

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2024
NAME OF PROVIDER OR SUPPLIER Mercy Retirement & Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3431 Foothill Blvd. Oakland, CA 94601	

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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51446</p> <p>Based on observation, interview, and record review, the facility failed to ensure a Finger Contracture Cushion (a fabric cushion made of breathable and absorbent material, with three large loops in the middle for: index, middle and third finger, and two tight rings on both ends. The cushion is used to separate the fingers and protect the palm), commonly known as a hand roll, was placed correctly on one of three sampled residents' (Resident 1) left hand. Resident 1 was left unattended and unsupervised, when his pinky finger was tightly inserted in the last ring of the cushion, for over seven hours.</p> <p>This failure resulted in Resident 1 sustaining an injury to the left pinky finger, as evidenced by purplish discoloration, pain, bleeding, an open wound, and a transfer to the acute care hospital for further care.</p> <p>Findings:</p> <p>During a record review of Resident 1 ' s undated Face Sheet (a record with residents ' basic information), the record indicated Resident 1 was admitted to the facility on [DATE].</p> <p>During a record review of Resident 1 ' s Minimum Data Set (MDS, a resident assessment instrument used to identify resident care problems to be addressed in an individualized care plan) dated 7/2/24, the assessment indicated Resident 1 had an active diagnosis of a left-hand contracture (a permanent tightening of the muscles, skin, or other tissues that limits a body part's normal movement). The assessment indicated Resident 1 rarely or never understood others and was rarely or never able to make his needs known. The assessment indicated Resident 1 was dependent for care and mobility; and was at high risk of developing skin injuries.</p> <p>During a record review of Resident 1 ' s physician ' s order dated 7/4/24, the record indicated to apply hand roll to Resident 1 ' s left hand for six (6) hours a day every day.</p> <p>During an observation and interview on 9/27/24 at 1:14 p.m., with Restorative Nursing Aide (RNA) 1, RNA 1 stated he placed a hand roll to Resident 1 ' s left hand whenever he was on duty, but he did not work on 9/9/24 when Resident 1 sustained injury to his pinky finger. RNA 1 brought a sample hand roll Finger Contracture Cushion the kind that Resident 1 was using for his left hand. RNA 1 demonstrated and explained the placement of three fingers on the rings: point finger, middle finger, and ring finger. RNA 1 stated the hand roll did not have a loop for pinky finger.</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 9/27/24 at 12:00 p.m., with Certified Nursing Assistant (CNA) 1, CNA 1 stated she was the assigned morning shift (7 a.m. to 3 p.m.) assistant for Resident 1 on 9/9/24. CNA 1 stated Resident 1 used a hand roll with four (4) rings, wherein the point finger, middle finger, ring finger and pinky finger on the left hand were inserted for the hand contractures.</p> <p>During an observation and interview on 9/27/24 at 1:58 p.m. with CNA 1, the finger contracture cushion/hand roll sample was</p> <p>observed. CNA 1, at this time, stated she only placed the hand roll in the left hand of the Resident 1 to hold it and did not insert fingers in the loops of the cushion. CNA 1 stated somebody might have placed the left pinky finger in the small ring which should not be.</p> <p>During an interview and observation on 9/27/24 at 3:37 p.m., with CNA 2, CNA 2 stated she took care of Resident 1 in the evening shift (3 p.m. to 11 p.m.) on 9/9/24. CNA 2 stated on 9/9/24, around almost 10 p.m., she went to the Resident 1 's room and noticed something was wrong with Resident 1. CNA 2 stated she was about to give bed bath to Resident 1, but he resisted care at that time. CNA 2 stated she saw Resident 1's left hand pinky finger was inserted in one of the tight rings of hand roll causing purplish discoloration, and she went straight to Registered Nurse (RN) 1. CNA 2 stated she suggested RN 1 to cut the tight ring of the hand roll, because it was very tight. CNA 2 demonstrated the placement of the left pinky finger using the sample hand roll, and how the left pinky finger was inserted in the tight ring hole. CNA 2 stated her shift was from 3:00 p.m. to 11:15 p.m. but she did not pay attention and did not know Resident 1 was using the hand roll for his left hand the whole time.</p> <p>During an interview on 9/27/24 at 3:22 p.m. with RN 1, RN 1 stated during evening shift on 9/9/24, CNA 2 called her attention for Resident 1. RN 1 stated she saw Resident 1 's left pinky finger placed on the last ring of the hand roll and stated she was not sure if it was supposed to be there. RN 1 stated the left pinky finger was purplish in color and was bleeding. RN 1 stated Resident 1 was moaning at that time. RN 1 stated she rushed to get a scissor but was not sure how to cut it since Resident 1 's left pinky finger was tightly stuck in the ring of hand roll cushion. RN 1 demonstrated the placement of the left pinky finger using the sample hand roll, and the left pinky finger was placed all the way inside the tight ring.</p> <p>During an interview on 9/27/24 at 3:45 p.m., with RN 2, RN 2 stated he was Resident 1 's assigned charge nurse in evening shift (3 p.m. to 11:30 p.m.) on 9/9/24. RN 2 stated on 9/9/24 around 5:00 p.m., he saw Resident 1 lying in bed when he administered evening medications to him but did not remember seeing the Resident 1 's hands. RN 2 stated he did not know Resident 1 required a hand roll and had not seen him using one before. RN 2 stated he did not know who put on the hand roll in Resident 1 's left hand. RN 2 also stated somebody must have placed it on, since Resident 1 did not have the ability to do so. RN 2 stated he saw Resident 1 's left hand after RN 1 had already cut the hand roll cushion. RN 2 stated Resident 1 had a cut open wound about 1.0 cm. deep and, and it was bleeding. RN 2 stated the hand roll can be placed for a long period of time, but it depends. RN 2 stated hand rolls need to be taken off intermittently, otherwise they could impede the blood circulation in fingers.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a record review of Resident 1 ' s progress notes dated 9/9/24, documented by RN 1, the record indicated, Around 10:15p.m., [CNA 2] showed to [RN 1] [Resident 1 ' s] left pinky. [RN 1] assessed finger and finger was purple and noted to be wrapped with the ring part of a hand splint. [RN 1] cut the ring around the finger and the finger was almost falling off. Bone was visible. [RN 1] reported to on-call [Medical Doctor] and [Medical Doctor] gave an order to send out [Resident 1]. [RN 1] called 911 and ambulance came around 10:30 p.m. Ambulance left with [Resident 1] around 10:50 p.m. [RN 1] notified [Responsible Party] .</p> <p>During a record review of Resident 1 ' s Acute Care Hospital record dated 9/10/24, the record indicated, [Skilled Nursing Facility] found left pinky open wound this [morning] (9/10). Occurred after [one] day of application of a cushion to his left hand to prevent him from scratching himself. Subsequently, [Skilled Nursing Facility] suspected that the cushion was wrapped around his finger too tight and dug into his skin. Per [Emergency Medical Services], the vitals (blood pressure, temperature, respiration, pulse, pain) at the scene noted. [Resident 1] to be febrile [increased body temperature] and mildly tachypneic [abnormally labored breathing] . The record also indicated Resident 1 had . hypotensive [low blood pressure] episodes . could [likely] be from acute open [left] 5th digit infection at wound site and that Resident 1 received Cefazolin 1 grams (an antibiotic medication to manage infection) .</p>		