

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 03/17/2026
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>Based on observation, interview and record review the facility failed to honor one out of 3 residents (Resident 1) the right to retain personal possessions when Resident 1's personal possessions were not listed in detail and verified at admission. This failure had the potential to cause Resident 1 to feel their belongings were not treated with respect and had the potential to result in Resident 1 missing items without documentation of ownership. During a review of Resident 1's admission Record, printed 3/17/26, the Record indicated Resident 1 was admitted to the facility in 2024 with a diagnosis of depression. During a review of Resident 1's Brief Interview for Mental Status (BIMS - a scoring system used to determine the resident's cognitive status regarding attention, orientation, and ability to register and recall information, dated 3/6/26, the record indicated Resident 1's BIMS score was 14 (a BIMS score of thirteen to fifteen is an indication of intact cognitive response). During an interview on 3/16/26, at 12:58 p.m., with Resident 1, Resident 1 stated staff refused to complete an inventory of their items. Resident 1 stated they were missing a lot of items. Resident 1 stated they felt upset, disrespected, and insulted. During a concurrent interview and record review on 3/17/26, at 10:42 a.m., with Social Worker (SW) 1, Resident 1's Personal Effects Inventory Form, undated and Resident 1's Theft and Loss Report dated 2/23/26, were reviewed. SW 1 stated Resident 1's Personal Effects Inventory Form, was not signed or completed. SW 1 stated Resident 1's personal belongings were not fully inventoried. SW 1 stated Resident 1's Theft and Loss Report, indicated Resident 1 allegedly lost 4 boxes of clothes estimated at \$971.17. SW 1 stated they were waiting for Resident 1 to provide receipts for the missing items to resolve the claim. SW 1 stated it was important to inventory Resident's property to keep track of everything in case something went missing. SW 1 stated it was important to resolve lost item investigations in a timely manner because residents may have valued the missing items. During an interview on 3/17/27, at 11:50 p.m., with Registered Nurse Supervisor (RNS) 1, RNS 1 stated Resident 1's personal items should have been inventoried and Resident 1's Personal Effects Inventory Form, should have been completed when they were admitted, readmitted or when they came back from the hospital. RNS 1 stated that it was important to acknowledge and inventory resident's belongings because the facility was responsible to safeguard their belongings. During a review of the facility's policy and procedure (P&P) titled, Theft and Loss Program, revised 10/2/25, the P&P indicated, The inventory list will be completed upon admission, updated when items are added or removed from the facility, and upon transfer/ discharge. The P&P indicate, The administrator or designee investigates all reports of stolen items and documents the investigation on the Theft and Loss Report. The investigation may consist of the following. a review of the Resident's inventory record to determine if the missing items were recorded. During a review of the facility's policy and procedure (P&P) titled, Resident Rights, revised 1/1/12, the P&P indicated, State and federal laws guarantee certain basic rights to all residents of the Facility. These rights include, but are not limited to, a resident's right to. Retain and use personal possessions to the maximum extent that space and safety permit.</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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