## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/03/2016 FORM APPROVED OMB NO. 0938-0391

STREET ADDRESS, CITY, STATE, ZIP CODE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ALAMEDA HEALTHCARE & WELLNESS CENTER  ALAMEDA HEALTHCARE & WELLNESS CENTER    MAIN   O				A. BOILDING		С	
ALAMEDA HEALTHCARE & WELLNESS CENTER    XAMEDA HEALTHCARE & WELLNESS CENTER   SUMMARY STATE, IP CODE	555486			B. WING			
ALAMEDA, CA 94501   (EACH DEPRICIENCY MIST BE PRECEDED BY FULL PREFIX TAG   PROVIDERS PLAN OF CORRECTION SHOULD BE (EACH DEPRICIENCY MIST BE PRECEDED BY FULL PREFIX PROVIDERS PLAN OF CORRECTION SHOULD BE (EACH DEPRICIENCY MIST BE PRECEDED BY FULL PREFIX PLAN OF CORRECTION ACTION SHOULD BE (EACH DEPRICIENCY MIST BE PRECEDED BY FULL PREFIX PLAN OF CORRECTION ACTION SHOULD BE (EACH DEPRICIENCY MIST BE PRECEDED BY FULL PREFIX PLAN OF CORRECTION OF ACTION SHOULD BE (EACH DEPRICIENCY MIST BE PRECEDED BY FULL PREFIX PLAN OF CORRECTION OF ACTION SHOULD BE (EACH DEPRICIENCY MIST BE PRECEDED BY FULL PREFIX PLAN OF CORRECTION OF ACTION SHOULD BE (EACH DEPRICIENCY MIST BE PRECEDED BY FULL PREFIX PLAN OF CATCHING PREFIX PROVIDERS PLAN OF CATCHING PREFIX PROVIDERS PLAN OF CATCHING PREFIX PLAN OF CAT	NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
NAI D   REFIX   REGULATORY ORLSC IDENTIFYING INFORMATION    FOOD   REGULATORY ORLSC IDENTIFYING INFORMATION    FOOD   REGULATORY ORLSC IDENTIFYING INFORMATION    FOOD   REGULATORY ORLSC IDENTIFYING INFORMATION    TAG   PREFIX   REGULATORY ORLSC IDENTIFYING INFORMATION    TAG   PREFIX   REGULATORY ORLSC IDENTIFYING INFORMATION    TAG   PROPERTY   REGULATORY ORLSC IDENTIFYING INFORMATION   REGULATORY ORLSC IDENTIFYING INFORM	ALAMED	A HEALTHCARE & W	/FLI NESS CENTER	0	430 WILLOW STREET		
FREERIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  FOOD  INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during the investigation of a complaint.  Complaint number: 485021.  Representing the Department: HFEN 33812.  The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.  One deficiencity was written as a result of complaint investigated and does not represent the findings of a full inspection of the facility.  One deficiencity was written as a result of complaint investigated and does not represent the findings of a full inspection of the facility.  One deficiencity was written as a result of complaint investigated and does not represent the findings of a full inspection of the facility.  One deficiencity was written as a result of complaint investigated and does not represent the findings of a full inspection of the facility.  Corrective action:  F441  NOV 1.  Corrective action:  F441  NOV 2.  Corrective action:  F441  NOV 1.  Corrective action:  Corrective action:  F441  NOV 1.  Corrective action:  F441  NOV 1.  Corrective action:  Corrective action:  F441  NOV 1.  Corrective action:  Checked entire facility for sip and blow call system devices in use by residents. No current residents utilizing sip and blow call system devices in use by residents. No current residents utilizing sip and blow call system devices in use by residents. No current residents utilizing sip and blow call system devices in use by residents. No current residents utilizing sip and blow call system devices in use by residents. No current residents utilizing sip and blow call system devices in use by residents. No current residents utilizing sip and blow call system devices in use by residents. No current residents utilizing sip and blow call system devices in use by residents. No current residents utilizing sip and blow call system devices in use by residents. No current residents under the proced	ALANILL	A IICACIIIOANE G	VELENTESS VENTER		ALAMEDA, CA 94501		
F 000 INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during the investigation of a complaint.  Complaint number: 485021.  Representing the Department: HFEN 33812.  The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.  One deficiency was written as a result of complaint investigated and does not represent the findings of a full inspection of the facility.  One deficiency was written as a result of complaint investigated and does not represent the findings of a full inspection of the facility.  One deficiency was written as a result of complaint investigated and does not represent the findings of a full inspection of the facility.  The facility must establish and maintain an infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) investigates, controls, and prevents infections in the facility.  (2) Decides what procedures, such as isolation, should be applied to an individual resident, and (3) Maintains a record of incidents and corrective actions related to infection.  (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must	(X4) ID						(X5)
The following reflects the findings of the California Department of Public Health during the investigation of a complaint.  Complaint number: 485021.  Representing the Department: HFEN 33812.  The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.  One deficiencity was written as a result of complaint: 485021.  F 441 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it (1) Investigates, controls, and prevents infections in the facility;  (2) Decides what procedures, such as isolation, should be applied to an individual resident, and (3) Maintains a record of incidents and corrective actions related to infections.  (b) Preventing Spread of Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must					TAG CROSS-REFERENCED TO THE APPROPRIATE		
determines that a resident needs isolation to prevent the spread of infection, the facility must Administrator and QA Committee for negative findings.	F 441	The following reflectalifornia Departminvestigation of a conception of a full of the findings of a full one deficiencity was complaint: 485021. 483.65 INFECTION SPREAD, LINENS The facility must esting the finding of the facility must esting of the prevent the of disease and infection Control of the facility must esting of the facility must esting of the facility; (2) Decides what pushould be applied to (3) Maintains a reconception of the facility; (2) Preventing Spread of the facility of the facility of the facility; (3) Maintains a reconception of the facility of the facility of the facility; (4) Preventing Spread of the facility of the facility of the facility of the facility; (5) Preventing Spread of the facility of the facility of the facility of the facility of the facility; (5) Preventing Spread of the facility o	cts the findings of the ent of Public Health during the omplaint.  485021.  Department: HFEN 33812.  Department: HFEN 338		this Plan of Correction does not constitudinission or agreement by the Provide the truth of the facts alleged or conclusive torth in this statement of deficiencing. The Plan of Correction is prepared, submitted and/or executed solely because required by the provision of federal astate law.  F441  Corrective action:  Other patients having the potential to be affected:  Checked entire facility for sip and blow system devices in use by residents. No current residents utilizing sip and blow system.  Systematic changes:  In-service sub-acute staff regarding cleprocedure on sip and blow calls system.  Monitoring process:  Sub-Acute Nursing Supervisor and Richard State State State State State Supervisor and Richard State Stat	ute er of ions es. use it ind  Call call aning n.	2016
prevent the spread of infection, the facility must negative findings.							
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE  (X8) DATE					AL PROPERTY CONTRACTOR OF THE PROPERTY OF THE	e ior	
	ABORATORY	DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	TITLE	-	(X8) DATE

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event/ID: H9MK11

Facility ID: CA020000043

If continuation sheet Page 1 of 4

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/03/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	F 10 S	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		555486	B. WING	4	C 10/27/2016
NAME OF PROVIDER OR SUPPLIER  ALAMEDA HEALTHCARE & WELLNESS CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 430 WILLOW STREET ALAMEDA, CA 94501	1 10/21/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
F 441	communicable dise from direct contact direct contact will tr (3) The facility mus hands after each dihand washing is indeprofessional practic (c) Linens  Personnel must ha	t prohibit employees with a ease or infected skin lesions with residents or their food, if ransmit the disease. t require staff to wash their irect resident contact for which dicated by accepted	F 441		
	by: Based on observat review for one of fo (Resident 1) the fact sanitary environme. Resident 1's sip and nurse call system a blowing into a straw colored debris on the tip). This failure had the infections. Findings: In a review of the m "Face Sheet" (resid diagnoses that inclu-	NT is not met as evidenced  tion, interview, and record ur sampled residents cility failed to maintain a nt.  d blow tip call light (blow tip - a ctivated by the resident y) had a build-up of brownish ne plastic mouthpiece (blow  potential to result in  tedical record Resident 1's ent information) showed uded Acute Respiratory Failure in fluid collects in the lungs' air			

DEPART	MENT OF HEALTH	AND HUMAN SERVICES				MB NO.	APPROVED 0938-0391	
TATEMENT OF DEFICIENCIES			(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMP	(X3) DATE SURVEY COMPLETED C	
		555486	B. WING			10/2	7/2016	
	ROVIDER OR SUPPLIER	VELLNESS CENTER		430	EET ADDRESS, CITY, STATE, ZIP CODE WILLOW STREET AMEDA, CA 94501			
(X4) ID PREFIX TAG	SUMMARY STA	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX.	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	(X5) COMPLETION DATE	
F 441	Dependence (dependence) machine that funct Complete Quadrip total loss of use of According to the Nof the most a serion a ventilator is por both sides of the fungs to fill www.nhlbi.nih.gov.  During an observate Resident 1 had a had a build-up of In an interview or of Maintenance (I call light for Resident 1 had a had a build-up of Was not responsite call light device Respiratory or Not During an interview or blow tip of Resident 1 had a had a build-up of I call light for Resident 1 had a had a build-up of Maintenance (I call light for Resident 1 had a had a build-up of Maintenance (I call light for Resident 1 had a had a build-up of Maintenance (I call light for Resident 1 had a had a build-up of Maintenance (I call light for Resident 1 had a had a build-up of Maintenance (I call light for Resident 1 had a had a build-up of Maintenance (I call light for Resident 1 had a had a build-up of Maintenance (I call light for Resident 1 had a had a build-up of Maintenance (I call light for Resident 1 had a had a build-up of Maintenance (I call light for Resident 1 had a had a build-up of Maintenance (I call light for Resident 1 had a had a build-up of Maintenance (I call light for Resident 1 had a had a build-up of Maintenance (I call light for Resident 1 had a had a build-up of Maintenance (I call light for Resident 1 had a had a build-up of Maintenance (I call light for Resident 1 had a had a build-up of Maintenance (I call light for Resident 1 had a had a build-up of Maintenance (I call light for Resident 1 had a had a build-up of Maintenance (I call light for Resident 1 had a had a build-up of Maintenance (I call light for Resident 1 had a had a build-up of Maintenance (I call light for Resident 1 had a had a build-up of Maintenance (I call light for Resident 1 had a had a build-up of Maintenance (I call light for Resident 1 had a had a build-up of Maintenance (I call light for Resident 1 had a had a build-up of Maintenance (I call light for Resident 1 had a had a build-up of Maintenance (I call light for Resident	organs of oxygen), Ventilator endence on a breathing tions in place of the lungs), degia (paralysis that causes a the limbs and torso).  Ilational Institutes of Health, one ous and common risk of being oneumonia (an infection of one le lungs that causes the air sacs up with fluid or pus) [Reference: r].  In the limbs and torso).  It is the limbs and torso).  It is the limbs and torso in the blow tip call light. The blow tip brownish colored debris.  In 6/9/16 at 11:40 a.m., the Head HM) said he installed the special dent 1 who could not use his to paralysis. The HM said he ble for cleaning the blow tip of the ce, but thought that either cursing Services cleaned it.  It is call light. LVN1 also said Respiratory (therapist) or the HM for keeping the blow tip clean,	d	441				

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391

IDENTIFICATION NUMBER:    S55486   A. BUILDING	TATEMENT	ERS FOR MEDICARE & MEDICARD SERVICES ENT OF DEFICIENCIES (X1) PROVIDENCIPAL IMPEDIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  ALAMEDA HEALTHCARE & WELLNESS CENTER  SIMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 441  Continued From page 3  During an interview on 6/9/16 at 12:45 p.m., Respiratory Supervisor (RS), said she noticed a buildup of debris on Resident 1's blow tip, but did not clean it or discuss care of it with Nursing or Maintenance Services.  During an interview and concurrent record review on 6/9/16 at 1:15 p.m., the Director of Nursing (DON) said there was no care plan to guide staff in the care and cleaning of Resident 1's blow tip but to device. DON also said the manufacturer's instructions for use (IFU) were not available to any of the staff as a reference in the proper cleaning care of Resident 1's blow tip.  In a telephone interview on 6/13/16 at 3:30 p.m., the DON said the facility did not have a copy of	ND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILD	ING _		1	
ALAMEDA HEALTHCARE & WELLNESS CENTER    X4) ID   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   DEFICIENCY)			555486	B. WING			10/2	27/2016
(X4) ID PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  F 441  Continued From page 3  During an interview on 6/9/16 at 12:45 p.m., Respiratory Supervisor (RS), said she noticed a buildup of debris on Resident 1's blow tip, but did not clean it or discuss care of it with Nursing or Maintenance Services.  During an interview and concurrent record review on 6/9/16 at 1:15 p.m., the Director of Nursing (DON) said the buildup in the blow tip was a high risk for infection and should be cleaned. The DON said there was no care plan to guide staff in the care and cleaning of Resident 1's blow tip device. DON also said the manufacturer's instructions for use (IFU) were not available to any of the staff as a reference in the proper cleaning care of Resident 1's blow tip.  In a telephone interview on 6/3/16 at 3:30 p.m., the DON said the facility did not have a copy of					430	O WILLOW STREET		
During an interview on 6/9/16 at 12:45 p.m., Respiratory Supervisor (RS), said she noticed a buildup of debris on Resident 1's blow tip, but did not clean it or discuss care of it with Nursing or Maintenance Services.  During an interview and concurrent record review on 6/9/16 at 1:15 p.m., the Director of Nursing (DON) said the build-up in the blow tip was a high risk for infection and should be cleaned. The DON said there was no care plan to guide staff in the care and cleaning of Resident 1's blow tip device. DON also said the manufacturer's instructions for use (IFU) were not available to any of the staff as a reference in the proper cleaning care of Resident 1's blow tip.  In a telephone interview on 6/13/16 at 3:30 p.m., the DON said the facility did not have a copy of	(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPRIES	D BE	COMPLETION
	F 441	During an interview Respiratory Super buildup of debris of not clean it or discondinate and interview on 6/9/16 at 1:15 (DON) said the burisk for infection a DON said there with a care and clean device. DON also instructions for us any of the staff as cleaning care of Fundamental In a telephone into the DON said the	v on 6/9/16 at 12:45 p.m., visor (RS), said she noticed a n Resident 1's blow tip, but did uss care of it with Nursing or ices.  w and concurrent record review o.m., the Director of Nursing sild-up in the blow tip was a high and should be cleaned. The as no care plan to guide staff in hing of Resident 1's blow tip to said the manufacturer's e (IFU) were not available to a reference in the proper Resident 1's blow tip.  erview on 6/13/16 at 3:30 p.m., facility did not have a copy of		441			