STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056348	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bay View Rehabilitation Hospital, LLC	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure resident-directed care for one of three sampled residents, (Resident 1), when Resident 1 attended a medical appointment without physician ordered x-rays.During a review of Resident 1's admission Record printed on 5/13/26, the record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including acute respiratory failure with hypoxia, (lungs fail to provide adequate oxygen to the bloodstream, leading to dangerously low levels of oxygen in the body), pneumonia, (infection of the lungs), cerebral infarction, (death of an area of brain tissue when a blocked blood vessel prevents delivery of an adequate blood and oxygen supply to the brain), metabolic encephalopathy, (any brain disease that alters brain function or structure, manifested by declining ability to reason and concentrate, memory loss, personality change, seizures, and twitching are common symptoms),alcohol abuse, (when a person drinks alcohol in a way that causes harm to themselves or others), stimulant abuse, (when a person repeatedly uses central nervous system stimulants in excessive doses, without a prescription, or for purposes other than their intended medical use), anxiety, (the body's response to stress, characterized by feelings of fear, dread or uneasiness), and delusional disorder, (mental health condition where a person experiences persistent, unshakable false beliefs [delusions] that are not rooted in reality).During a review of Resident 1's Minimum Data Set assessment, ([MDS] a resident assessment instrument used to identify resident care problems to be addressed in an individualized care plan), Section C Cognitive Patterns dated 12/15/25, the assessment indicated Resident 1's Brief Interview for Mental Status, ([BIMS] a scoring system used to determine the resident's cognitive status in regard to attention, orientation, and ability to register and recall information), score was of seven out of fifteen indicating severe cognitive impairment.During an interview on 5/12/26 at 1:30 p.m. with Registered Nurse (RN), RN stated the facility is responsible for ordering tests through an external vendor that comes to the facility.During a review of Resident 1's MD Order Summary printed on 5/12/26, the record indicated an x-ray was ordered for Resident 1 to be completed on 4/20/26.During a review of Resident 1's medical office visit notes dated 4/29/26, the record indicated pelvis and left hip x-rays were not available despite multiple requests by the office to the facility.During a concurrent interview and record review on 5/13/26 at 2:30 p.m. with Licensed Vocational Nurse (LVN), Resident 1's medical record was reviewed. The record indicated there were no x-ray results for Resident 1 in April 2026. LVN stated the x-ray was not performed.During an interview on 5/13/26 at 3:00 p.m. with the Director of Nursing (DON), the DON stated that missing ordered tests can compromise care and lead to negative outcomes.During a review of the facility's policy and procedure titled, Nursing admission Assessment dated 10/2019, indicated, the licensed nursing staff will verify orders with the physician and communicate with other disciplines necessary treatment and/or services to meet resident's needs.

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