STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056350	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lake Merritt Healthcare Center LLC	309 MacArthur Boulevard Oakland, CA 94610

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on interview and record review, the facility failed to ensure Resident Representative (RP) was informed of a resident's change in condition for one out of two sampled resident (Resident 1) when Resident 1's family member (FM) was not notified of Resident 1's fall incidents on 10/9/25 and 10/19/25.This failure resulted in Resident 1's FM being uninformed and unaware of Resident 1's fall.During a review of Resident 1's Facility admission Record dated 3/4/25 the Facility admission Record indicated, Resident 1 was admitted in the facility on 9/5/25 with an admission diagnosis of traumatic subdural hemorrhage with loss of consciousness (a critical, life-threatening emergency caused by bleeding between the brain and its outer covering following a severe head injury), traumatic brain compression without herniation (increased pressure builds up inside the skull causing brain tissue compression following a head injury, but without the fatal shift of tissue) and unspecified dementia (a diagnosis used when symptoms of cognitive decline-such as memory loss, confusion, and impaired judgment-are present, but a specific cause cannot be determined). The Facility admission Record indicated the first name, relationship and phone number of Resident 1's FM in the contact list. The Facility admission Record indicated, Resident 1's FM's contact type was blank.During a record review of Resident 1's Acute Care Hospital (ACH) Face Sheet, undated, the ACH Face Sheet indicated, Resident 1's two FM were Emergency Contact (EC).During a phone interview on 4/14/26 at 11:44 a.m. with the Admissions Coordinator (AC) responsible for inputting the contact list in to the Facility admission Record stated, Resident 1's EC was one of the FM listed in the ACH Face Sheet. The AC stated the first and last name of Resident 1's FM who was Resident 1's EC. The AC stated the contact type for Resident 1's FM should have been EC in the Facility admission Record.During a record review of Resident 1's Minimum Data Set (MDS, an assessment used to guide plan of care) dated 9/9/25, the MDS indicated Resident 1's Brief Interview for 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 three out of 15, indicating severe cognitive impairment.During a review of Resident 1's SNF Visit Note, dated 9/7/25 and 10/7/25, indicated, Resident 1 had limited capacity to make medical decisions.During an interview on 3/4/26 at 1:30 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated resident's FM should be informed of resident's incident of fall. LVN 1 stated the resident's admission record would indicate who the RP or FM of a resident.During an interview on 3/5/26 at 11:55 a.m. with the Director of Nursing (DON), the DON stated Resident 1's FM was part of the care conference. The DON stated one of the goals in resident's care was to incorporate the FM in resident's changes in condition as a collective part of healthcare decision making.During a concurrent interview and record review on 4/14/26 at 11:13pm with the DON, Resident 1's Plan of Care Note, dated 9/12/25 was reviewed. The Plan of Care Note indicated, the Interdisciplinary Team (IDT) completed Resident 1's admission care conference on behalf of resident with RP via phone call. The Plan of Care Note indicated, FM applied for in-home support services (IHSS). The DON stated the RP who attended the care conference was the FM who applied for the IHSS.During a concurrent interview and record review on 4/14/26 at 3:21pm with the Infection Preventionist (IP), Resident 1's Health Status Note, dated 10/3/25, was reviewed. The (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056350	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lake Merritt Healthcare Center LLC	309 MacArthur Boulevard Oakland, CA 94610

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Health Status Note indicated, Resident 1's RP is in the facility today for care conference, obtained consent for Flu, Covid-19 and Pneumonia (PNA) vaccine. The IP stated not remembering the name of the RP. The IP stated knowing FM was Resident 1's RP because social services invited the RP for care conferences. The IP stated obtaining verbal consent from Resident 1's RP for the vaccines.During a concurrent interview and record review on 3/5/26 at 11:58 a.m. with the DON, Resident 1's SBAR (Situation, Background, Assessment, Recommendation, a structured, four-component communication framework designed to improve patient safety and efficiency, particularly in critical healthcare situations) Communication Form, dated 10/9/25 was reviewed. The SBAR Communication Form did not indicate the name of family/health care agent notified of Resident 1's fall. The DON stated the facility policy did not indicate who to inform of changes in condition but the SBAR Communication Form prompted the nurse to review who the RP and make a notification.During a concurrent interview and record review on 4/14/26 at 11:05 a.m. with the Minimum Data Set Coordinator (MDSC), Resident 1's SBAR Communication Form, dated 10/19/25 was reviewed. The SBAR Communication Form did not indicate the name of family/health care agent notified of Resident 1's fall. The MDSC stated a fall was a change in condition. The MDSC stated not remembering calling the FM to notify of Resident 1's fall.