

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055169	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2025
NAME OF PROVIDER OR SUPPLIER Jewish Home & Rehab Center D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 302 Silver Avenue San Francisco, CA 94112	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>(continued on next page)</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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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to report three of 11 allegations of abuse within two hours, to the California Department of Public Health (the Department). This failure had the potential to leave residents vulnerable to further abuse. 1. Two intakes of the same allegation, sent 2 different dates. Cross reference to Incident 2303945 (CA0092790) and 2303946 (CA00928621) A review of Form SOC 341 Report of Suspected Dependent Adult/Elder Abuse with completed date 10/31/24, indicated, Resident 1 alleged that two Certified Nursing Assistants (CNAs) were handling him roughly while changing his bedsheets on 10/29/24. nurse conducted skin and pain assessment. denied any pain and no noted skin injury. Both CNAs were immediately suspended pending investigation. DPOA, MD, CDPH, Ombudsman, SFPD were notified of incident. facility conducting investigation of this incident. A review of admission Record, dated 7/23/25, indicated, admitted on [DATE] with diagnoses including: Traumatic Subdural Hematoma (a bleeding caused by head trauma), Diabetes Mellitus (high blood sugar), Cognitive Communication Deficit, Spinal Stenosis (narrowing of spine causing pressure on the nerve). Patient discharged to home on [DATE]. Not able to interview the patient, has been discharged [DATE]. During an interview on 7/23/25 at 12:33 PM, with RN Unit Supervisor, per Unit supervisor, the TCC (Transitional Care Coordinator) reported to Unit Supervisor and DON that resident and wife, present for a care conference, reported that he was rough handled by 2 CNAs on 10/29/24 at 6 PM. SOC was completed by TCC. Per Unit Supervisor, she notified CDPH and Ombudsman by phone at 1:20 PM. Both CNAs were asked to come to sign administrative leave pending investigation. They were not scheduled until cleared to work. Abuse training is done annually and alleged abuser will be trained by Dept of Education 1:1 before they are reinstated to work. Abuse training is also done as per needed basis. Reporting is done immediately and within 2 hours to report alleged abuse. Review with Unit Supervisor of SOC and Investigation Summary dates, RN confirmed the dates are off and late for the 10/30/24 allegation of abuse. During an interview on 7/23/25 at 1:29 PM, with Transitional Care Coordinator (TCC), per TCC wife present during the care conference on 10/30/24, and brought up the allegation of 2 CNAs rough handling on 10/29/24 at 6 PM. Then TCC reported this to Unit Supervisor and DON, as he was new at that time. Per TCC, he started work 9/7/24, orientation included Abuse training within 2 weeks, does not remember the date. Per TCC he completed the SOC, first time to complete the form and knows reporting in 2 hours. TCC confirmed the SOC 341 for this resident is not within 2 hours of reporting protocol. Review of the transmission page of SOC 341, indicated, date: Fri 11/1/24 at 7:17 AM. Confirmed with CDPH office, regarding phone message notification, per office staff, no phone message left on 10/30/24. A form 802 is generated when voice message reports are retrieved. No form 802 found. During an interview on 7/23/25 at 10:00 AM, with Director of Education (DOE), per DOE, during orientation, Abuse reporting, prevention, Identification is given 2 times a year. During incidents of Abuse, the alleged staff is given Focus Inservice on the abuse - 1:1 inservice. Online classes for training, as everyone is mandated reporter. Stressed to then Abuse is a crime. Our Policy and Procedure on reporting timeframe is within 2 hours to report and complete the SOC 341. The staff involved are put on administrative leave pending investigation. The investigation is started by the reporter, supervisor or DON and Abuse Coordinator is notified. Anyone can file an SOC. The Social Workers check in on patients providing psychosocial support. Nursing monitoring the patient for emotional distress. The summary of investigation is completed by Supervisors or managers and reviewed by Abuse Coordinator. Human Resources is aware of suspension for staff involved in the abuse incident. Police is notified and they come to investigate and a nurse supervisor comes with the Officer to take the report from them. We have 5 business days to send to CDPH the summary of investigation. Review of employee file for CNA 1, CNA certificate number CNA00458104, expires 4/10/2026, active. Employee acknowledgement of Elder Abuse /Reporting - 2/28/22, Abuse, Neglect and Exploitation in the Elder Care 6/24/24. 1:1 Focused Inservice 10/31/2024. on 1/2/15 - Abuse prevention and reporting inservice. Review of employee CNA 2, CNA certificate no. 01240332 expires 5/30/27, active. Abuse Prevention and Reporting -10/2/2024, 1:1 Focused service on Elder Abuse Prevention and Reporting -10/31/24, on 1/28/25 Mandatory Abuse Prevention and Reporting. Not able to interview the 2 staff, not working that time of investigation. 2. Review of SOC, Report of Suspected Dependent Adult/Elder Abuse, date completed 11/8/24, allegation from Resident 2 on November 8, 2024, that a staff member was verbally rude to her on November 6, 2024. Patient denies any physical contact with the staff member. SOC form did</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on interview and record review, the facility failed to report the result of investigations to the State Survey Agency (SSA) within 5 working days of the incident for four (4) of 12 residents' (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) abuse allegations .Resident 1 alleged 2 CNAs rough handling during change of bedsheet on 10/29/24Resident 2 alleged 1 CNA on 11/5/24 was aggressive and said get up by yourself, walk by yourselfResident 3 alleged a nurse on the night of 8/27/24 was rude, harsh, and hit her. Resident 5 went to Resident 4's room, grabbed his face and pushed it back.This failure may cause delay in taking all necessary actions to protect the residents and prevent further occurrences.1. Review of Resident 1's document titled, Report of Suspected Dependent Adult/Elder Abuse, known as SOC (State of California) 341, with a completed date of 10/31/24, indicated, an allegation of staff to resident abuse was reported to law enforcement on 10/30/24, to Ombudsman on 10/30/24, California Department of Public Health on 10/31/24. The SOC 341 indicated, staff reports alleged patient abuse reported on 10/30/24 from patient's wife that 2 CNAs were handling him roughly while changing his bedsheets on 10/29/24.</p> <p>Review of the facility's Fax Cover sheet indicated, the facility faxed the Abuse Allegation Investigation - 5 day Follow -Up (result of investigation) to CDPH on 11/9/2024 at 8:20 AM.</p> <p>2. Review of Resident 2's document titled, Report of Suspected Dependent Adult/Elder Abuse, known as SOC (State of California) 341, with a completed date of 11/08/24, indicated, an allegation of staff to resident abuse, no indication of reported to : law enforcement, Ombudsman, California Department of Public Health. The SOC 341 indicated, on 11/8/24 Resident 2 alleging that a staff member was verbally rude to her on 11/6/24.</p> <p>Review of the facility's Fax Cover sheet indicated, the facility faxed the Abuse Allegation Investigation - 5 day Follow -Up (result of investigation) to CDPH on 11/9/2024 at 11:27 AM.</p> <p>3. Review of document titled, Report of Suspected Dependent Adult/Elder Abuse, known as SOC (State of California) 341, with a completed date of 8/28/24, indicated, an allegation of staff to resident abuse was reported to the law enforcement, California Department of Public Health (CDPH), and Ombudsman on 8/28/24. The SOC 341 indicated, on 8/27/24, a night nurse was rude, harsh and hit Resident 3.</p> <p>Review of the facility's Fax Cover Sheet indicated, the facility faxed the Abuse Allegation Investigation - 5 Day Follow-Up (result of investigation) to CDPH on 9/6/24 at 10:56 AM.</p> <p>4. Review of the Resident 4 and Resident 5's SOC 341 report, with a completed date of 9/9/24, indicated, an allegation of resident to resident altercation was reported to the law enforcement, CDPH, and Ombudsman on 9/9/24. The SOC 341 indicated, on 9/9/24 at 1:20 PM, Resident 5 went to Resident 4's room, grabbed his face and pushed it back.</p> <p>Review of the facility's Fax Cover Sheet indicated, the facility faxed the Abuse Allegation Investigation - 5 Day Follow-Up to CDPH on 9/17/24 at 9:53 AM.</p> <p>During an interview on 7/23/25 at 3:50 PM, the Administrator stated the 5-Day Follow-Up (result of investigation) should be reported to the state agency within five working days of the incident.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility's policy and procedure titled, Abuse, Neglect, Exploitation, Mistreatment, and Misappropriation of Resident Property, revised 08/2024, indicated, .Compliance: . 7. Reporting/Response: It is the policy of the [SNF Name] to report all abuse allegations to the administrator/designee, California Department of Public Health, San Francisco Police Department if appropriate, Ombudsman, and any other required agencies . f. The administrator will follow up with government agencies to confirm the initial report was received and to report the results of the investigation when final within 5 working days of the incident as required by state agencies .</p>		