

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555381	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/21/2025
NAME OF PROVIDER OR SUPPLIER  Alameda Hospital D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE  2070 Clinton Ave Alameda, CA 94501	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46658</p> <p>Based on observation, interview and record review, the facility failed to ensure one of three residents (Resident 1) were free from sexual abuse when Resident 2 sexually abused Resident 1 who had severe intellectual disability and was unable to provide consent.</p> <p>This failure resulted in Resident 1 ' s elbow pain from being held down during the sexual abuse and had the potential for serious physical and psychosocial injury.</p> <p>Findings:</p> <p>A record review of Resident 1 ' s admission record indicated Resident 1 was admitted with severe intellectual disability, weakness, schizophrenia (psychiatric disease which causes distrust of information and other people) and developmental delay. The record further indicated Resident 1 ' s family had conservatorship over them.</p> <p>During a record review of Resident 1 ' s minimum data set (MDS, an assessment tool to guide resident care), dated 11/12/24, the MDS indicated Resident 1 used a wheelchair for mobility and required supervision for bed mobility and had a Brief Interview for Mental Status score of 5 (The Brief Interview for Mental Status is an assessment tool for a resident's orientation to time, and capacity to remember. The BIMS has 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 zero to three was an indication of severely impaired cognitive status and 13 to 15 indicating intact cognitive status).</p> <p>During a record review of Resident 1 ' s physician order, titled Nursing Communication, dated 12/23/24, the order, dated 2/21/23, indicated Resident 1 did not have capacity to make healthcare decisions.</p> <p>A record review of Resident 2 ' s admission record indicated Resident 2 was admitted for weakness, heart failure and noncompliance with treatment.</p> <p>During a record review of Resident 2 ' s MDS, dated [DATE], the MDS indicated Resident 2 required supervision for bed to chair transfer, was able to ambulate with assistive devices and had a BIMS score of 14.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a phone interview on 12/23/24, at 8:45 a.m., with Resident 1 family (RF), RF stated Resident 1 had severe cognitive disability, was unable to provide consent for sexual activity and the conservator did not give consent for Resident 1 to participate in any sexual activity.</p> <p>During a concurrent observation and interview on 12/23/24, at 10:00 a.m., with Resident 1, Resident 1 was in their wheelchair and was not interviewable.</p> <p>During an interview on 12/23/24, at 10:15 a.m., with Certified Nursing Assistant 2 (CNA 2), CNA 2 stated they had worked with Resident 1 for a long time. CNA 2 stated Resident 1 had an intellectual disability and staff typically tried to anticipate her needs due to communication difficulties.</p> <p>During a phone interview on 12/23/24, at 9:00 p.m., with CNA 1, CNA 1 stated on 11/30/24, at around 2:20 a.m., CNA 1 heard Resident 1 crying. CNA 1 immediately went into Resident 1 ' s room and found Resident 2 at Resident 1 ' s bed with his pants down thrusting his hip against Resident 1 ' s hip. Resident 1 was laying on their bed with their pants on but pulled down exposing the diaper. CNA 1 immediately called for RN 2 who came and pulled Resident 2 away from Resident 1. CNA 1 stated Resident 1 complained of arm pain to RN 1. CNA 1 stated while CNA 1 and RN 1 were assessing Resident 1 for injury, Resident 1 stated she was making babies.</p> <p>During a phone interview on 12/23/24, at 3:05 p.m., with RN 2, RN 2 stated on 11/30/24, at around 2:20 a.m., CNA 1 called RN 2 for help because Resident 2 was in Resident 1 ' s room. RN 2 stated she entered the room and saw Resident 2 at the side of Resident 1 ' s bed with his pants down. RN 2 stated Resident 2 was performing a rocking motion against Resident 1 ' s pelvis. RN 2 then pulled Resident 2 away, placed him on a wheelchair and removed him from the room.</p> <p>During a phone interview on 12/23/24, at 2:30 p.m., with Registered Nurse 1 (RN 1), RN 1 stated on 11/30/24, at approximately 2:20 a.m., she was called over to Resident 1 ' s room to check on Resident 1 for an incident. RN 1 stated she did not witness the incident and was called to assess Resident 1 after it. RN 1 stated Resident 1 told her he held my elbow and was complaining of elbow pain. RN 1 stated they gave Resident 1 pain medication. RN 1 stated Resident 1 began to claim she was pregnant and hadn ' t made those claims before.</p> <p>During a record review of Resident 1 ' s nursing progress note titled, Significant Event, dated 11/30/24, at 3:23 a.m., by RN 1, the progress note indicated CNA noted Resident 2 was standing beside bed with pants down by the hip with back and forth motion towards resident, she was lying on her back on bed with pants on .separated them right away. CNA reported that resident states, ' He wanna make a baby ' .complaint of pain on left elbow .acetaminophen (a pain relieving medication) . given as ordered for left elbow pain.</p> <p>During a record review of Resident 2 ' s nursing progress note titled, Significant Event, dated 11/30/24, at 3:36 a.m., by RN 2, the progress note indicated at 2:20 a.m. RN 2 was informed by CNA 1 that Resident 2 was in Resident 1 ' s room. When I entered the room, 2 CNAs .were already in the room. I found Resident 2 standing in front of [Resident 1] with pants down buttocks out, both hands leaning forward in bed. He was in the act of pumping the resident.</p> <p>During an interview on 12/23/24, at 1:00 p.m., with Social Services Director (SSD), the SSD stated Resident 1 was not able to make their own decisions for care and was conserved.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a record review of Resident 1 ' s hospital history and physical (H&amp;P) titled ED Provider Notes Physician H&amp;P Sexual Assault Response Team, dated 12/4/24, the H&amp;P indicated a primary chief complaint of sexual assault of adult. H&amp;P indicated hospital staff were unable to get history from pt - developmentally delayed with functioning of 3rd grade level, uses wheelchair .and doesn ' t stand up .Pt has 24hour care - sister is guardian - conservator.</p> <p>During a record review of police report titled, [City] Police Department Criminal Report, dated 1/13/25, the report indicated on 11/30/24, at 2:38 a.m., facility staff called the police to report Resident 2 in Resident 1 ' s room attempting to make a baby. The report indicated at 11/30/24, at around 2:20 a.m., Resident 1 was laying down perpendicular on [their] bed in the supine position. Resident 1 ' s feet were touching the ground and [their] head was against the wall. Resident 2 was between Resident 1 ' s legs with a wide stance. He was laying on top of Resident 1 (chest to chest) and was thrusting his hips towards Resident 1 .the entirety of his buttocks were exposed .his pelvis was in line with Resident 1 ' s pelvis while he was thrusting. The report further indicated Resident 1 ' s cognitive state caused her incapable of giving legal consent for sexual activity .did not believe she voluntarily turned her body 90 degrees on her own power .Resident 2 ' s medical documentation did not list any factors which would have reasonably indicated his cognitive function was so impaired that was not capable of committing a crime .based on the above evidence, I placed Resident 2 under arrest for: 261(a)(1) PC/664 PC - Attempted Rape of a Victim who is incapable of Giving Consent 220(a)(1) PC - Assault with Intent to Rape.</p>		