

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 06/03/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on interviews and record reviews the skilled nursing facility did not ensure Residents were free from abuse for one of three sampled residents (Resident 1) when Resident 1 ' s Certified Nursing Assistant stated Resident 1 was Ugly.</p> <p>This resulted in unnecessary emotional distress for Resident 1.</p> <p>Findings:</p> <p>Record review of Resident 1's document admission Record showed the facility admitted Resident 1 on June 2018. Diagnoses included a stroke (a medical condition in which poor blood flow to a part of the brain causes cell death.)</p> <p>Record Review of Resident 1's document MDS 3.0 Nursing Home Quarterly (NQ) dated 3/13/2025, showed Resident 1 had no hallucinations or delusions and no physical or verbal behavioral symptoms directed towards self or others.</p> <p>Record review of Resident 1's document eINTERACT Change in Condition Evaluation &ndash; V 5.1 dated 5/17/2025, showed Resident 1 had reported to staff CNA 1 had entered his room the previous night and started Yelling and cussing.</p> <p>During an interview at 9:52 a.m. on 6/3/2025, the facility ' s administrator (ADM) stated Certified Nursing Assistant 1 (CNA 1) had reported Resident 1 told her she was Ugly. CNA 1 stated she told Resident 1 You are ugly too.</p> <p>During an interview at 9:55 a.m. on 6/3/2025 Resident 1 stated CNA 1 Used to curse me out but that he hadn ' t Seen her in a while. Resident 1 stated the situation had Upset him.</p> <p>CNA 1 was not available to be interviewed as she no longer works for at the facility.</p> <p>Record review of the document Abuse Prevention and Management dated 2022 showed The Facility does not condone any form of resident abuse, neglect, misappropriation of resident property, exploitation, and/or mistreatment. The Facility develops policies, procedures, training programs, and screening and prevention systems.</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on interviews and record reviews the Facility did not take the necessary steps to prevent abuse for one of three sampled Residents (Resident 1). Certified Nursing Assistant 1 (CNA 1) verbally abused Resident 1 and was not immediately removed from providing direct patient care.</p> <p>This resulted in the potential for further abuse.</p> <p>Findings:</p> <p>Record review of Resident 1's document admission Record showed the Facility admitted Resident 1 on June 2018. Diagnoses included stroke(a medical condition in which poor blood flow to a part of the brain causes cell death.)</p> <p>Review of Resident 1's document MDS 3.0 Nursing Home Quarterly (NQ) dated 3/13/2025, showed Resident 1 had no hallucinations or delusions and no physical or verbal behavioral symptoms directed towards self or others.</p> <p>Record review of Resident 1's document eINTERACT Change in Condition Evaluation - V 5.1 dated 5/17/2025, showed Resident 1 had reported to staff CNA 1 had entered his room the previous night and started Yelling and cussing.</p> <p>During an interview at 9:52 a.m. on 6/3/2025, the facility's administrator (ADM) stated Certified Nursing Assistant 1 (CNA 1) had reported Resident 1 told her she was Ugly. CNA 1 stated she then told Resident 1 You are ugly too.</p> <p>During an interview at 9:55 a.m. on 6/3/2025 Resident 1 stated CNA 1, Used to curse me out but that he hadn't Seen her in a while. Resident 1 stated the situation had Upset him.</p> <p>During an interview at 10:16 a.m. on 6/3/2025, the Facility's Payroll Manager (PM) stated CNA's official separation date from the facility was 6/2/2025.</p> <p>During an interview at 10:55 a.m. on 6/3/2025, the PM stated CNA 1 continued to provide Resident care following the incident . In a concurrent record review of the document Time Card Report dated 5/16/2025 to 5/31/2025, showed CNA 1 had Clocked in on 5/18/2025 and clocked out 5/19/2025, the day following the abuse incident. CNA 1 then Clocked in on 5/23/2025 and out on 5/24/2025.</p> <p>Record review of the document Reporting Abuse dated 1/8/2014, showed Upon an allegation of abuse by a Facility Staff member, the Facility Staff member will be suspended and removed from the premises during the investigations.</p>