

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555767	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Bellaken Skilled Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2780 26th Avenue Oakland, CA 94601	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>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. This failure had the potential to endanger the health and safety of residents.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 11/06/24 at 11:52 a.m. with Payroll (PAYROLL), payroll data was reviewed for FY (Fiscal Year) Q3 (Quarter 3) 2023 (April 1 - June 30). Payroll confirmed there was no RN working on the following dates: June 2023: 6/3, 6/10 and 6/17.</p> <p>During an interview on 11/06/24 at 1:44 p.m. with the Director of Nursing (DON), DON stated, it was important to have RN coverage because they RNs have extensive training and scope of practice. DON further added, resident safety could be at risk without an RN available.</p> <p>During a concurrent interview and record review on 11/06/24 at 2:03 p.m. with the Administrator (ADM), staffing schedule was reviewed. ADM stated, there was no RN working on 6/3/23, 6/10/23 and 6/17/23.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Facility Staffing, (undated), indicated, The facility employees sufficient nursing staff to meet the needs of its residents, .3. Except when waived, the facility will use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.</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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