

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  10/31/2024
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 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p>46258</p> <p>Based on interview, record review, and document review, the facility failed to ensure a significant change in status assessment (SCSA) Minimum Data Set (MDS) assessment was completed for one (Resident 78) of one sampled resident reviewed for hospice.</p> <p>Findings included:</p> <p>An Admission Record revealed the facility admitted Resident 78 on 06/14/2024. According to the Admission Record, the resident had a medical history that included diagnoses of cerebral infarction and Parkinson's disease.</p> <p>Resident 78's Order Summary Report that contained active orders as of 10/30/2024, revealed an order dated 10/15/2024, to admit the resident to hospice care.</p> <p>Resident 78's care plan, included a problem initiated 10/15/2024, that revealed the resident had limited life expectancy due to a terminal illness of cerebrovascular accident.</p> <p>The Centers for Medicare &amp; Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, dated 10//2024, specified, 03. Significant Change in Status Assessment (SCSA) The SCSA is a comprehensive assessment for a resident that must be completed when the IDT [interdisciplinary team] has determined that a resident meets the significant change guidelines for either major improvement or decline. Per the manual, An SCSA is required to be performed when a terminally ill resident enrolls in a hospice program or changes hospice providers and remains a resident at the nursing home. The ARD [assessment reference date] must be within 14 days from the effective date of the hospice election.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>35314</p> <p>Based on interview, record review, and facility policy review, the facility failed to ensure the accuracy of the Minimum Data Set (MDS) for six (Residents 13, 17, 60, 116, 148, and 157) of 32 sampled residents.</p> <p>Finding included:</p> <p>1. An Admission Record revealed the facility admitted Resident 116 on 09/29/2024. According to the Admission Record, the resident had a medical history that included a diagnosis of presence of cardiac pacemaker.</p> <p>An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/06/2024, revealed Resident 116 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition. According to the MDS, Resident 116 took an anticoagulant medication during the last seven days.</p> <p>Resident 116's Order Summary Report for the timeframe 09/29/2024 to 10/31/2024, revealed no evidence to indicate the resident had been prescribed an anticoagulant medication.</p> <p>During an interview on 10/31/2024 at 10:46 AM, the MDS Resource stated that after review of Resident 116's physician orders, he was unable to locate a physician order for an anticoagulant medication. The MDS Resource stated Resident 116's MDS was inaccurate.</p> <p>During an interview on 10/31/2024 at 12:56 PM, the Administrator stated a resident's MDS should be accurate and the MDS Resource was responsible for ensuring the accuracy of the MDS.</p> <p>46258</p> <p>2. An Admission Record revealed the facility admitted Resident 13 on 06/17/2023. According to the Admission Record, the resident had a medical history that included a diagnosis of bipolar disorder.</p> <p>A significant change in status Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 07/26/2024, revealed Resident 13 was not considered by the state level II preadmission screening and resident review process (PASARR) to have a serious mental illness and/or intellectual disability or a related condition. Per the MDS, the resident had active diagnoses to include anxiety disorder, depression, and bipolar disorder.</p> <p>During an interview on 10/31/2024 at 12:25 PM, the MDS Resource stated the level II PASARR should have triggered on the resident's MDS.</p> <p>During an interview on 10/31/2024 at 1:11 PM, the Administrator stated the level II PASARR should have been triggered on the MDS. The Administrator stated if the MDS was not correct, the facility would not know if they were providing the correct interventions.</p> <p>(continued on next page)</p>

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. An Admission Record revealed the facility admitted Resident 17 on 12/10/2010. According to the Admission Record, the resident had a medical history that included a diagnosis of bipolar disorder.</p> <p>An annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/05/2024, revealed Resident 17 was not considered by the state level II preadmission screening and resident review process (PASARR) to have a serious mental illness and/or intellectual disability or a related condition. Per the MDS, the resident had active diagnoses to include depression, bipolar disorder, and psychotic disorder.</p> <p>During an interview on 10/31/2024 at 12:25 PM, the MDS Resource stated the level II PASARR should have triggered on the resident's MDS.</p> <p>During an interview on 10/31/2024 at 1:11 PM, the Administrator stated the level II PASARR should have been triggered on the MDS. The Administrator stated if the MDS was not correct, the facility would not know if they were providing the correct interventions.</p> <p>4. An Admission Record revealed the facility admitted Resident 148 on 06/06/2024. According to the Admission Record, the resident had a medical history that included a diagnosis of anxiety disorder.</p> <p>An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 06/13/2024, revealed Resident 148 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition. The MDS indicated Resident 148 had an active diagnosis to include post-traumatic stress disorder (PTSD).</p> <p>A quarterly MDS, with an ARD of 09/13/2024, revealed Resident 148 had a BIMS score of 15, which indicated the resident had intact cognition. The MDS indicated Resident 148 did not have an active diagnosis of PTSD.</p> <p>During an interview on 10/31/2024 at 12:25 PM, the MDS Resource stated if Resident 148's PTSD was still active, it should be listed on the MDS.</p> <p>5. An Admission Record revealed the facility admitted Resident 157 on 04/02/2024. According to the Admission Record, the resident had a medical history that included diagnoses of metabolic encephalopathy and sepsis.</p> <p>Resident 157's physician's order dated 07/25/2024, indicated the resident would discharge home on 08/02/2024.</p> <p>Resident 157's Nurses Notes, dated 08/02/2024, revealed the resident discharged home.</p> <p>A discharge Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/02/2024, revealed Resident 157 discharged to a short-term general hospital on 08/02/2024.</p> <p>During an interview on 10/31/2024 at 12:25 PM, the MDS Resource stated the MDS was not coded accurately.</p> <p>During an interview on 10/31/2024 at 1:11 PM, the Administrator stated he expected all MDS assessments to be accurate.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>40141</p> <p>6. An Admission Record indicated the facility admitted Resident 60 on 04/08/2020. According to the Admission Record, the resident had a medical history that included a diagnosis of paraplegia (the inability to voluntarily move the lower parts of the body).</p> <p>A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/21/2024, revealed Resident 60 had no functional limitations in range of motion in their upper or lower extremities.</p> <p>During an interview on 10/31/2024 at 12:25 PM, the MDS Resource stated that according to the definition of paraplegia, the coding on the MDS did not make sense and it was either an inaccurate diagnosis or it was an inaccurate assessment.</p> <p>During a concurrent record review and interview on 10/31/2024 at 1:11 PM, the Administrator stated Resident 60 was paraplegic. The Administrator reviewed Resident 60's MDS and stated the MDS was not accurate because the resident was paraplegic. The Administrator stated he expected the MDS to be coded accurately.</p> <p>A facility policy titled, Certifying Accuracy of the Resident Assessment, revised 11/2019, indicated, Any person completing a portion of the Minimum Data Set/MDS must sign and certify the accuracy of that portion of the assessment. The policy specified, 3. The information captured on the assessment reflects the status of the resident during the observation period for that assessment. Different items on the MDS may have different observation periods.</p>

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>35314</p> <p>Based on interview, record review, document review, and facility policy review, the facility failed to complete a Level I preadmission screening and resident review (PASARR) for residents that remained in the facility on the 31st day of admission to the facility for two (Resident 116 and Resident 152) of six sampled residents reviewed for PASARR. The facility further failed to ensure a Level I Screening was accurate for one (Resident 96) of six sampled residents reviewed for PASARR.</p> <p>Findings included:</p> <p>1. An Admission Record revealed the facility admitted Resident 116 on 09/29/2024. According to the Admission Record, the resident had a medical history that included diagnoses of anxiety disorder, schizoaffective disorder and post-traumatic stress disorder (PTSD).</p> <p>An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/06/2024, revealed Resident 116 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition.</p> <p>Resident 116's care plan, included a problem statement initiated 09/30/2024, that indicated the resident admitted to the facility for short-term rehabilitation and had diagnoses to include anxiety, PTSD, gastroesophageal reflux disease, schizophrenia, hypothyroidism, and obesity.</p> <p>A letter from the California Department of Health Care Services dated 09/27/2024, revealed If the individual [Resident 116] remains in the NF [nursing facility] longer than 30 days, the facility must resubmit a new Level I Screening as a Resident Review on the 31st day.</p> <p>Resident 116's medical record revealed no evidence to indicate a new Level I Screening was submitted on day 31 of the resident's admission to the facility.</p> <p>2. An Admission Record revealed the facility admitted Resident 152 on 08/15/2024. According to the Admission Record, the resident had a medical history that included a diagnosis of schizoaffective disorder.</p> <p>An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/22/2024, revealed Resident 152 had a Brief Interview for Mental Status (BIMS) score of 13, which indicated the resident had intact cognition.</p> <p>Resident 152's care plan, included a problem statement initiated 08/15/2024, that indicated the resident had a condition of schizoaffective disorder.</p> <p>A letter from the California Department of Health Care Services dated 08/15/2024, revealed If the individual [Resident 152] remains in the NF [nursing facility] longer than 30 days, the facility must resubmit a new Level I Screening as a Resident Review on the 31st day.</p> <p>Resident 152's medical record revealed no evidence to indicate a new Level I Screening was submitted on day 31 of the resident's admission to the facility.</p> <p>(continued on next page)</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent record review and interview on 10/31/2024 at 9:26 AM, the Administrator stated the Director of Nursing was responsible for ensuring the Level I PASARRs were completed, if required. The Administrator reviewed the medical record of Resident 116 and Resident 152 and stated he was unable to locate any further information of a new Level I Screening being completed after the residents remained in the nursing facility on the 31st day. The Administrator stated he was not aware of the requirement or the letter which indicated the PASARR was required.</p> <p>39714</p> <p>3. An Admission Record indicated the facility admitted Resident 96 on 08/11/2021. According to the Admission Record, the resident had a medical history that included a diagnosis of schizophrenia.</p> <p>An annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/20/2024, revealed Resident 96 had a Brief Interview for Mental Status (BIMS) score of 11, which indicated the resident had moderate cognitive impairment. S</p> <p>Resident 96's care plan, included a problem statement initiated 12/2023, that indicated the resident had a condition of schizophrenia.</p> <p>Resident 96's Preadmission Screening and Resident Review Level I Screening, dated 12/05/2023, revealed the resident did not have a serious diagnoses mental disorder such as depression disorder, anxiety disorder, panic disorder, schizophrenia/schizoaffective disorder, or symptoms of psychosis, delusions, and/or mood disturbance.</p> <p>During an interview on 10/31/2024 at 9:24 AM, the Admission Director stated she made sure residents had a PASARR upon admission, but the nursing staff was responsible for reviewing the PASARR for accuracy.</p> <p>During an interview on 10/31/2024 at 9:40 AM, the Administrator confirmed that Resident 96's Level I Screening from 12/05/2023 was inaccurate as the resident had the diagnosis of schizophrenia prior to the Level I Screening. The Administrator stated it was the responsibility of the Director of Nursing to ensure the accuracy of PASARRs.</p> <p>A facility policy titled, Pre-Admission Screening and Resident Review (PASARR), revised 12/2006, revealed, Policy Statement All new admission and readmission are screened for mental disorders (MD), intellectual disabilities (ID) or related disorders (RD) per the Medicaid Pre-Admission Screening and Resident Review process. Policy Interpretation and Implementation 1. The facility conducts a Level I PASARR screen for all potential admissions, regardless of payer source, to determine if the individual meets the criteria for a MD, ID or RD, unless the individual is admitted directly to the facility from a hospital where he or she received acute care, and Level I had been completed.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>46258</p> <p>Based on interview, record review, and facility policy review, the facility failed to ensure a comprehensive care plan was developed for one (Resident 148) of two sampled residents reviewed for mood/behavior.</p> <p>Findings included:</p> <p>An Admission Record revealed the facility admitted Resident 148 on 06/06/2024. According to the Admission Record, the resident had a medical history that included a diagnosis of anxiety disorder.</p> <p>An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 06/13/2024, revealed Resident 148 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition. The MDS indicated Resident 148 had an active diagnosis to include post-traumatic stress disorder (PTSD).</p> <p>Resident 148's comprehensive care plan, revealed no evidence of goals or approaches/interventions to manage the resident's diagnosis of PTSD.</p> <p>During an interview on 10/30/2024 at 2:47 PM, the Social Services (SS) staff person stated care plans were done by nursing and the social services department. She added it was her responsibility to create a care plan for Resident 148's diagnosis of PTSD. According to the SS staff person, the care plan would help staff know what Resident 148 needed to feel safe.</p> <p>During an interview on 10/31/2024 at 9:34 AM, the Administrator stated social services was responsible for care plans related to PTSD. The Administrator stated a care plan should have been created. The Administrator added that care plans were in place to help staff understand what a resident needed.</p> <p>A facility policy titled, Care Plans, Comprehensive, revised 12/2016, specified, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.</p>