt she was not given enough time before the room change.</p> <p>During a concurrent interview and record review, on 9/18/24, at 2:29 p.m., with Social Service Director (SSD), Notification of Room Change, dated 5/24/24 was reviewed. SSD stated, she filled out the Notification of Room Change form but did not give Resident 1 a copy of the form. The form indicated the reason for the room change was facility need.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Room or Roommate Change, dated March 2018, the P&P indicated, .Prior to changing a room or roommate assignment, the resident, the resident's representative if available and the resident's new roommate will be provided timely advance notice of such a change. A. The notice of a change in room or roommate assignment must be given in writing, and will include the reason(s) for such change .</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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