

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056479	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2020
NAME OF PROVIDER OF SUPPLIER ALAMEDA COUNTY MEDICAL CENTER D/P SNF		STREET ADDRESS, CITY, STATE, ZIP 15400 FOOTHILL BOULEVARD SAN LEANDRO, CA 94578	
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 F 0677	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, for one of three sampled residents (Resident 1), the facility failed to ensure Resident 1 received the necessary services to maintain personal hygiene. Resident 1 refused care from Restorative Nursing Assistant (RNA) 1 and Registered Nurse (RN) 1 and other facility nursing staff did not attempt to replace RNA 1 with another staff person to ensure Resident 1 received personal hygiene and repositioning. For Resident 1, this failure resulted in excessive body odor. Findings: Review of Resident 1's patient demographics sheet, printed 3/4/20, indicated Resident 1 was admitted to the facility with [DIAGNOSES REDACTED]. Review of Resident 1's most recent Minimum Data Set (MDS - a resident assessment tool used to guide care), printed 1/29/20, indicated Resident 1 was cognitively intact (had the ability to clearly think, reason, and remember). The MDS also indicated Resident 1 was totally dependent on the assistance of two or more staff persons for bed mobility (turning side to side, moving to and from a lying position), dressing, personal hygiene, and bathing. Review of Resident 1's ADL care plan, start date 9/16/19, indicated Resident 1 was unable to carry out Activities of Daily Living (ADLs such as bathing, hygiene, dressing, bed mobility and grooming). The goal was for Resident 1 to be clean and odor free. Resident 1's ADL care plan included the following interventions: a. Resident 1 required total assist of five staff members to assist with bed mobility, bathing, hygiene, and dressing; b. Team leader to coordinate with staff from other units for possible Certified Nursing Assistants (CNAs) to float to help with Resident 1's bed mobility, toileting, bathing and wound care. c. If Resident 1 resisted ADL care, staff would explain importance of ADL and give Resident 1 one step directions to aid in participation in ADL care, and; d. The care plan also indicated, .If (Resident 1) continues to resist, leave for a few minutes and try again later with another staff member. Document non-compliance and report to provider if it continues Review of the facility document Day Shift Assignment, dated 1/16/20, indicated Resident 1 required complete bed bath and mechanical lift (an assistive medical device that uses electric, hydraulic, or battery power to transfer patients from surface to another) lift for repositioning. The assignment sheet for the afternoon shift indicated Resident 1 required total care (staff performs the entire activity without participation by the resident). During an interview with Director of Nursing (DON) on 1/29/20, at 10 a.m., DON stated Resident 1 required a five-staff team to provide ADLs like repositioning, hygiene, and wound care. DON stated that on Tuesdays, Wednesdays, and Thursdays Resident 1 had a Restorative Nursing Aide (RNA - a CNA with specialized training in restorative nursing care that helps patients gain an improved quality of life by increasing their level of strength and mobility) program. DON stated Resident 1's five-staff team on Tuesdays, Wednesdays, and Thursdays consisted of the three RNAs in the building, Resident 1's assigned CNA, and Resident 1's assigned Registered Nurse (RN). DON stated the five-staff person team provided Resident 1 with personal hygiene, repositioning, and wound care while the three RNAs were in the room providing RNA program. DON stated on the other days of the week (Sunday, Monday, Friday, and Saturday) that Resident 1 did not have RNA program, three CNAs were floated from other units and added to Resident 1's assigned CNA and RN to make up the five-staff team. During an interview with Resident 1 on 1/29/20, at 12:42 p.m., Resident 1 stated he refused to receive care from RNA 1 on 1/15/20. Resident 1 stated that on 1/16/20, when he told RN 1 that he did not want RNA 1 to be in the team, RN 1 told him because he refused RNA 1, it was as though he was refusing the care provided by the whole team. Resident 1 stated the only thing he refused was for RNA 1 to enter his room, Resident 1 stated he did not refuse the care. Resident 1 also stated the facility did not offer to get another CNA from other units to replace RNA 1. Resident 1 stated he did not receive hygiene care for his back side or wound care for his sacrum (large triangular bone at the base of the spine) pressure ulcer (an injury to the skin and underlying tissue resulting from prolonged pressure on the skin). During an interview with Registered Nurse 1 (RN 1) on 1/29/20, at 12:15 p.m., RN 1 stated that on 1/16/20, Resident 1 told RN 1 that he did not want for RNA 1 to be in his room to provide care. RN 1 stated, because Resident 1 refused RNA that day, Resident 1 did not receive ADL care in the morning as scheduled. RN 1 also stated Resident 1 had told her to tell DON about his refusal of RNA 1. Review of Resident 1's Progress Notes, dated 1/16/20, written by RN 1 indicated Resident 1 said .tell them I am not refusing my care but I don't want that RNA (RNA 1) .per DON that if he is refusing RNA (RNA 1) meaning he is refusing RNA care and his morning care During an interview with Certified Nursing Assistant 1 (CNA 1) on 1/29/20 at 11:10 a.m., CNA 1 stated Resident 1 and his room would stink so one would know that Resident 1 refused the RNA. CNA 1 stated she continued to encourage Resident 1 to allow hygiene but CNA 1 stated she could not do it on her own, there had to be five people in the room. Review of Resident 1's Progress notes indicated the following: a. 1/22/20, Assigned CNA, RN 1, and RNA 1, RNA 2, and RNA 3 entered Resident 1's room To do his back care which is to clean his back body, wound care, and situate him in proper position after the care. Resident 1 refused and stated he did not want RNA 1. b. 1/22/20, Resident 1's room And resident had foul smell. c. 1/23/20, RNA 1, RNA 2, and RNA 3 were to enter Resident 1's room, Resident 1 refused. (Resident) aware his care requires five staff and by refusing (one RNA) his care cannot be provided at this time. d. 1/28/20, Resident 1 refused care after RNA 1, RNA 2, and RNA 3 entered the room to provide care. Will endorse to next shift to offer care. e. 1/29/20, RNA 1 arrived in Resident 1's room together with four other staff to provide care. Resident 1 refused care. Will endorse to next shift to offer care. During another interview with RN 1 on 1/29/20, at 1:01 p.m., RN 1 stated that after Resident 1 refused RNA 1, she did not coordinate with other units for them to float a CNA to replace RNA 1 so that ADLs would still be provided. RN 1 stated she received instructions from management that since Resident 1 refused RNA 1, Resident 1 was also refusing care from RNA 2 and RNA 3. RN 1 stated management had instructed her to relay the message to Resident 1 which she did. During an interview and concurrent review of Resident 1's care plan with Assistant Director of Nursing (ADON) on 1/29/20 at 1:12 p.m., ADON stated Resident 1's ADL care plan was not revised to reflect interventions for when Resident 1 refused RNAs. During interview with DON on 1/29/20 at 1:15 p.m., DON stated when Resident 1 refused care from RNA 1, staff did not offer to arrange for another CNA from other unit to help with care.</p>		
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.