

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555313	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/03/2025
NAME OF PROVIDER OR SUPPLIER  The Rehabilitation Center of Oakland		STREET ADDRESS, CITY, STATE, ZIP CODE  210 40th Street Way Oakland, CA 94611	

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 0557</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 be treated with respect and dignity and to retain and use personal possessions.</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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to protect personal belongings for one resident (Resident 1), when Resident 1's clothes and personal items were missing and were not accounted for. This failure had compromised the right of Resident 1 to retain personal possessions. A review of the admission record for Resident 1 indicated that Resident 1 was admitted on [DATE], and initially admitted [DATE] with diagnoses that included diabetes, hypertension, and end-stage kidney disease on dialysis. Resident 1 was discharged on 10/9/24. During a telephone interview on 8/12/25, at 8:48 a.m. with Resident 1's Responsible Party (RP), RP stated that upon discharge, Resident 1 had missing personal items. RP stated Resident 1's missing personal items were reported to Social Services Director (SSD) 2 during Resident 1's stay in 2024. RP stated there was no inventory of Resident 1's personal items provided to Resident 1 and/or family upon discharge. During an interview on 8/12/25 at 2:55 p.m. with the current Social Services Director (SSD 1), SSD 1 stated they should have a theft and loss form in the log when resident's belongings were reported missing. SSD 1 stated SSD 2 was no longer working in the facility. During a concurrent interview and record review of the facility's 2024 Theft and Loss Log, on 8/12/25 at 4:05 p.m. with SSD 1, SSD 1 stated there was no record of missing clothes/items for Resident 1. During a telephone interview on 8/13/25 at 12:38 p.m. with the Medical Records Director (MRD), a request was made for a record of Resident 1's inventory of personal belongings upon admission and discharge. MRD provided Resident 1's inventory of belongings upon admission, but none was provided for the discharge. MRD stated they did not have the record. During a review of a copy of Resident 1's inventory form upon admission, titled Inventory of Personal Effects signed 11/16/22, the form indicated two coats, two jackets, one shoes [pair], one black shirt, three sweaters, two watches (one brown and one brown) and another inventory form, titled Resident Inventory Form B (Per MRD, it was an added inventory in August 2024). The form indicated one stripe red &amp; white T shirt, but with no date and signature. During a concurrent telephone interview and record review on 8/13/25 at 12:45 p.m. with the Director of Nursing (DON), DON acknowledged the facility did not have Resident 1's Inventoried list of personal belongings upon discharge. DON stated the original would have been given to the Resident and/or RP and they would have a copy of it. DON also stated there was no information on Resident 1's discharge summary note about the resident's inventory of personal belongings. A review of the signed inventory form on admission indicated, Instructions: Upon discharge, use the columns to indicate that all personal belongings are accounted for. During a review of the facility's policy and procedure (P &amp; P) titled, Personal Property, dated 7/14/17, the P&amp;P indicated, To ensure the facility takes reasonable steps to protect resident's property, the facility will return inventoried personal items to residents or their representative upon discharge. the resident/resident representative will review the Resident inventory to ensure all personal items are taken. The resident/resident representative will sign the inventory indicating that all personal property is released to them. If an item(s) is missing, the staff will initial a search and notify Social Services/ designee in accordance with the Theft and Loss policy for resolution. During a review of the facility's P&amp;P titled, Theft and Loss, dated 7/11/17, the P&amp;P indicated, To assist residents in safeguarding their personal property. At the time of admission and discharge, Facility staff complete a Resident Inventory. Social Services staff documents report of lost and stolen resident property on .Theft and Loss Log.</p>		