

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2026
NAME OF PROVIDER OR SUPPLIER McClure Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 2910 McClure Street Oakland, CA 94609	

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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not provide privacy to one (1) out of four (4) sampled residents during phone conversations. This failure resulted in facility staff overhearing Resident 1's phone conversations, violation of rights to privacy and placed her at risk of being upset. During a record review of Resident 1's admission record, indicated that Resident 1 was admitted to the facility on [DATE]. During a record review of Resident 1's Minimum Data Set (MDS, a resident assessment tool used in identifying problems to be addressed in plan of care), dated 1/20/26, the record indicated that Resident 1 had clear speech, was able to make herself understood, and was able to understand others. MDS also indicated that it was very important for Resident 1 to be able to use a phone in private. During a phone interview on 3/16/26 at 9:10 a.m. Resident 2's Family Representative (FR 1) stated, it was important for them to communicate with Resident 2 over the phone on an ongoing basis to keep Resident 2's spirits high. FR 1 stated since they needed to call facility's phone situated at the nursing station, it was hard for him to hear Resident 2 due to Resident 2's altered speech and background noises. FR 1 stated it had been almost one year that Resident 2 had to come to the nursing station to talk to FR 1 over the phone and at times, she would refuse to do that. FR 1 stated Resident 2 did not have any timely and private access to a telephone in the facility. During an interview on 3/17/26 at 12:35 p.m. Resident 1 stated there was no privacy provided to her when she was on the phone. Resident 1 stated the staff there or the nurses would turn around and tell the other nurses what she had just said. Resident 1 stated she felt as if there was no awareness from staff, that she needed to be on the phone in private. During an interview on 3/17/26 at 1:10 p.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated the residents received phone calls at the front desk or the nurse's station. CNA 1 stated those areas always had facility staff present at all times. CNA 1 also stated that she assisted Resident 1 to the phone at the nurse's station only two days ago, and she stayed with Resident 1 the whole time. During an interview with Activity Director (AD) on 3/17/26 at 1:48 p.m., the AD stated facility had at least four (4) residents who did not have their personal cell phones and needed to use facility phone to call their loved ones. AD stated, however Resident 1 and Resident 2 actively used the phone at the nursing station on a frequent basis. During an observation on 3/17/26 at 2:07 p.m. Resident 1 was in her wheelchair in the hallway using the corded phone at the nurse's station. There were multiple staff, including Licensed Vocational Nurse (LVN) 1 sitting at the nurse's station and Occupational Therapist (OT) 1 standing behind Resident 1, while she was on the phone. During an interview on 3/17/26 at 3:30 p.m. LVN 1 stated he did not feel if Resident 1 was provided with any privacy during her phone conversations earlier that day. LVN 1 stated Resident 1 needed to be in a place where no one was around, or she should be provided with a wireless phone in the room. During an interview on 3/17/26 at 3:50 p.m. OT 1 stated the residents had a right to privacy while using the phone. OT 1 stated that she wasn't even aware that Resident 1 was on the phone. OT 1 stated her being in the area where Resident 1 while making her personal phone call invaded Resident 1's privacy. During an interview on 3/17/26 at 3:59 p.m. the Assistant Director of Nursing (ADON) stated if privacy is invaded during a phone call, any reasonable person would be upset. During a review of facility's Policy and Procedure (P&P) titled, Resident Rights dated August (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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2009, the P&P indicated Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include that resident's right to. Use a telephone in privacy. Residents are entitled to exercise their rights and privileges to the fullest extent possible.</p>		