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	08/08/2025

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. (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

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	08/08/2025

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on observation, interview and record review, the facility failed to provide a safe, functional, sanitary and comfortable environment for all residents, staff and the public when the following occurred:1. Facility was overcome with offensive odors from morning to late afternoon on four different days, (7/21-8/8/25).2. Facility did not provide a sufficient amount of clean linens to meet needs of all Residents. 3. Facility did not ensure fans in Station 2 and Laundry room were appropriately cleaned.This failure resulted in Residents feeling forgotten, staff feeling environment is dirty, and anxious about not having enough supplies to perform duties, and exposed the public to unwarranted, offensive odors. 1.During an observation and facility tour on 7/21/25, at 08:30 a.m., the facility smelled like urine and feces throughout all stations in facility. During an interview on 7/21/25, at 09:12 a.m., Resident 1 stated he had been at the facility about 1 month and stated occasionally the facility smelled like pee.During an observation and facility tour on 7/22/25, at 10:30 a.m., the facility smelled like urine and feces throughout all stations in facility. During an observation on 7/24/25, at 09:03 a.m. , station 3 bathroom had a foul odor.During an observation and interview on 7/24/25, at 09:18 a.m., with Maintenance Director (MTD), station 2 shower had a foul odor. MTD stated it was important to ensure facility did not have foul odors and the facility should smell good.During an observation and facility tour on 7/24/25, at 11:30 a.m., the facility smelled liked urine and feces throughout all stations in facility. During an interview and observation on 7/24/25, at 3:18 p.m., Responsible Party (RP) 1 was frustrated while attempting to ask a staff member to clean up urine on the floor near a resident room with foul odor noted. RP 1 stated maintenance and housekeeping staff did not respond to repairs and cleaning fast enough or at all. RP 1 stated they were very unhappy with housekeeping and were currently awaiting a staff member to clean urine off of the floor and remove the foul odor. RP 1 stated they feel staff do no respect family's wishes. During a review of facility's Policy and Procedure (P&P), dated 1/1/2012, titled, Resident Rooms and Environment, the P&P indicated, Facility Staff aim to create a personalized, homelike atmosphere, paying close attention to pleasant, neutral scents .Facility Staff work to minimize, to the extent possible, the characteristics of the Facility that reflecta depersonalized, institutional setting, including institutional odors.2.During an observation and interview on 7/21/25, at 09:39 a.m., Certified Nurse Assistant (CNA) 1 changed Resident 2's linens. CNA 1 stated there were not enough linen and towels most of the time, and they arrived to work early to take necessary linen and towels for each of their assigned residents and placed the linen in the residents' rooms before other CNA's arrived to do the same. During an interview on 7/21/25, at 4:43 p.m., MTD stated housekeeping staff (staff responsible for cleanliness, maintenance and aesthetic upkeep of patient care areas, public areas and staff areas) had a daily schedule to empty garbage, wipe high touch areas, sweep and mop each room daily. MTD stated there was no log for daily cleanings, only a daily schedule for each housekeeper. MTD stated he followed up and visited each room to confirm cleaning was completed by housekeeping staff. MTD stated he personally did not document daily room rounds (when a staff member visits each resident's room to review the resident's status) confirming rooms are clean or dirty after housekeeping staff complete tasks. During an observation and interview on 7/22/25, at 11:11 a.m., MTD stated they maintain linen and towel inventory. MTD stated they kept inventory based on observation, using numbers written on stored boxes. MTD was unsure when the last time he ordered more linens or towels. MTD stated backup inventory had not been used, and they were unsure of the exact inventory. MTD stated he had received complaints about lack of linen and towels from staff.During and interview on 7/24/25, at 10:15 a.m., CNA 2 and Licensed Vocational Nurse (LVN) 1 stated there were not enough linens and towels available for all residents for the last six months. CNA 2 and LVN 1 stated they had told the nursing supervisor and charge nurse that there was not enough linen and towels available for patient care. LVN 1 stated they had told MTD available linen and towels were not enough to meet residents' needs. CNA 2 stated lack of linen and towels delayed patient care. During an interview on 7/24/25, at 10:36 a.m., CNA 3 stated often times linen and towels were stained, ripped and not stocked adequately, preventing appropriate patient care. CNA 3 stated the Administrator (Admin) refused to order more linen despite complaints from staff of inadequate supply. CNA 3 stated there were constant odors throughout the facility, especially in the morning, due to many soiled residents, soiled linen and towels needing to be cleaned. CNA 3 stated linen and towel storage closets were typically empty by 9 a.m. and they did not get restocked until 2 p.m. During an interview on 7/24/25, at 11:01 a.m., CNA 2 stated there were never enough trash bags and they had placed several maintenance requests on the online facility reporting system. CNA 2 stated they had reported