

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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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 08/08/2025
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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, interview, and record review, the facility failed to ensure the environment of one of one sampled resident (Resident 1) was free of potential accident hazards (falls and injuries from a lift) when they transferred Resident 1 in a lift to a commode and left her hanging a foot above the commode for several hours several times per day rather than lowering her to the toilet seat of the commode as instructed in the manual from the manufacturer (Invacare). Although Resident 1 chose this procedure and staff came to check on her while she was hanging from the lift, this does not prevent: the lift from failing; Resident 1 from falling; Resident 1 from injury; the facility from responsibility for Resident 1's safety. Findings: In an interview and record review with SN 1 on 8/8/25 at 10:45 a.m., SN 1 stated Resident 1 was admitted to the facility (over 10 years ago). SN 1 said Resident 1 was dependent on staff to turn and reposition her in bed, transfer her to a commode or wheelchair, and feed her. In an interview with SN 2 on 8/8/25 at 11:41 a.m., SN 2 said Resident 1 takes a shower in a chair with a seat like a commode and can sit in the shower chair for 30 minutes. SN 2 stated Resident 1 likes to hang over the commode in the sling of the lift for one to one and a half hours three times a day at 7 a.m., 10 a.m., and 7 p.m. In an interview with SN 3 on 8/8/25 at 11:35 a.m., SN 3 stated Resident 1 is fully dependent on staff and two people transfer her in the lift from her from her bed to the commode. SN 3 stated she hangs in the air sitting in the sling about one foot above the seat of the commode. SN 3 stated she hangs in the sling several times a day for up to one hour. Her preferred times to do this are at 7 a.m., 11 a.m. and 3:30 p.m. SN 3 said staff check on her and she lets them know when she is ready to go back to bed with a voice activated call light. In an interview with SN 2 and SN 4 on 8/8/25 at 2:33 p.m. SN 4 said Resident 1 called 911 last week because she said she was hanging in the sling too long. SN 4 said the police explained why she should not call them for this. SN 2 stated Resident 1 calls a family member who then calls SN 2 to complain that Resident 1 is hanging over the commode for too long a period. SN 2 said often Resident 1 does not have a bowel movement each time she hangs in the sling over the commode. In a discussion with SN 2 and SN 4 regarding the safety and responsibility issues of using a lift that was not designed to dangle a resident 12 inches above the seat of a commode for one to two hours three times a day, they said they understood these issues. In an observation and interview with Resident 1 on 8/8/25 at 4:30 p.m., there was a lift against the wall on the left at the entrance to the dark room. Resident 1 was in bed covered neatly with blankets. Only her face from her forehead to her lower lip could be seen. She talked about her concerns and mentioned dangling in the lift over the commode. When told by the surveyor that it was a safety issue, she said she was not concerned. She stated she was concerned staff broke her phone four times. In an interview with SN 5 on 8/8/25 at 3:03 p.m. regarding the safety and facility responsibility issues discussed above with SN 2 and SN 4, SN 5 was asked to provide documents that the manufacturer of the lift approves the manner in which they are using it for Resident 1. SN 5 stated the paperwork would be provided by the end of the day. On Friday, 8/8/25 at 5:03 p.m., three paper documents were received. The first was a 2/11/24 (revised 6/1/24) Care Plan Report that indicated under Interventions/Tasks, Per (Resident 1's) preference, she can be left while up on hoyer lift and toileting over a commode. Checked regularly by staff. (Resident 1) will give CNA time when to be back. The second document received was a 7/23/24 Nurse Note that indicated Resident 1 requested to be up in commode at (2:30 p.m.), she usually prefers to stay in hoyer lift for an hour. The third document received was a 10/18/24 Nurse Note that indicated at (10 a.m.) to request to be put to commode and hang via hoyer lift. There were no documents from the manufacturer of the lift as requested. At 5:05 p.m. on 8/8/25, SN 2 and Staff 1 were told (as SN 4 and SN 5 had left for the day) that unless the facility can provide documentation from the manufacturer that the lift can be used the way it is used by Resident 1 they would be cited. Staff 1 stated correspondence would be sent via email on Monday morning, 8/11/25. On 8/13/25 at 10:59 a.m., an email was sent to SN 4 and SN 5 regarding information from the manufacturer. A response was received from them at 11:33 on 8/14/25 that included a copy of the manual for the Invacare lift. A review of this manual, the Invacare/Reliant 450/600 Battery Powered Patient Lift User Manual (copyright 2022) indicated on page 40, 8. 1.1, Transferring to a Commode Chair, 2. Lift the patient from the bed . 3. Note the patient should be elevated high enough to clear the commode chair arms and have his/her weight supported by the patient lift. 4. With the help of both assistants, guide the patient onto the commode chair. 5. Lower the patient onto the commode chair, and leave the sling attached to the hanger bar hooks. 6. When complete, recheck for correct attachments and then raise the patient off the commode chair. On 8/25/25 at 11:18 a.m. an email was</p>		