STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555461	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marina Garden Nursing Center	3201 Fernside Blvd. 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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on interview and record review, the facility failed to ensure there was Registered Nurse (RN) coverage eight hours a day, seven days a week for five days. This failure had the potential to endanger the health and safety of residents. Findings: During a concurrent interview and record review on 11/20/2024 at 10:36 a.m. with the Administrator (ADM), Licensed Nurse Work Hours Spread Sheet, dated June 2023, was reviewed. ADM confirmed, there was no RN coverage 8 hours a day 7 days a week on 6/23/23, 6/26/23, 6/27/23, 6/28/23 and 6/29/23. During an interview on 11/20/2024, at 10:55 a.m. with the Director Of Nursing (DON), DON stated, it was important to have an RN available in the facility because, RNs are responsible for critical decision making. DON further added, RNs have a broader scope of practice like intravenous (IV- a device inserted into a vein to give fluids, medicine, or nutrients directly into the bloodstream) insertion in an emergency situation. During a review of the facility's policy and procedure (P&P) titled, Staffing, Sufficient and Competent Nursing, undated, the P&P indicated, .3.the facility will use the services of a registered nurse for at least eight (8) consecutive hours a day, seven (7) days a week.

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure medication was available to administer or given according to the physician's order for one of nine sampled residents (Resident 13) when Resident 13's Jardiance (medication used to help lower blood sugar levels) was not available for administration. This deficient practice had the potential for worsening of Resident 13's clinical condition. Findings: During a medication pass observation on 11/19/24 at 7:59 a.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 was observed preparing and administering six medications to Resident 13. These medications included one capsule of duloxetine (medication used to treat depression and anxiety), one tablet of hydrochlorothiazide (medication used to treat high blood pressure and used to reduce edema (fluid retention)), one tablet of valsartan (medication used to treat high blood pressure), one tablet of metformin (medication used to help lower blood sugar levels), one tablet of Eliquis (blood thinner medicine that reduces blood clotting), and levalbuterol (medication used to prevent or relieve the wheezing, shortness of breath, coughing, and chest tightness caused by lung disease such as asthma and chronic obstructive pulmonary disease (COPD a group of diseases that affect the lungs and airways). During a review of Resident 13's undated admission Record, printed on 11/20/24, the admission Record indicated, Resident 13 was admitted to the facility on [DATE] with multiple diagnoses, which included an admission diagnosis of type 2 diabetes mellitus (a disease that occurs when the body doesn't use insulin properly, resulting in high blood sugar levels), high blood pressure and pulmonary embolism (a blockage in a lung artery caused by a blood clot that has traveled from elsewhere in the body). During a review of Resident 13's Order Summary Report, dated 10/10/24, the Order Summary Report indicated Resident 13 had an order for Jardiance 25 milligrams (mg) one tablet in the morning for type 2 diabetes mellitus. During a concurrent observation and interview on 11/19/24 on 10:01 a.m. with LVN 1, LVN 1 opened the medication cart to check Resident 13's Jardiance medication supply. LVN 1 stated she can't find Resident 13's Jardiance medication supply inside the medication cart. LVN 1 stated Resident 13's Jardiance medication scheduled at 7:30 a.m. was not given. During a review of Resident 13's November 2024 Medication Administration Record, printed on 11/20/24, the November 2024 Medication Administration Record indicated Resident 13 did not receive the Jardiance medication at 7:30 a.m. on 11/19/24. LVN 1 documented in the administration note: Medication pending. Will follow up with pharmacy. During a review of Resident 13's Incident Note, dated 11/19/24, the Incident Note indicated Resident 13's Jardiance medication was not in the medication cart and was not given. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's policy and procedure (P&P) titled Medication Administration, dated 2007, indicated Medications are administered in accordance with written orders of the prescriber.

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to store, prepare, and distribute food in a safe and sanitary manner when: 1. There was no air gap (a gap of air between the floor and a drainpipe to prevent backflow of sewage into the equipment) for food preparation sink. 2. Pop-up toaster was not cleaned regularly and had buildup of black and brown debris inside the bottom surface. 3. Scoop was stored inside the rice grain container. 4. Open carton of powdered potatoes was not sealed. 5. Two chest freezers had crystallization (freezer burn) inside the compartment. These failures had the potential to cause food borne illnesses for 28 residents who received food from the kitchen for a facility census of 29. Findings: 1. During a concurrent observation and interview on 11/18/24 at 9:20 a.m. with the Dietary Manager (DM), DM indicated the two-compartment sink was used for both food preparation and dishwashing sink. DM stated, there was no air gap for the sink. DM further stated, it was important to have an airgap so that food being prepared in the sink does not get contaminated if there was a clogged pipe. During a concurrent observation and interview on 11/19/2024 at 11:15 a.m. with Maintenance Supervisor (MS), in the presence of Administrator (ADM), MS confirmed the drainpipe from the sink was connected directly into the wall. MS also stated, it is pumped directly into wastewater system/sewer. According to the 2017 Federal Food Code, a direct connection may not exist between the sewage system and a drain originating from equipment in which food, portable equipment, or utensils are placed. 2. During a concurrent observation and interview on 11/18/24 at 9:30 a.m. with Kitchen Staff (KS) 1, in the presence of DM, the pop-up toaster on the kitchen counter was dirty with black and brown debris in the inside bottom. KS 1 stated the toaster does not get cleaned regularly because there was no removable bottom tray for easy cleaning. DM confirmed the toaster was dirty and had debris accumulated inside. DM also stated the toaster should be cleaned after each use to prevent bacterial growth. During a review of the facility's policy and procedures (P&P), titled Operating & Cleaning Dietary Equipment, dated 2014, indicated under Cleaning Pop-Up Toaster: .5. Frequency of cleaning and sanitizing - daily after each use. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. During a concurrent observation and interview on 11/18/24 at 9:35 a.m. with DM, the rice scooper was stored inside the rice grain storage container. DM stated, the scooper should not be left inside the storage container after each use. DM further stated, the scooper can harbor bacteria and can contaminate the rice if left inside. During a review of the facility's P&P titled, Food Service Management, dated 2014, the P&P indicated, .e.3. Scooping utensils are not kept in contact with the food . 4. During a concurrent observation and interview on 11/18/24 at 9:40 a.m. with DM, one 3.55 pound carton of powdered potatoes was not sealed. DM stated the potatoes should have been sealed in a clear plastic container once opened. DM further added the unsealed carton of food can attract pests. During a review of the facility's P&P titled, Food Service Management, dated 2014, the P&P indicated, .e. Opened dry staples (such as flour and sugar) are stored in labeled containers of corrosion-resistant material with tight fitting lids . 5. During a concurrent observation and interview on 11/18/24 at 9:44 a.m. with DM, chest freezer 1 and chest freezer 2 had crystallization on the inside compartments. Chest freezer 1 had two bags of frozen French fries with freezer burn. DM stated freezer burn on food items meant freezers were not working properly. DM also added, the two bags of frozen French fries with freezer burn may be an indication that the food was thawed and re-frozen. During a telephone interview on 11/21/24 at 11:21 a.m., with the Registered Dietician (RD), RD stated, it was important to have an airgap between the sink and drain system to prevent water from flowing back into the sink. RD further added, without an airgap, there was risk that dirty water, like sewage, could flow back into the sink, contaminating the food being prepared. RD also stated, the toaster should be cleaned after each use. RD added, bacterial growth can occur on food particles inside the toaster if left unclean. RD noted, scoops left inside the rice storage container can pick up moisture, which can cause bacteria to grow. RD stated, dry staples such as powdered potatoes should be sealed properly because unsealed cartons can attract pests. Furthermore, freezer burns on food items affect food quality and texture because freezer burn is a sign that the food item has been defrosted and refrozen.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review the facility failed to maintain and observe infection control practices when: 1. Certified Nursing Assistant (CNA) 1 and Laundry Staff (LS) 1 were wearing face masks below their nose. 2. Laundry staff 1 did not perform hand hygiene prior to putting on gloves and after removing gloves during linen handling. These failures had the potential for cross contamination and spread of infections among residents and staff at the facility. Findings: 1(a). During an observation on 11/18/24 at 10:53 a.m. in the facility hallway, CNA 1 was wearing a face mask below the nose. During a concurrent observation and interview on 11/20/24 at 10:39 a.m. with CNA 1 in the facility hallway, CNA 1 was wearing a face mask below the nose covering the mouth. CNA 1 stated the face mask should cover the nose and the lips. CNA 1 stated wearing the face mask was protection for patients, staff, and visitors from getting a respiratory infection and contamination. 1(b). During an observation on 11/20/24 at 9:06 a.m. in the facility hallway, LS 1 was wearing a face mask below the nose. During a concurrent observation and interview on 11/20/24 at 9:39 a.m. with LS 1 in the laundry room, LS 1 was wearing a face mask below the nose covering the mouth. LS 1 stated the face mask should cover the nose and the mouth. LS 1 stated wearing a face mask was to protect her, the residents, and other employees from virus. During an interview on 11/21/24 at 11:36 a.m. with the Director of Nursing (DON), the DON stated wearing a face mask was mandated by the county. The DON stated all facility staff should wear a face mask. The DON stated the face mask should cover the nose and mouth to protect self and residents from any respiratory virus. During a review of undated facility's policy and procedure (P&P) titled, Personal Protective Equipment-Face Mask, the policy indicated, The use of face mask prevents transmission of infections agents through the air . Be sure that face mask covers the nose and mouth while performing treatment or services for the patient. 2. During a concurrent observation and interview on 11/20/24 at 9:27 a.m. with LS 1 in the laundry room, LS 1 was observed putting on white hair covering, blue disposable gown then proceeded to wear gloves on left and right hands without performing hand hygiene. LS 1 stated the hair covering, disposable gown and gloves were one time use. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 11/20/24 at 9:33 a.m. with LS 1 in the laundry room, LS 1 transferred the dry linen with her gloved hands from the dryer machine into the beige cart and pushed the cart into the linen room. LS 1 then transferred the wet linen with the same gloved hands from the washer into the stainless-steel cart and moved the wet linen into the dryer. LS 1 transferred the soiled linen with the same gloved hands from the yellow bin into the washer. During an observation on 11/20/24 at 9:37 a.m. with LS 1 in the laundry room, LS 1 removed her gloves, gown, and hair cover and discarded in the black garbage bin. LS 1 proceeded to enter the linen room and folded the dry linen without performing hand hygiene. During an interview on 11/20/24 at 9:39 a.m. with LS 1 in the laundry room, LS 1 stated hands should be sanitized before touching clean linen and after touching dirty linen to be protected from the virus, but the sanitizer was inside the supply room. LS 1 stated she should have washed her hands with soap and water at the sink. During an interview on 11/21/24 at 11:38 a.m. with the DON, the DON stated, hand hygiene should be performed before wearing gloves and after removing gloves when handling dirty linens. The DON stated hand hygiene served as precaution in contracting body fluids that was in the linen. The DON stated hand hygiene prevents the spread of infection or virus. During a review of undated facility's policy and procedure (P&P) titled, Handwashing/Hand Hygiene, the policy indicated, The facility considers hand hygiene the primary means to prevent the spread of infections . Perform hand hygiene before applying non-sterile gloves . Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap and water after removing gloves. During a review of undated facility's P&P titled, Laundry and Linen, Soiled, the policy indicated, Soiled laundry/linen shall be handled, transported, and processed according to best practices for infection prevention and control . All used laundry is handled as potentially contaminated using standard precautions (e.g., gloves and gowns when sorting) During a review of undated facility's P&P titled, Personal Protective Equipment-Gloves, the policy indicated, Use gloves when handling soiled linen . Wash hands after removing gloves.

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F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility had fifteen resident's rooms (1, 2, 3, 4, 5, 6, 7, 8, 10, 11, 12, 14, 15, 16, and 17) with multiple beds that provided less than 80 square feet (sq. ft) per resident who occupied these rooms. This deficient practice had the potential to result in inadequate space for the delivery of care to each of the residents in each room, or for storage of the residents' belongings. Findings: During an observation on 11/21/24, at 10:30 a.m., the following rooms and corresponding square footage (SQF) per bed were identified: room [ROOM NUMBER] had 2 beds, total SQF is 139.34 and SQF per bed is 69.67. room [ROOM NUMBER] had 2 beds, total SQF is 140.26 and SQF per bed is 70.13. room [ROOM NUMBER] had 2 beds, total SQF is 138.90 and SQF per bed is 69.45. room [ROOM NUMBER] had 2 beds, total SQF is 139.68 and SQF per bed is 69.84. room [ROOM NUMBER] had 2 beds, total SQF is 140.88 and SQF per bed is 70.44. room [ROOM NUMBER] had 2 beds, total SQF is 142.80 and SQF per bed is 71.40. room [ROOM NUMBER] had 2 beds, total SQF is 140.40 and SQF per bed is 70.20. room [ROOM NUMBER] had 2 beds, total SQF is 140.36 and SQF per bed is 70.18. room [ROOM NUMBER] had 2 beds, total SQF is 140.20 and SQF per bed is 70.10. room [ROOM NUMBER] had 2 beds, total SQF is 139.88 and SQF per bed is 69.94. room [ROOM NUMBER] had 2 beds, total SQF is 138.14 and SQF per bed is 69.07. room [ROOM NUMBER] had 2 beds, total SQF is 139.88 and SQF per bed is 69.94. room [ROOM NUMBER] had 2 beds, total SQF is 140.68 and SQF per bed is 70.34. room [ROOM NUMBER] had 2 beds, total SQF is 140.40 and SQF per bed is 70.20. room [ROOM NUMBER] had 2 beds, total SQF is 155.34 and SQF per bed is 77.67. (continued on next page)

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F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	During random observations of care and services from 11/18/24 to 11/21/24 there was sufficient space for the provision of care for the residents in all rooms. There was no heavy equipment kept in the rooms that might interfere with resident's care and each resident had adequate personal space and privacy. There were no complaints from the residents regarding insufficient space for their belongings. There were no negative consequences attributed to the decreased space and/or safety concerns in the fifteen rooms. Granting of room size waiver recommended. .