

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 03/20/2026
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 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility's skilled licensed nursing staff did not provide timely dental assistance for one of three residents (Resident 1). Resident 1 complained of oral pain and had red gums and missing teeth; however, staff did not notify the dentist and scheduled a dental consult seven days after the resident's initial complaint of pain. This resulted in worsening dental status and unnecessary discomfort for Resident 1. During a review of Resident 1's document Face Sheet (FS), the FS indicated the facility admitted Resident 1 on 9/13/2025 with multiple medical diagnoses including hemiplegia (paralysis) on his left side due to a stroke. During a review of Resident 1's document Dietary Profile (DP) dated 3/11/2026, the DP indicated Resident 1 had missing or broken teeth. During a review of Resident 1's document MDS 3.0 Nursing Home PPS (NP) Version 1.20.1 (MDS) dated [DATE], the MDS indicated Resident 1 was alert, able to focus, repeat words presented to him and could identify the correct day and month. Resident 1's Oral/Dental Status showed he had Broken or loosely fitting full or partial dentures (chipped, cracked, uncleanable, or loose). During an interview on 3/16/2026 at 12:28 p.m. with Resident 1, Resident 1 stated his teeth were Falling out, had problems chewing, and was in pain. During an interview on 3/19/2026 at 11:05 a.m. with the Facility's Registered Dietician (RD), RD stated she was unaware of any problems with Resident 1's teeth or chewing. During an interview on 3/20/2026 at 9:41 a.m. with Registered Nurse 1 (RN 1) who was caring for Resident 1, RN 1 stated she was unaware of any issues regarding Resident 1's teeth. During a review of the document eInteract Change in Condition Evaluation - V5.1 (ECCE) dated 3/9/2026, the ECCE indicated, Registered Nurse 2 (RN 2) documented Resident 1 Reported toothache with a burning sensation on the upper and lower gums. Oral examination completed. Multiple missing and dark discolored teeth, cracked teeth, and loss of lower teeth were noted. Gums appeared irritated. The doctor was notified and a referral was made for a dental consultation. RN 2 was out of the country and could not be interviewed. During a review of the document Progress Notes *NEW* (PN) dated 3/10/2026, the PN indicated staff were monitoring Resident 1 for Toothache and burning sensation to upper and lower gums. His gums were described as Slightly irritated and he continued to report discomfort. During an interview and concurrent record review at 10:21 a.m. on 3/20/2026, with the facility's Director of Nursing (DON), the DON confirmed Resident 1's oral discomfort and stated staff continued to administer pain medication for the discomfort. During an interview at 10:27 a.m. on 3/20/2026 with the DON, stated nursing staff should have been more proactive and asked questions such as Should we increase the pain meds? Should staff consider Preventative antibiotics or an icepack? The DON stated pain, burning sensation and irritated gums could indicate an infection. During a review of the document Re: March Dentist Visit (RMDV) dated 3/16/2026, the RMDV indicated a referral was made for a dental consult for Resident 1 on 3/16/2026, 7 days after he had reported the oral pain. During a review of the document eInteract change in Condition Evaluation - V 5.1 (ECCE) dated 3/20/2026 indicated, Resident 1 was sent to the hospital for increased drowsiness, confusion, inability to recognize staff and slurred speech. During a review of the document Emergency Department Note (EDN) dated 3/20/2026, the EDN indicated Resident 1 was admitted to the hospital for an irregular heart rhythm. During review of the document CT head and neck angio with IV contrast (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 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(CTHNA) (detailed x-ray imaging test performed while Resident 1 was in the hospital) dated 3/20/2026, the CTHNA indicated Numerous bilateral dental caries. (cavities)During an interview on 3/26/2026 at 3:39 p.m. the Dental Consultant (DDS 1) stated he would have expected staff to contact his office right away regarding Resident 1's complaint of oral pain. DDS 1 stated an assessment could have been made regarding whether there was a need for more pain medications, prescribe antibiotics if it looked like an infection was developing and ordered a bedside x-ray to identify the cause of the pain and irritation. DDS 1 stated there needed to be a clear line of communication From the facility to the office.During an interview on 3/30/2026 at 1:50 p.m. Resident 1 stated he was Still having pain. During a review of the document Oral Healthcare & Dental Services (OHDS) dated 2017, the OHDS indicated The Facility will retain a consultant dentist available to care for residents. One of the dentist's responsibilities included Providing emergency dental care as needed. Cavity Facts: Cavities, also called tooth decay, often go untreated. Untreated cavities can cause pain and infections that may lead to problems with eating, speaking, playing and learning. Untreated cavities can lead to abscess, a severe infection. This can spread to other parts of the body and have serious, and in rare cases fatal, results. [CDC Oral Health dated May 15, 2024: cdc.gov/oral-health/data-research/facts-stats/fast-facts-cavities.html]</p>		