STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555381	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alameda Hospital D/P Snf	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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure one of two sampled residents (Resident 1) received services in the facility with reasonable accommodation of resident needs when Resident 1's Active Order for skin care precautions indicating foot cradle (a supportive frame placed at the end or side of a mattress to elevate bed linens and to keep blankets/bedclothes away from the feet or legs of the user) use was not put in place. This deficient practice resulted in Resident 1 not receiving the needed care, assistive device, and/or service as ordered.A review of Resident 1's Inpatient Information, printed on 5/19/26, indicated Resident 1 was admitted to the facility on [DATE] with multiple diagnoses that included dementia (memory loss), Cerebrovascular Accident (CVA, a stroke), and hemiplegia (muscle weakness on one side of the body, complete paralysis). A review of Resident 1's Minimum Data Set (MDS, an assessment tool used to guide care), dated 12/24/25, indicated Resident 1 was dependent (helper does all the effort of which the resident required total assistance from two or more helpers) on all activities of daily living (ADLs). A review of Resident 1's Active Orders, printed on 5/19/26, dated 4/7/26, indicated Skin care precautions.foot cradle. During an observation on 5/19/26, at 10:12 a.m., in Resident 1's room, Resident 1 was lying asleep in bed, bilateral arms out, and resident's body fully covered with a blanket from chest down to the feet. There was no foot cradle observed in place. During a follow-up observation and concurrent interview on 5/19/26, at 11:15 a.m., with Certified Nursing Assistant 1 (CNA 1), inside Resident 1's room, Resident 1's lower extremities were assessed. Resident 1 was noted with foot drop (inability to lift or move the foot) to bilateral feet and with dry, parched heels. CNA 1 stated Resident 1 would remain in bed for the rest of the day since Resident 1 had showered yesterday. During a concurrent observation and interview on 5/21/26, at 10:52 a.m., with the Director of Rehabilitation (DOR), in Resident 1's room, a foot cradle was attached to the end of the bed with a blanket over the supportive frame. DOR stated foot cradle was used to off-load pressure and promote resident skin integrity to the feet when the resident was in bed, especially with heavy blanket use. During an interview on 5/21/26, at 11:00 a.m., with CNA 2, CNA 2 stated Resident 1 did not have a foot cradle when she last worked with Resident 1 two weeks ago. During a concurrent interview and record review, on 5/21/26, at 11:25 a.m., with Nurse Manager 1 (NM 1), Resident 1's Active Order, dated 4/7/26, indicated skin care precaution.foot cradle. NM 1 stated foot cradle should always be in place when the resident remains in bed to keep the pressure off resident's legs, feet, toes, and sensitive skin. NM1 was unable to explain when asked why Resident 1 did not have a foot cradle while in bed when this writer visited on 5/19/26. A review of the facility Policy and Procedure (P&P) titled, Assistive Devices and Equipment, revised in November 2025, indicated, The facility and staff maintain and supervise the use of assistive devices and equipment for the residents.Certain devices and equipment that assist with resident mobility, safety, and independence are provided for residents. These may include (but are not limited to) .safety devices.cradles, splints, etc.) . The following factors are addressed to the extent possible to decrease the risks of avoidable accidents associated with devices and equipment.Staff practices - staff aware of the use of devices and equipment and are available to assist and supervise residents as needed.

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