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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>056348 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>01/10/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Bay View Rehabilitation Hospital, LLC |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>516 Willow Street<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
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| <p>F 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49498</b></p> <p>Based on observation, interview and record review, the facility failed to ensure the resident and/or responsible party (RP or legal guardian) for one of one sampled resident (Resident 1) received a written notification about the room change when Resident 1 was moved to another room.</p> <p>This failure violated Resident 1 and Resident 1's RP ' s rights to receive written notice of the room change, including the reason for the change, before the resident's room in the facility was changed.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s undated Admission Record printed on 12/17/24, the Admission Record indicated, Resident 1 was admitted in the facility on 7/29/21 with an admission diagnosis of dementia (a loss of brain function that occurs with certain diseases, affecting one or more brain functions such as memory, thinking, language, judgment, or behavior). The Admission Record indicated, Resident 1 had a RP.</p> <p>During a record review of Resident 1 ' s Minimum Data Set (MDS- an assessment used to guide plan of care) dated 8/7/24, indicated Resident 1 ' s Brief Interview of Mental Status (BIMS, is a scoring system used to determine the resident ' s cognitive status regarding attention, orientation, and ability to register and recall information) score was 6 out of 15, indicating severe cognitive impairment.</p> <p>During a phone interview on 12/4/24 at 9:48am with the Resident 1 ' s RP, the RP stated, he was not informed of the reason for Resident 1 ' s room change.</p> <p>During a concurrent observation and interview, on 12/17/24 at 2:01 p.m. with Social Services Assistant (SSA), the SSA flipped through a blue binder with Notification of Room Change forms. The SSA stated, they kept the filled-out forms in the binder. The SSA stated, the form was used to document the reason for the room change and who was notified. The SSA stated, Resident 1 ' s 7/17/24 Notification of Room Change form was not in the binder.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During a follow up concurrent interview and record review on 12/17/24 at 3:15 p.m. with the SSA, Resident 1 's Admin Census dated 7/17/24 was reviewed. The Admin Census indicated, Resident 1 had an action code of RC. The SSA stated, the action code RC means room change. The SSD stated Resident 1 had a room change from room [ROOM NUMBER]-C to room [ROOM NUMBER]-B on 7/17/24. The SSD stated she was not aware that a written notice should be provided to the resident or RP for a room change. The SSA stated, she only called resident ' s RP on the phone to notify of room change.</p> <p>During an interview on 12/17/24 at 3:39 p.m. with Registered Nurse Supervisor (RNS), the RNS stated, they only provide verbal notification of room change to RP either personally when in the facility or via phone call.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled Room Change/Roommate Assignment dated 5/17, indicated, 2. Prior to changing a room or roommate assignment all parties involved in the change/assignment (e.g., resident and their representatives) will be given advance notice of such change.; 3. Advance notice of a roommate change will include why the change is being made and any information that will assist with the roommate in becoming acquainted with his or her new roommate.</p> |