

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056348	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/01/2024
NAME OF PROVIDER OR SUPPLIER  Bay View Rehabilitation Hospital, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  516 Willow Street Alameda, CA 94501	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32717</p> <p>Based on observation, interview, and record review, the facility failed to ensure a safe and functional environment for residents and staff when:</p> <ol style="list-style-type: none"> <li>Sliding doors in multiple residents' rooms did not have a working lock.</li> <li>Screen doors in all resident's rooms did not have locks.</li> </ol> <p>This failure had the potential to result in residents and staff being unsafe from neighborhood crimes such as theft and physical assault because of unlocked doors.</p> <p>Findings:</p> <p>During an observation and concurrent interview on 5/1/24 at 10:59 a.m. with Resident 1 in Resident 1's room, Resident 1 stated the screen door did not have a lock. Resident 1's sliding door was left ajar, there were multiple personal items at the bedside that included a motorized scooter and a big manual wheelchair that was placed inside the closet.</p> <p>During an observation and concurrent interview on 5/1/24 at 11:31 a.m. with Maintenance Director (MD), the sliding doors in the residents' rooms were inspected. MD stated all screen doors inside all residents' rooms did not have a locking mechanism. MD stated screen doors need to have locks so that residents could feel safe leaving the sliding door open for fresh air during the summer. There were six (room [ROOM NUMBER], 214, 217, 218, 219, 221) out of 20 resident rooms in the Fernside Station that did not have locks or had malfunctioning locks on the sliding doors. Multiple rooms in Fernside Station had sliding doors that led to a public parking lot and a commercial shopping center.</p> <p>During an interview on 5/1/24 at 11:55 a.m. with Resident 2, who was one of the occupants of the above-mentioned rooms, Resident 2 stated having mentioned this concern to one of the facility management staff who simply brushed off the concern. Resident 2 stated she wanted to make sure the sliding door was locked, especially at night.</p> <p>During an interview on 5/2/24 at 1:35 p.m. with Resident 3, Resident 3 stated asking the staff to make sure the sliding door was always locked especially at night. Resident 3 also stated it would be very scary if the sliding door was not locked.</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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the three residents' clinical record, the clinical records indicated:</p> <ol style="list-style-type: none"> <li>Resident 1 was admitted to the facility in January 2024 with diagnoses that included difficulty walking, seizures (episodes of uncontrolled and abnormal firing of brain cells that can cause physical changes in attention or behavior such as uncontrollable shaking with rapid and rhythmic body movements), dyspnea, and depression (persistent feeling of sadness and loss of interest). Resident 1's Minimum Data Set (MDS, a resident assessment instrument used to identify resident care problems to be addressed in an individualized care plan), dated 2/1/24, indicated a Brief Interview for Mental Status (BIMS, is a scoring system used to determine the resident's cognitive status in regard to attention, orientation, and ability to register and recall information.) score of 14 out of 15 indicating an intact cognitive status.</li> <li>Resident 2 was admitted to the facility in September 2023 with diagnoses that included morbid obesity, muscle weakness, and need for assistance with personal care. Resident 2's MDS, dated [DATE], indicated a BIMS score of 15.</li> <li>Resident 3 was admitted to the facility in January 2022 with diagnoses that included anxiety disorder (excessive feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities), dementia (impaired ability to remember, think, or make decisions that interferes with doing everyday activities), osteoporosis (condition in which bones become weak and brittle) and history of falling. Resident 3's MDS, dated [DATE], indicated a BIMS score of 9, indicating moderate cognitive impairment.</li> </ol> <p>During an interview on 5/1/24 at 1:32 p.m. with Licensed Vocational Nurse (LVN), LVN stated sometimes the sliding doors were very hard to close and open because they would get stuck on the runners. When asked how the staff would ensure residents' safety with sliding doors that were not locked, LVN stated That is a very good question.</p> <p>During an interview and concurrent record review on 5/1/24 at 1:49 p.m. with MD, MD stated he did not have a record that regular inspection of all the resident rooms and doors were done for maintenance. MD stated inspection of resident rooms, making sure door locks were working and in good working condition should have been made the priority when MD started working for the facility in February 2024. MD stated it was not safe for the residents to be in the room that were not locked from the inside especially at night.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled General Maintenance, last revised 2/1/11, the P&amp;P indicated under Daily Inspections, All resident rooms will be checked on, at least, a monthly basis to assure that equipment is in proper operating condition. A portion of resident rooms shall be checked on a daily basis to assure each room has been checked at least once a month. Checks of resident rooms shall include: .Window Screens. All the screen doors and screens on windows shall be checked to see that they are not torn, bent or off their runners, and that a protective barrier is maintained .Doors and Closets. Checked to assure in proper operating condition and latch securely.</p>		