STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555570	A. BUILDING _____ B. WING _____	**03/16/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
OAKLAND HEIGHTS NURSING AND REHABILITATION	**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)
F 0689 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to supervise one of two residents (Resident 1) while in the bathroom. This failure resulted in Resident 1 having pain after a fall from a standing position in the bathroom, and had the potential to result in serious injury. Findings: During a review of Resident 1's Admission Record, printed 1/17/2020, the Record indicated Resident 1 was admitted in 2019, with included [DIAGNOSES REDACTED]. ([MEDICAL CONDITION] are the result of abnormal electrical impulses in the brain, and can result in convulsive uncontrollable shaking.) During a review of Resident 1's Morse Fall Risk Screen (an assessment tool to identify presence of factors contributing to increased risk of falling), dated 12/10/19, the Screen indicated a score above 45 indicated the resident was a high risk for potential falls. The Morse Fall Risk Screen indicated Resident 1 had a fall risk score of 60. During a review of Resident 1's nursing care plan, titled, High risk for falls and injury, dated 12/11/19, the care plan indicated the goal was to prevent falls and injury, with the included interventions, initiated on 12/11/2019, Provide assistance needed with transfer and ambulation. Provide assistance needed in toileting and do not leave the resident unattended. During review of Resident 1's Minimum Data Set (MDS, an assessment tool used to guide care), dated 12/17/19, the MDS indicated Resident 1 needed extensive assistance from one person for transfers between surfaces, toilet use, and personal hygiene. The MDS indicated Resident 1 was at risk of falls. During a review of Resident 1's form titled, e-Interact Change in Condition Evaluation, dated 12/22/19, at 8:38 p.m., the form indicated Resident 1 was found seated on the floor, with her head resting on the bathroom wall. The form indicated Resident 1 said she had washed her hands, tried to turn, lost her balance, and fell . Resident 1 complained of left hip pain at a level of five out of ten (on a scale with zero equal to no pain, and a score of ten equal to the worst pain possible). During an interview on 1/17/20, at 11:30 a.m., with Resident 1, Resident 1 stated, I fell in the bathroom. Resident 1 stated Certified Nursing Assistant 1 (CNA 1) had left her standing in the bathroom while she washed her hands, in order to go fix Resident 1's bed. Resident 1 stated a visiting family member (FM 1) heard her fall, and found her laying on her side on the bathroom floor. Resident 1 said she told CNA 1 he should have been watching her, not fixing the bed. During an interview on 1/15/20, with FM 1, FM 1 stated she had been present when Resident 1 fell in the bathroom. FM 1 stated CNA 1 assisted Resident 1 into the bathroom, then came out of the bathroom, and asked FM 1 where to put Resident 1's dirty clothes. While CNA 1 was outside the bathroom, Resident 1 fell . During an interview on 2/20/20, at 11;23 a.m., with CNA 1, CNA 1 stated he had provided care for Resident 1 on 12/22/19. CNA 1 stated he assisted Resident 1 into the bathroom at her request, where she changed her clothes, then stood up to wash her hands. CNA 1 stated Resident 1 insisted he take her clothes to the dirty hamper, so he left Resident 1 in the bathroom alone. When CNA 1 returned after he put the dirty clothes in the hamper, he saw Resident 1 on the bathroom floor. During an interview on 1/22/20 at 11:04 a.m., with Director of Nursing (DON), the DON stated direct care staff was expected to read documents on resident care needs before providing care. The facility policy and procedure (P&P) titled, Falls Management Program, (undated), indicated, it is the policy of this facility to provide residents with a safe environment which is free from accident hazards as is possible. The facility will provide residents with adequate supervision and assistance device to prevent accidents.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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.