

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 02/13/2025
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32717</p> <p>Based on interview and record review, for one of one sampled resident (Resident 10), reviewed for smoking, the facility failed to honor the resident's right to self-determination when Resident 10 was told to stop smoking effective 2/19/25 or Resident 10 will be discharged to another facility.</p> <p>This failure had the potential to result in emotional distress.</p> <p>Findings:</p> <p>During a review of Resident 10's Profile Face Sheet, the Profile Face Sheet indicated Resident 10 was initially admitted to the facility in January 2016.</p> <p>During an interview on 2/10/25 at 11:27 a.m. with Resident 10, Resident 10 stated being told by facility management on 1/19/25, that smoking would not be allowed effective 2/19/25, or Resident 10 would have to be discharged from the facility. Resident 10 stated, having been a resident at the facility for almost [AGE] years, that it was not fair to be asked to leave just because the rules regarding smoking has changed.</p> <p>During a review of Resident 10's Minimum Data Set (MDS, an assessment tool used to direct resident care) dated 12/19/24, the MDS indicated a Brief Interview for Mental status (BIMS, a scoring system to determine the resident's cognitive status regarding attention, orientation, and ability to register and recall information) score of 15. A score of 13-15 is an indication of intact cognitive status.</p> <p>During a review of Resident 10's MDS dated [DATE], the MDS indicated, under Preferences for Customary Routine and Activities, for Resident 10, it was very important to Do things with groups of people .To do favorite activities . [and] to go outside to get fresh air when the weather is good.</p> <p>During a review of a letter regarding the facility's Smoke Free Facility Policy, issued to Resident 10 dated 1/16/25, issued and signed by Administrator (Adm), the letter indicated, As a current resident, you will have until February 19, 2025, to work with the [facility] care team and your physician to refrain from smoking. You will no longer be allowed to smoke anywhere on the property. If you are unable or unwilling to refrain from smoking, you will be in violation of this policy which will affect your ability to reside at [this facility]. Our team is here to assist you in finding alternative placement in the event you wish to relocate.</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
---	-------	-----------

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 02/13/2025
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/11/25 at 1:45 p.m. with Adm, Adm stated for Resident 10 to continue smoking, Resident 10 would have to go to the street because there is no designated area for smoking within the facility's grounds. Adm stated, for many years before the new policy went into effect, Resident 10 was a smoker and had used a designated smoking area outside the building. Adm acknowledged issuing a letter to Resident 10 that prohibited Resident 10 from smoking anywhere on the facility property and failure to adhere to the new policy would result in Resident 10's discharge from the facility. However, Adm stated, because Resident 10 had been a smoker even before the policy went into effect, the facility acknowledged Resident 10 would have to be grandfathered in (person is exempt from complying with the new law/policy) the no-smoking policy.</p> <p>During a review of Resident 10's Safe Smoking assessment dated [DATE], the Safe Smoking Assessment, under Summary of Evaluation indicated, Resident [10] may smoke independently or with set-up .Resident may smoke unsupervised in designated smoking areas.</p> <p>During a review of the facility's policy and procedure (P&P) titled Smoke Free Policy last revised 1/10/25, the P&P indicated; A facility-wide Smoke Free Facility Policy was initiated on 1/20/25, and it will affect residents who were smokers as of that date. Smoking is prohibited in all areas. Residents who are admitted before the Smoke Free Facility Policy was implemented will be given a 30-days' notice of this policy.</p>		