

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 12/02/2025
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)		
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<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>Based on interview and records review, the facility failed to ensure the change of resident's condition was reported and investigated properly for one of three sample selected residents (Resident 1), when Resident 1 was found with new skin discoloration on his face and the cause was not investigated by the facility. The failure to report and investigate a change in a Resident 1's condition could lead to Resident 1 experiencing delayed treatment, pain, and worsening health conditions. A review of Resident 1's admission Record indicated Resident 1 was admitted to the facility with multiple diagnoses including end stage renal disease (the kidneys have lost nearly all their ability to function effectively, typically defined as having less than 10-15% of normal kidney function). A review of Resident 1's Progress Note, dated 3/20/25, indicated . Skin discoloration on his face and hand. A review of Resident 1's Progress Note, dated 3/21/25, indicated .left eye and nose skin discoloration. A review of Resident 1's Progress Note, dated 3/22/25, indicated . left eye and nose skin discoloration. During an interview on 9/29/25 at 12:10 p.m. with the Minimum Data Set Coordinator (MDSC), MDSC stated nurses should report any resident's change of condition to the charge nurses and charge nurses should investigate the new change of condition's cause. MDSC confirmed that nurses did not report Resident 1's new skin discoloration on face to charge nurse and the facility did not do any investigation about that. During an interview on 9/29/25 at 12:25 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated that he did not report Resident 1's face discoloration to the charge nurse to investigate, furthermore stated the nurses should report any unusual accordance to the Director of Nursing for further investigation. A review of the facility's policy and procedure P- AP12 Unusual Occurrence Reporting, revised 5/30/24, indicated . The Facility conducts and documents timely and thorough investigations into all unusual occurrences and takes corrective action as appropriate.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 056280
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