

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 02/05/2025
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 0561</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 and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>45091</p> <p>Based on observation, interview, and record review, the facility failed to allow two of four residents (Resident 1 and Resident 2) to exercise their rights to self-determination when they were not provided nutrition in accordance with their preferences.</p> <p>These failures had the potential to result in Residents 1 and 2 feeling upset and disrespected.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, printed 1/23/25, the record indicated, Resident 1 was admitted to the facility in October 2023 with a diagnosis of Adult Failure to Thrive (a syndrome that describes a decline in health in older adults characterized by weight loss, poor nutrition, and a general decline in the ability to perform daily activities).</p> <p>During a review of Resident 1's Brief Interview for Mental Status (BIMS, is 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.), dated 1/16/25, the record indicated, Resident 1's BIMS score was 15.</p> <p>During a review of Resident 2's Admission Record, printed 1/23/25, the record indicated Resident 2 was admitted to the facility in September 2023 with a diagnosis of Unspecified Protein-Calorie Malnutrition (a disorder caused by a lack of proper nutrition or an inability to absorb nutrients from food). During a review of Resident 2's BIMS, dated 12/19/24, the record indicated Resident 2's BIMS score was 13.</p> <p>During a concurrent observation and interview on 1/23/25 at 12:19 p.m. with Resident 1, Resident 1's lunch tray was observed with a turkey salad. Resident 1 stated it made Resident 1 upset and Resident 1 does not eat the turkey salad.</p> <p>During a review of Resident 1's Lunch Meal Ticket, dated 1/23/25, the Meal Ticket indicated, Resident 1's Dislikes: . Turkey.</p> <p>During an interview on 1/23/25 at 12:34 p.m. with Kitchen Director (KD), KD stated, staff should have read Residents 1's lunch tray ticket and Resident 1 should not have been given turkey salad for lunch. KD stated residents might eat less when their choices are not honored.</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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 1/23/25 at 12:58 p.m. with Resident 2, Resident 2's lunch tray was observed with a full cup of milk as the only drink. Resident 2 stated they didn't like milk, they never drank milk and wished they could have had juice.</p> <p>During a review of Resident 2's Lunch Meal Ticket, dated 1/23/25, the Meal Ticket indicated, Resident 2's Dislikes: . Milk.</p> <p>During an interview on 1/23/25 at 1:08 p.m. with KD, KD stated Resident 2 should not have been given milk with their lunch.</p> <p>During an interview on 1/23/25 at 1:16 p.m. with Assistant Director of Nursing (ADON), ADON stated, it was important to honor resident's food preferences because when their choices are not followed, residents might eat less and feel disrespected.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Dietary Profile and Resident Preference Interview, revised April 21, 2022, the P&P indicated, The Dietary Department will provide residents with meals consistent with their preferences and Physician order as indicated on the tray card.</p>