STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055169	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jewish Home & Rehab Center D/P Snf	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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure two of four sampled residents (Residents 2 and 332) were free from unnecessary psychotropic medications (drugs that affect brain activities associated with mental processes and behavior) when:1. For Resident 2, there was no specific target behavior monitoring for the use of Olanzapine (an antipsychotic medication).2. a. For Resident 332, the order for Lorazepam (medication used to treat anxiety) PRN (as needed) did not have a stop date, and b. Lorazepam PRN was administered without behavior exhibited.These deficient practices had the potential for Residents 2 and 332 to receive unnecessary psychotropic medication, be exposed to adverse health consequences from the medication, which could negatively impact the resident's mental, physical, and psychosocial well-being.1. Resident 2 was admitted on [DATE] with diagnoses that included vascular dementia (refers to changes to memory, thinking, and behavior resulting from conditions that affect the blood vessels in the brain) with psychotic disturbance [behavior that can include hallucinations (seeing, hearing, or feeling things that are not there) and delusions (persistently thinking things that are not true e.g. caregivers are stealing, intruders are in the house, or deceased loved ones are alive)].Review of Resident 2's Order Summary Report (OSR) for the month of February 2026 indicated, .Olanzapine Tablet 5 mg (milligram) Give 1 tablet by mouth at bedtime for psychotic symptoms.Order Start Date [DATE].Review of Resident 2's Medication Administration Record (MAR), dated [DATE] to [DATE] and [DATE] to [DATE] indicated, .Behavior Monitoring for Olanzapine: Episodes of verbalization of delusional thinking.Review of Resident 2's care plan indicated, .Focus: Resident 2 is at risk for altered thought processes and behavioral instability related to psychotic symptoms (delusional thinking) requiring antipsychotic (Olanzapine) therapy.Interventions.Monitor for changes in thought content, hallucinations, delusions.During a concurrent interview and record review on [DATE] at 11:17 AM with Licensed Vocational Nurse (LVN) 1 , Resident 2's OSR, MAR, and behavioral care plan were reviewed. LVN 1 acknowledged the clinical records did not indicate the specific target behavior symptoms to be monitored for the use of Olanzapine, and stated, It's general. It should be specific because there are different kinds of delusions and hallucinations.During an interview on [DATE] at 12:53 PM with Certified Nursing Assistant (CNA) 1, CNA 1 stated, Resident 2's manifested behaviors were yelling, agitation, and shouting. CNA 1 said licensed nurses did not tell her what behavior to monitor for Resident 2. CNA 1 further stated, I'm not aware of her care plan. I don't know her care plan. Hallucination is like she's panicking. I don't know what delusion is.2.a. Resident 332 was admitted on [DATE] with diagnoses that included dementia (a progressive decline in mental ability including memory, thinking, and behavior severe enough to interfere with daily life) with agitation (manifests as restlessness, verbal/physical aggression, and emotional distress). Resident 332 was in hospice care.Review of Resident 332's OSR for the month of February 2026 indicated, A.Lorazepam Oral Tablet 0.5 mg (Lorazepam) Give 1 tablet by mouth every 4 hours as needed for mild anxiety.Order Start Date [DATE]. The order did not have an end date. B.Lorazepam Oral Tablet 0.5 mg (Lorazepam) Give 2 tablets by mouth every 4 hours PRN for moderate anxiety.Order Start Date [DATE]. The order did not have an end date. C.Lorazepam Oral Tablet 0.5 (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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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	mg (Lorazepam) Give 4 tablets by mouth every 4 hours PRN for severe anxiety/seizures.Order Start Date [DATE]. The order did not have an end date.Review of Resident 332's MAR dated [DATE] to [DATE] indicated, .Lorazepam Oral Tablet 0.5 mg (Lorazepam) Give 1 tablet by mouth every 4 hours as needed for mild anxiety. was administered once on [DATE], [DATE], and [DATE].During an interview on [DATE] at 1:29 PM with Pharmacist 1, Pharmacist 1 said, MRR is completed monthly, and all medications are reviewed. Identified irregularities are communicated to the licensed nurses and the physician. For psychotropic medications, Pharmacist 1 stated, PRN medications are recommended for 14 days and should be renewed after. When queried if an order of PRN Lorazepam should have an end date, Pharmacist 1 stated, Yes, I agree, it should have a stop date.During a concurrent interview and record review on [DATE] at 2:14 PM with LVN 2, Resident 332's medication orders were reviewed. According to LVN 2, Resident 332 had PRN orders for Lorazepam according to resident's level of anxiety, all with start dates of [DATE]. LVN 2 confirmed there were no end dates to the PRN Lorazepam orders and stated, She's on hospice, receiving it (PRN Lorazepam) indefinitely.2.b. Review of Resident 332's OSR for the month of February 2026 indicated, .Lorazepam Oral Tablet 0.5 mg (Lorazepam) Give 1 tablet by mouth every 4 hours as needed for mild anxiety.Review of Resident 332's MAR dated [DATE] to [DATE] indicated, .Lorazepam Oral Tablet 0.5 mg (Lorazepam) Give 1 tablet by mouth every 4 hours as needed for mild anxiety. was administered once on [DATE], [DATE], and [DATE].During a concurrent interview and record review on [DATE] at 2:58 PM with Unit Supervisor (US) 1, Resident 332's MAR and licensed nurses' progress notes were reviewed. US 1 acknowledged that on [DATE], [DATE], and [DATE], Lorazepam 0.5 mg 1 tablet for mild anxiety was administered to Resident 332. US 1 said that when PRN Lorazepam is administered, there should be corresponding behavior observed. US 1 confirmed that there was no behavior exhibited when the medication was administered and stated, I can't see documentation saying she (Resident 332) had a behavior noted. I don't see anything. US 1 further stated, Don't give the medication unless a behavior was observed. That's why we have the behavior monitoring to see if medication is effective.Review of facility policy titled Use of Psychopharmacologic Medications, last revised on 2/26 indicated, .3. Monitoring - Monitoring of all psychopharmacologic medications will be done by Licensed Nurses for desired effectiveness.C. Coding of Target Behaviors.Using 0-8, based on an 8 hour shift (ex: Code 0 if target behavior not present, if present any time during the shift Code the number of hours in the shift the behavior occurred, not number of episodes.) D. Goals regarding target behaviors should be resident specific.G. PRN Psychopharmacologic Medication Monitoring .PRN orders for anxiolytics or hypnotics are limited to 14 days.A PRN order for anxiolytic or hypnotic cannot be renewed unless the attending physician/prescriber evaluates the resident to determine if it is appropriate to write a new order for the anxiolytic or hypnotic medication with a specified end date.The PRN medication may only be administered for the behavior identified.

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not send notification to Ombudsman when two of three residents (Resident 1 and Resident 2) were transferred out to acute.This failure has potential for residents not having the right to appeal when necessary.During a record review on 2/12/26 at 10 AM, Resident 12's admission Record dated 2/12/26, indicated, was admitted on [DATE] with diagnoses including: Retention of Urine (inability to fully empty the bladder), Benign Prostatic Hyperplasia(a non cancerous age related enlargement of the prostate), Infection and Inflammatory Reaction due to other Urinary catheter (infection often stems from medical devices like the foley catheter.) During a review on 2/12/26 at 10AM, of nurses notes, dated 10/1/15 at 00:39, indicated, Resident 12 screamed for help, he transferred from bed to chair unassisted, with foley bag still hanging by his bedside, pulling the catheter midway had bleeding noted.patient confused and agitated. MD called and ordered to transfer to Emergency Room(ED) for active bleeding and for further evaluation. Resident was picked up by 911 and transported to ED and was admitted . During a review on 2/12/26 at 10 AM, of facility document, Notice of Transfer or Discharge, dated 9/30/25.Resident transferred to ED for reason: transfer is necessary for the resident's welfare and resident's needs cannot be met in this facility. No documentation that Notice of transfer was sent to Ombudsman.During a record review on 2/12/2 at 10 AM, Resident 15's admission Record dated 2/12/26, indicated was admitted on [DATE] with diagnoses including: Fracture of Left Femur(a severe injury causing immediate intense pain, not able to bear weigh on left leg) Repeated Falls(common among older adults), Dependence on Renal Dialysis (occurs when kidneys unable to filter waste and fluid).During a review on 2/12/26 at 10 AM, of nurses notes, dated, 12/8/25, Post Fall Evaluation, indicated, resident had an unwitnessed fall on 12/8/25 at 12:46 PM in the resident's room .Reason for falling, trying to eat by sitting on side of bed without assistance. Resident had left hip pain and upper lip cut with bleeding. Resident was picked up by paramedics to acute. Resident is alert and oriented x 3.During a review on 2/12/26 at 10 AM, of facility document, Notice of Transfer or Discharge, dated 12/8/25, indicated, transfer was necessary for the resident's welfare and the resident's needs cannot be met in this facility. No notification of Ombudsman was found documented.During an interview and concurrent chart review on 2/12/26 at 11 AM with Director of Clinical Reimbursement (DCR), per DCR, different units have different system to notify the Ombudsman. For these two residents, looking at the Notice of Transfer, the Ombudsman was not notified for both patients. Per DCR, a notification should be sent to the Ombudsman's office for every resident who are transferred to acute for emergency. During a review of facility Policy and Procedure, Transfer and Discharge Policy, dated 5/25, indicated, 10. Emergency Transfers to Acute Care: a. The facility will obtain a physician's order for emergency transfer or discharge stating the reason the transfer or discharge is necessary on an emergency basis. G. Provide a notice of transfer and the facility's bedhold notice policy to the resident and representative as indicated. H. The Social Services or designee, will provide copies of notices for emergency transfers to the Ombudsman.