

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555358	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/23/2026
NAME OF PROVIDER OR SUPPLIER Fruitvale Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3020 East 15th Street 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)		
F 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate foot care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure one of three sampled residents (Resident 1), with long and cracked toenails received podiatry treatment services as ordered by the physician. This failure had the potential to place Resident 1 at risk for injuries and infection. During a review of Resident 1's Annual Minimum Data Set (MDS- a resident assessment instrument used to identify resident care problems to be addressed in an individualized care plan) dated 5/29/26, MDS indicated Resident 1's was admitted to the facility on [DATE]. Resident 1's Basic Interview of Mental status (BIMS- a scoring system used to determine the resident's cognitive status regarding attention, orientation, and ability to register and recall information. A BIMS score of thirteen to fifteen is an indication of intact cognitive status) score was 15 which indicated intact mental status. The MDS indicated Resident 1 had functional limitation in range of motion to upper and both lower extremities (hip, knee, ankle, and foot). The MDS indicated Resident 1's diagnoses included hemiplegia (paralysis on one side of the body) and diabetes mellitus (high blood sugar). During a concurrent observation and interview on 7/23/26 at 11:50 a.m., in Resident 1's room, Resident 1 was awake, responsive, and laid on back in bed. Resident 1 had long, cracked toenails with reddish discoloration around toenail bed. Resident 1 stated that she was diabetic and had requested to be seen by a podiatrist for concerns about her feet and toenails from the social worker but had not yet been seen. During a concurrent observation and interview on 7/23/26 at 12:55 p.m., with Director of Nursing (DON) in Resident 1's room, Resident 1 stated her foot hurts and had not seen a podiatrist. DON checked Resident 1's feet and stated Resident 1 toenails needed podiatry care. During a concurrent interview and record review on 7/23/26 at 1:10 p.m., with Social Services Director (SSD) and Social Services (SS), reviewed Social Services referral binders, SS notes, and Resident 1's Progress Notes (PN) dated 7/2/26. Resident 1's PN indicated a referral was sent to podiatry for evaluation and treatment. SS stated she did not know why Resident 1 was not seen by the podiatrist. SS could not provide documentation that Resident 1 received podiatry evaluation. During a review of Resident 1's physician order dated 9/24/25, indicated the physician ordered Resident 1 to receive podiatry care. During a review of the facility's policy and procedure (P&P), titled, Podiatry Services, undated, indicated, It is the policy of this facility to provide timely, appropriate, and high-quality podiatric services to all residents in need, in accordance with federal and state regulations. Podiatry services will be scheduled regularly or as clinically indicated or on as-needed basis for acute cases.		

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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