

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 04/24/2025
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>32717</p> <p>Based on interview and record review, the facility failed to develop and implement written policies and procedures that included screening of prospective employees before being allowed to work with residents when Certified Nursing Assistant (CNA) 1's personal/character references (someone who knows you well, particularly on a personal level, to support your character, integrity, and trustworthiness) and previous employer were not contacted for screening prior to being hired.</p> <p>This failure had the potential to result in exposing vulnerable residents to abuse and mistreatment.</p> <p>Findings:</p> <p>During a review of Resident 2's Admission Record (AR), the AR indicated Resident 2 was admitted to the facility in January 2025 with diagnoses that included dependence on renal dialysis (a life-sustaining treatment used when kidneys are unable to properly filter waste and excess fluid from the blood), and muscle weakness.</p> <p>During a review of Resident 2's Minimum Data Set (MDS, an assessment tool used to direct resident care), dated 2/3/25, the MDS indicated Brief Interview for Mental Status (BIMS, a scoring system used to determine the resident's cognitive status in regard to attention, orientation, and ability to register and recall information) score of 12 indicating Resident 1 is moderately impaired.</p> <p>During an interview on 4/24/25 at 1:38 p.m. with Director of Staff Development (DSD), DSD stated CNA 1 was hired by the facility in January 2025. DSD stated, at first, CNA 1's work performance was exemplary, but after a few months, DSD stated, complaints from other staff started to come in, mostly about CNA 1's bad work attitude. DSD stated there were reports of CNA 1's poor coordination with other staff and bad behavior.</p> <p>During a review of CNA 1's employee files, the files indicated several complaints that included the following:</p> <ol style="list-style-type: none"> On 3/20/25, a Licensed Nurse had to re-take residents' vital signs because of discrepancies with the values taken by CNA 1. CNA 1 had an attitude problem when tasks were delegated to him and refused to wear masks when going inside isolation and enhanced barrier precaution rooms. On 3/28/25, CNA 1 was issued a verbal coaching for using his personal laptop during work hours. <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 04/24/2025
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a follow-up interview and record review on 4/24/25 at 11:43 a.m. with DSD, DSD stated, on 4/7/25, Resident 1 complained about CNA 1 being rough and aggressive during care. On 4/14/25, Resident 2 filed a grievance that CNA 1 did not answer the call light for over an hour.</p> <p>During an interview on 4/24/25 at 1:37 p.m. Resident 3 stated CNA 1 had a Non-caring attitude.</p> <p>During an interview on 4/24/25 at 2:48 p.m. with CNA 2, CNA 2 stated CNA 1 had a bad attitude, bossy, and did not answer residents' call lights. CNA 2 stated CNA 1 seemed like he did not see or hear call lights going off.</p> <p>During a concurrent interview and review of CNA 1's employment files on 4/24/25 at 12:27 p.m. with DSD, CNA 1's employment application listed a former employer and three individuals as references. DSD stated Human Resources (HR) did not require reference checks for prospective employees. DSD stated it was the facility's HR that conduct screening for prospective employees, and that while background screening was done, reference checks were not completed because they were not required anymore.</p> <p>During an interview on 4/24/25 at 12:40 p.m. with Assistant Executive Director (AED), AED stated reference checks were still required and should be done by DSD. AED stated, if reference checks were not done, the facility would not know the prospective employee's past performance and conduct with previous employer.</p> <p>During a review of the facility's policy and procedure (P&P) titled Policy Interpretation and Implementation, last revised 9/20/22, the P&P indicated, under Seven Components of Abuse Prevention Policy & Procedure, all potential employees are screened for a history of abuse, neglect, exploitation, mistreatment of residents. This includes attempting to obtain information from previous employers and/or current employers, and checking with the appropriate licensing boards and registries.</p>		

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 04/24/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>32717</p> <p>Based on interview and record review, for two of three sampled residents (Resident 1 and Resident 2), the facility failed to ensure allegations of abuse or mistreatment were reported to officials that included the State Survey Agency, Office of the Long-Term Care Ombudsman, and law enforcement officials within the required time frame.</p> <p>This failure had the potential to result in a lack of protection for residents alleging abuse or mistreatment.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR), the AR indicated Resident 1 was admitted to the facility in April 2023 with diagnoses that included anxiety disorder (a group of mental health conditions characterized by excessive and persistent fear or worry that interferes with daily life) and a need for assistance with personal care.</p> <p>During a review of Resident 2's AR, the AR indicated Resident 2 was admitted to the facility in January 2025 with diagnoses that included dependence on renal dialysis (a life-sustaining treatment used when kidneys are unable to properly filter waste and excess fluid from the blood), and muscle weakness.</p> <p>During an interview on 4/24/25 at 11:43 a.m. with Director of Staff Development (DSD), DSD stated, on 4/7/25, during the resident council meeting, Resident 1 reported CNA 1 was rough and aggressive during perineal care (the area of the body between the anus and the vulva in females and between the anus and the scrotum in males). DSD stated, on 4/11/25, four days after Resident 1 reported the incident, DSD interviewed CNA 1 about the alleged incident and CNA 1 was given verbal coaching (a form of coaching that involves speaking with an employee about their performance or conduct, often used for minor issues or concerns). DSD stated she had to wait until CNA 1 was scheduled to work on 4/11/25 to conduct the interview about Resident 1's allegation. DSD stated CNA 1 was then allowed to work and was back on schedule on 4/11/25 and 4/13/25. DSD stated, on 4/14/25, Resident 2 filed a grievance alleging CNA 1 pointed a finger at Resident 2 and said, You're not the only patient here! after Resident 2 got upset that CNA 1 took a long time to answer the call light. DSD stated the alleged incident happened on the evening shift on 4/13/25. DSD stated interviewing CNA 1 on 4/16/25, two days after the allegation, because CNA 1 was not scheduled to work until that day. DSD stated both incidents were reported to the State Survey Agency, Long-Term Care Ombudsman and local law enforcement officials on 4/16/25.</p> <p>During a telephone interview on 5/5/25 at 2:29 p.m., Registered Nurse (RN) 1 stated, in the evening shift on 4/13/25, Resident 2 was upset about waiting too long for CNA 1 to answer the call light. RN 1 stated he did not know CNA 1 was on a meal break and sent CNA 3 to change Resident 2 after a bowel movement.</p> <p>(continued on next page)</p>		

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 04/24/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 5/5/25 at 2:36 p.m. with CNA 3, CNA 3 stated she was responding to Resident 2's call light that had been on. CNA 3 stated Resident 2 was upset that CNA 1 did not answer the call light and wanted to be changed after a bowel movement.</p> <p>During a review of Resident 2's Administration Note (AN), dated 4/13/25, the AN indicated imodium A-D oral solution (anti-diarrheal medication) was administered because Resident 2 was having diarrhea.</p> <p>During a follow-up interview on 4/24/25 at 12:47 p.m. with DSD, DSD stated, although she received Resident 2's grievance on 4/14/25, DSD stated she wanted to talk to CNA 1 first before the allegation was reported to the appropriate agencies. DSD stated she should have reported the allegation right away.</p> <p>During a review of the facility's policy and procedure (P&P) titled Elder and Dependent Adult Suspected Abuse & Reporting, last revised 9/20/22, the P&P indicated, under Reporting Requirements, the facility must Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made .Have evidence that all alleged violations are thoroughly investigated.</p>		