

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555570	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2024
NAME OF PROVIDER OR SUPPLIER Oakland Heights Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2361 East 29th Street Oakland, CA 94606	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>45091</p> <p>Based on interview and record review, the facility failed to follow its policy and procedure to immediately report alleged abuse allegations to the California Department of Public Health (CDPH) within 2 hours, for one of one sampled resident (Resident 1), when Resident 1 alleged they were raped.</p> <p>This failure had the potential to cause a delay in investigations and affect physical and psychological well-being of resident 1.</p> <p>A review of Resident 1's Admission Record printed 4/11/24, indicated Resident 1 was admitted to the facility in 2024 with a diagnosis of Traumatic Subdural Hemorrhage without loss of consciousness (a type of bleeding near your brain that can happen after a head injury).</p> <p>During a review of Resident 1 ' s Nurses Note, dated 4/7/24, the note indicated, Resident 1 notified staff on 4/6/24 at 11:30 p.m., they were raped.</p> <p>During a review of Resident 1 ' s Report of Suspected Dependent Adult/Elder Abuse (SOC 341), dated 4/7/24, the SOC 341 indicated Resident 1 had an allegation of rape on 4/6/24 at 11:30 p.m. The SOC 341 indicated the report was faxed to CDPH on 4/8/24.</p> <p>During an interview on 4/11/24, at 2:29 p.m., with Administrator (APC) and Director of Nursing (DON), APC stated Resident 1 ' s alleged rape was first reported to CDPH by phone on 4/8/24 at approximately 4 p.m. DON stated it was important to report abuse allegations immediately and within 2 hours to appropriate agencies for resident safety.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Abuse Reporting and Investigation, dated 1/10/24, the P&P indicated, Policy . To promptly report all allegations of abuse as required by law and regulations to the appropriate agencies within the required time frames To ensure Resident ' s safety and well-being of the resident once admitted to the facility . All alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, shall be reported by APC/ Designee to local CDPH, LTC (long term care) Ombudsman and Local Law Enforcement either by telephone, email or in writing (SOC 341) immediately . within 2 hours after the allegation is made or reported, if the alleged violation involves abuse with or without serious bodily injury.</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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