

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  07/09/2024
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>45091</p> <p>Based on interview and record review, the facility failed to follow its policy and procedure to immediately report alleged abuse allegations to the facility Administrator and to California Department of Public Health (CDPH) within 2 hours, for one of three sampled residents (Resident 1), when Resident 1 alleged Certified Nursing Assistant 1 (CNA 1) slapped them in the face.</p> <p>This failure had the potential to cause a delay in investigations and affect physical and psychological well-being of Resident 1.</p> <p>A review of Resident 1's Admission Record printed 7/27/24, indicated Resident 1 was admitted to the facility in 2020 with multiple diagnosis including: Major Depressive Disorder, Single Episode (a serious mood disorder that can affect how a person feels, thinks, and behaves).</p> <p>During an interview on 7/9/24, at 2:35 p.m., with Licensed Vocational Nurse (LVN) 1, LVN 1 stated, on 4/7/24 at around 10:00 a.m., Resident 1 told them CNA 1 hit them in the face in the morning. LVN 1 stated Resident 1 had redness on their face. LVN 1 stated they did not report the alleged abuse or complete and submit a Report of Suspected Dependent Adult/Elder Abuse (SOC 341), to the Administrator, CDPH, the ombudsman or law enforcement. LVN 1 stated they completed the SOC 341 sometime after 3:00 p.m. and gave it the nurse on the next shift. LVN 1 stated their policy was to report abuse allegations immediately and within 2 hours to the Administrator, CDPH, ombudsman, law enforcement, physician, and family so the allegations could be investigated immediately.</p> <p>During an interview on 7/9/24, at 4:20 p.m. with Director of Nursing (DON), DON stated Resident 1's SOC 341 was done late. DON stated their policy was to report alleged abuse to the Administrator, CDPH, the ombudsman and to law enforcement, immediately or within 2 hours and it was important so the alleged abuse could be investigated right away, residents could be assessed and for resident safety.</p> <p>During a review of Resident 1's Situation, Background, Assessment, Recommendation (SBAR), dated 4/7/24, the SBAR indicated, Per Resident interview at around 10:00 a.m. while administering medications to the resident, she stated that CNA assigned to her ' Slapped me in my face.'</p> <p>During a review of Resident 1's SOC 341, dated 4/7/24, the SOC 341 indicated it was completed and faxed on 4/7/24 at 6:10 p.m.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure (P&amp;P) titled, Abuse Allegation/Incident Reporting, updated 2/10/19, the P&amp;P indicated, Please note that as a mandated reporter, an employee who identifies suspected abuse committed against an individual who is a resident must ensure that all alleged violations involving abuse . are reported immediately, but not later than 2 hours after the allegation is made . to the Administrator/Abuse Coordinator or designee and to other officials (including to the State Survey Agency, local law enforcement entity, local Ombudsman, and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures .</p>