STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555486	A. Building B. Wing	04/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alameda Healthcare & Wellness Center	430 Willow Street 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 0687 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate foot care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27406 Based on interview and record review, the facility failed to ensure one (Resident 1) of three residents received services to maintain good foot health when Resident 1 did not receive podiatry services for one year. The facility failed to obtain podiatry services which resulted in excessive toenail growth which resulted in a wound on the great right toe when the nails were trimmed. The wound on the right great toe developed a severe infection progressing to osteomyelitis (bone infection) and required hospitalization and antibiotic treatments. Findings: During a review of Resident 1's Admission Record, undated, the Admission Record indicated the facility admitted Resident 1 in 2016 with diagnoses which included dependency on a ventilator (breathing machine) due to respiratory failure, tracheostomy (artificial opening in the airway to facilitate breathing), inability to swallow correctly requiring feedings via a gastrostomy tube (GT, a surgically created opening through the abdomen to the stomach for direct administration of food, fluids, and medications), anoxic brain damage (brain damage as the result of lack of adequate oxygen to the brain cells), and generalized muscle weakness. The Admission Record indicated RP 1 had Durable Power of Attorney for healthcare decisions (the legal right and authority to make healthcare decisions for another person). During review of Physician's Progress Notes, dated 8/26/21, the Physician's Progress Notes indicated the podiatrist documented, patient has severely thick toenails no ulcers . nails trimmed and debrided. During review of Physician's Progress Notes, dated 9/1/22, by Podiatrist 1 (POD 1) the Physician's Progress Notes indicated, Saw pt (patient) for foot care and noticed bleeding from end of 1st R (right) toe .superficial size about 2.0 centimeters (cm) deeper area bleeding abt (about) 0.5 cm .long toenails .ulcer 1st R toe (with) some swelling/long toenails .nails trimmed and debrided ordered wound care and antibiotics will see about one week for follow up. (continued on next page)

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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F 0687 Level of Harm - Actual harm Residents Affected - Few	During a telephone interview on 10/28/22, at 4:30 p.m., with RP 1, RP 1 stated during a telephone conversation on 9/1/22 at 5 p.m., Licensed Vocational Nurse 1 (LVN 1) said the podiatrist had been to visit Resident 1, and that after the visit LVN 1 saw bleeding and a wound on Resident 1 ' s big toe; RP 1 went that evening to the facility to check Resident 1 ' s toe. RP 1 stated Resident 1 ' s right big toe had a visible hole and the toe looked mauled. During an interview on 10/31/22, at 1:30 p.m., with LVN 1, LVN 1 stated on 9/1/22, the podiatrist (POD 1) came to the facility and treated Resident 1. LVN 1 stated after the podiatrist had treated Resident 1, LVN 1 had gone into Resident 1 ' s room and noticed the bed linen was bloody at the foot of the bed. LVN 1 stated upon checking Resident 1 ' s foot, LVN 1 saw a bleeding wound which appeared to be a hole on the end of Resident 1 ' s big toe. LVN 1 stated LVN 1 had called Resident 1 ' s primary care physician (PHY 1), and family member (RP 1) to notify them about the new wound on Resident 1 ' s big toe. During an interview on 10/31/22, at 4 p.m., with POD 1, POD 1 stated he had noticed the end of Resident 1 ' s big toe bleeding when he went to trim Resident 1 ' s toenails. POD 1 stated he had ordered antibiotics and a treatment and had gone to the facility for a follow-up visit but Resident 1 was in the acute care hospital at that time. During a review of Resident 1 ' s physician orders active 9/11/22, there was an order dated 9/7/22, for a wound consultation. During an interview on 10/31/22, at 4:30 p.m., with the wound care physician (PHY 2), PHY 2 stated he was asked to complete a consultation on Resident 1 ' s right great toe wound, and the first evaluation was on 9/8/22. PHY 2 stated the wound appeared to be the result of an ingrown toenail (when the edge of the nail grows into the skin). PHY 2 stated he was aware POD 1 had seen Resident 1 and antibiotics were ordered. PHY 2 stated he observed Resident 1 ' s wound on 9/8/22, 9/29/22, 10/6/22, and 10/13/22. During a review of Resident 1 ' s Wound Assessment and Plan, by PHY 2, the following was indicated: 9/8/22: the wound type was ingrown toenail, and the treatment plan was to paint with betadine (a topical antiseptic that provides infection protection against a variety of germs), as Resident 1 had already been treated by the podiatrist and had completed a course of antibiotics. During a review of Resident 1 ' s, SNF (skilled nursing facility) Visit Note, dated 9/12/22, by Physician 3 (PHY 3), the Note indicated Resident 1 had been sent to acute care hospital the previous week for evaluation of abdominal distention and would be sent back to acute care hospital for evaluation of feeding intolerance and decreased respiratory function. (continued on next page)

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F 0687 Level of Harm - Actual harm Residents Affected - Few	During a review of Resident 1 ' s acute care hospital, Discharge Summary, date of service 9/21/22, the Discharge Summary indicated Resident 1 had been sent to the emergency department on 9/9/22 for a misplaced GT tube and constipation, when the great right toe wound was diagnosed as osteomyelitis. The Summary indicated Resident 1 was started on antibiotics and returned to the facility on ly to require transfer back to the emergency department on 9/12/22 for a small bowel obstruction (a blockage in the digestive system prevents passage of food/fluid) and septic shock (a serious condition that occurs when a body-wide infection leads to dangerously low blood pressure). The Summary indicated the same organism, methicillin-resistant staphylococcus aureus (MRSA, an antibiotic resistant bacteria) was the causative organism for both the right great toe wound and the blood stream infection. The Summary indicated Resident 1 was to have six weeks, until 10/26/22, of intravenous (IV, medications delivered directly into veins through a tube inserted through the skin into a vein) antibiotic therapy for the MRSA infections. During a review of Resident 1 ' s, SNF Visit Note, dated 9/21/22, by Physician 1 (PHY 1), the Note indicated Resident 1 was newly readmitted to the facility after an acute care hospital stay. PHY 1 Note indicated Resident 1 received treatment at the acute care hospital with IV antibiotics for an MRSA blood infection and the treatments would continue at the facility until 10/26/22. During a review of Resident 1 ' s nurse progress notes dated 9/21/22, the notes indicated Resident 1 was readmitted on [DATE] on IV antibiotics, including an IV antibiotic for treatment of the big toe. 49091 During an interview on 4/23/24, at 1:44 p.m., with Registered Nurse (RN) 2, RN 2 stated Resident 1 ' s right great toe still required treatments with betadine liquid (a topical antiseptic that provides infection protection) and gauze. During a review of Resident 1's document titled, My Foot Clinic, dated 3/1/24, the document indicated dry gangrene (death of body tissue due to loss of blood flow) and osteomyelitis (a serious bone infection) on Resident 1 ' s right hallux (big toe).

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. 27406 Based on interview and record review the facility failed to ensure the responsible party (RP 1) of one (Resident 1) of three residents consented to COVID-19 vaccination before vaccinating Resident 1. This failure resulted in denial of the right to refuse vaccination, and the vaccination caused swelling and probable pain, of Resident 1 ' s vaccinated arm. Findings: During a review of Resident 1's Admission Record, undated, the Admission Record indicated the facility admitted Resident 1 in 2016 with diagnoses which included dependency on a ventilator (breathing machine) due to respiratory failure, tracheostomy (artificial opening in the airway to facilitate breathing), inability to swallow correctly requiring feedings via a gastrostomy tube (GT, a surgically created opening through the abdomen to the stomach for direct administration of food, fluids, and medications), anoxic brain damage (brain damage as the result of lack of adequate oxygen to the brain cells), generalized muscle weakness. The Admission Record indicated RP 1 had Durable Power of Attorney for healthcare decisions (the legal right and authority to make healthcare decision for another person). During a review of the facility's Vaccination Administration Record (VAR) - COVID Immunization Consent Form, dated 5/3/22, the VAR Consent form Medical History section indicated Resident 1 had received a prior COVID-19 vaccination on 2/23/2022 and a second vaccination on 5/3/22. The Medical History section indicated a yes check mark in the box for the question, Do you have any chronic health conditions or are immunocompromised (impaired ability to fight infections and diseases)? The immunocompromised question was followed by the comment, If yes, list the conditions here, with hand-written words, COPD (chronic obstructive pulmonary disease, a disease which cause difficulty breathing), ventilator dependency. The date and signature in the Medical History section appeared to be the same signature as was in the area titled, Informed Consent: Mandatory Signature/Verbal Consent Required. During an interview on 10/28/22, at 4:30 p.m., with RP 1, RP 1 stated visitation had not been allowed for a while due to COVID-19, but visitation had been restarted during May 2022. RP 1 stated during a in-person visit with Resident 1 on 5/12/22, RP 1 noticed Resident 1 had a swollen arm and was unable to get an explanation for the cause of the swelling from staff. RP 1 stated the next day a nurse explained the swollen arm was a result of Resident 1 receiving a COVID-19 vaccination in the arm. RP 1 stated RP 1 had told the facility not to administer any vaccinations to Resident 1 in December 2021 due to Resident 1 ' s medical condition causing a decreased ability to fight infection. During an interview on 1/13/23, at 2 p.m., with the facility's Director of Nursing (DON), the DON stated the facility was made aware in December 2021 of Resident 1 ' s RP refusal to vaccinate Resident 1 due to Resident 1 ' s compromised immune system. (continued on next page)

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility policy and procedure (PNP) titled, COVID-19 Vaccination Program, dated 3/15/22, the PNP indicated, .Send educational materials provided by the vaccine provider to Residents, their families, responsible parties, legal representatives, and staff. Provide Emergency Use Authorization (EAU) forms, or Vaccination Information sheets (VIS) to residents (or their responsible party) and staff. Obtain general consent which can be given in-person, email, fax or phone.