

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 10/03/2025
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 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. (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

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 10/03/2025
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 0686 Level of Harm - Actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, facility staff failed to provide pressure injury services for one of three sampled residents, Resident 1. The facility failed to: 1. Accurately monitor and evaluate Resident's 1's pressure injuries. 2. Revise treatment plans to promote healing of pressure injuries (any lesion caused by unrelieved pressure that results in damage to the underlying skin- see full definition below). 3. Evaluate and monitor the impact of interventions to prevent new pressure injuries from developing. 4. Implement, monitor and modify interventions to attempt to stabilize, reduce or remove underlying risk factors. These failures resulted in Resident 1 developing new Moisture Associated Skin Damage (a type of skin irritation or damage caused by prolonged exposure to moisture) on Coccyx (small triangular bone at the base of the spinal column), a Stage II pressure injury on the Coccyx, new open lesions (tissue which has suffered damage through injury or disease,) on both rear (the back part of the thigh) thighs, and a Stage III pressure injury on the left heel.</p> <p>Definition of pressure injuries Stage I: Intact skin with a localized area of non-blanchable redness (non-blanchable: redness persists and does not fade or turn white after removal of fingertip pressure). Stage II: Partial thickness loss of skin with exposed upper skin layer. The wound bed is pink. May also present as an intact or ruptured blister. Fat tissue and deeper tissues (muscle, tendons, bone) are not visible. Stage III: Full thickness loss of skin, in which the subcutaneous fat (a type of body fat that is stored just beneath the skin) may be visible. Slough (Yellow/white dead tissue) and/or eschar (black dead tissue) may be visible but does not obscure the depth of tissue loss. The depth of tissue damage varies by location. Stage IV: Full thickness skin and tissue loss with exposed muscle, tendon, ligament, cartilage or bone in the wound. Unstageable pressure injury: Full thickness skin and tissue loss in which the extent of tissue damage cannot be confirmed because the wound bed is obscured by slough or eschar. Deep Tissue Injury (DTI): Intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration due to damage of the underlying soft tissue. This injury results from intense prolonged pressure at the bone-muscle connection. The wound may evolve rapidly to reveal the actual extent of tissue injury. Diabetic (a person who has high blood sugar levels) Foot Ulcer: Open sores that develop on the feet of people with diabetes. During a review of Resident 1's admission Record (document containing a resident's essential demographic, medical, and personal information), (undated), the admission Record indicated, Resident 1 was admitted to the facility on [DATE] with multiple diagnosis including: Hemiplegia (loss of muscle function or weakness on one side of the body) and Hemiparesis (weakness affecting one side of the body) following Cerebral Infarction (a condition where blood flow to the brain is interrupted) affecting right dominant side, Monoplegia (a type of paralysis that affects only one limb) of upper limb following Cerebral Infarction affecting non dominant side, Dysarthria (a motor speech disorder that affects the muscles controlling speech), Type 2 Diabetes Mellitus (a chronic condition where the body does not use insulin effectively) with diabetic peripheral angiopathy (a complication of diabetes that damages the blood vessels in the legs, feet, and arms) without gangrene (a condition where tissue dies due to a lack of blood supply), muscle weakness, peripheral vascular disease (a condition that affects the blood vessels outside the heart and brain), muscle spasms (sudden, involuntary contractions of muscles), and difficulty walking. A review of Resident 1's Minimum Data Set (MDS: a standardized resident assessment tool), dated 08/12/2025, the Minimum Data Set indicated, a Brief Interview of Mental Status assessment (BIMS, a brief memory test to help determine memory, thinking, learning, and decision making ability: a score of 15-13 = intact memory/reasoning; a score of 12-8 = moderate impairment in memory/reasoning; a score of 7-0 = severe impairment in memory/reasoning) was completed. Resident 1 scored 15 out of 15, this indicated Resident 1 had intact memory/reasoning. Resident 1's MDS also indicated limitations in range of motion (the extent of movement possible at a joint) that included impairments on one side of her upper extremities (shoulder, elbow, wrist, hand), impairments on both sides of her lower extremities (hip, knee, ankle, foot), and was completely dependent (staff does all of the effort) for toilet hygiene (the ability to maintain perineal [the area of skin located between the anus and the genitals] hygiene, adjust clothes before and after urinating or having a bowel movement), Shower/bathing, and both upper and lower dressing. During a record review on 9/16/2025 at 11:23 AM with Medical Records (MR) 1, Resident 1's Skin Check- V12 dated 11/25/2024 was reviewed. The Skin Check- V12 indicated, Resident 1 was admitted with these skin injuries: Right dorsum (back or top) 2nd digit (second toe) amputation (the surgical removal of a body part) site Right Diabetic Foot Ulcer size= (initial measurement not documented) Right Heel Diabetic</p>		