

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  09/24/2024
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>49498</p> <p>Based on interview and record review, the facility failed to prevent medical device related pressure injury (injury to the skin and underlying tissues that results from prolonged pressure on the skin) from developing for one of one sampled resident (Resident 1) when Resident 1 ' s nephrostomy tube (a thin catheter that drains urine from the kidney into a bag) pressed onto Resident 1 ' s upper back skin.</p> <p>This failure resulted in Resident 1 developing pressure injury to the left upper back.</p> <p>Findings:</p> <p>During a review of undated Admission Record, printed on 8/22/24, the Admission Record indicated, Resident 1 was admitted in the facility on 5/21/24 with multiple diagnoses that included quadriplegia (symptom of paralysis that affects all four limbs and body from the neck down.) and hydronephrosis (swelling of one or both kidneys.).</p> <p>During a review of Resident 1's Minimum Data Set (MDS - an assessment tool used to direct resident care), dated 5/28/24, the MDS Section GG indicated Resident 1 was dependent (helper does all the effort. Resident does none of the effort to complete the activity.) with staff assistance to roll left and right on the bed.</p> <p>During a review of Resident 1 ' s Non-Pressure Sore Skin Problem Report, dated 5/21/24, the Non-Pressure Sore Skin Problem Report indicated, Resident 1 had a nephrostomy (an opening between the kidney and the skin.) located at the left lower back.</p> <p>During a review of Resident 1 ' s Situation, Background, Assessment, Recommendation (SBAR) record, dated 7/16/24, the SBAR indicated, Resident 1 was noted with redness on left upper back measuring 3.3 by 1.3 by 0 centimeters (cm) due to trauma lying on nephrostomy tube. The SBAR did not indicate the time the trauma was discovered.</p> <p>During a phone interview on 8/22/24 at 12:39 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated, Resident 1 had a shear wound on the upper back but was unsure of the exact side. LVN 1 stated Resident 1 had a nephrostomy tube on the left lower back. LVN 1 stated Resident 1 was lying on the nephrostomy tubing which caused the wound.</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a follow up interview on 9/24/24 at 2:39 p.m. with LVN 1, LVN 1 stated Resident 1 ' s skin on the left upper back had a mark of the plastic piece from the nephrostomy tubing when the skin injury was discovered. LVN 1 stated Certified Nursing Assistant (CNA) 2 was assisting her when the pressure injury was discovered. LVN 1 stated the injury could have been prevented by making sure Resident 1 was not lying on the nephrostomy tube.</p> <p>During an interview on 9/24/24 at 3:01 p.m. with CNA 1, CNA 1 stated taking care of Resident 1 on 7/15/24 but did not see the pressure injury. CNA 1 stated she wraps Resident 1 ' s nephrostomy tube with a towel or a pillowcase to prevent the tube from hanging on the side of the bed.</p> <p>During an interview on 9/24/24 at 3:12 p.m. with CNA 2, CNA 2 stated, she did not see Resident 1 ' s nephrostomy tube when she came in at 7:00 a.m. on 7/16/24 because she served resident ' s breakfast. CNA 2 stated she could not recall the time the pressure injury was discovered but thinks it was sometime before 12:00 p.m. because LVN 1 usually does her treatments before 12:00 p.m.</p> <p>During a review of Resident 1 ' s Non-Pressure Sore Skin Problem Report, dated 7/16/24, the Non-Pressure Sore Skin Problem Report indicated, preventive measure for Resident 1 ' s trauma on the left upper back was to monitor.</p> <p>During a review of Resident 1 ' s Skin Alteration-Non-Pressure Wound Care Plan, dated 7/16/24, the care plan indicated, preventive approach to make sure Resident 1 was not lying on the nephrostomy tube was not included in the plan of care.</p>