

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055175	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/17/2026
NAME OF PROVIDER OR SUPPLIER  Lawton Skilled Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1575 7th Avenue San Francisco, CA 94122	

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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, and record review, the facility failed to obtain required screening documents to determine whether one of two sampled residents (Resident 47) required active treatment or other care services appropriate for mental health condition when Resident 47 had no Level II Pre-admission Screening and Resident Review (PASRR - a federal requirement that aims to confirm presence of mental illness and/or intellectual disabilities, to assess applicant's need for nursing facility service, and to assess whether the applicant requires specialized services or specialized rehabilitative services) evaluation in the presence of schizophrenia (a chronic and severe mental disorder that affects how a person thinks, feels, and behaves) diagnosis. This failure had the potential for facility admitting Resident 47 to incorrect care setting and implementing incorrect care services that did not meet the resident's needs. Resident 47 was admitted on [DATE] with diagnoses that included Type 2 diabetes (a chronic disease characterized by high levels of sugar in the blood) and schizophrenia (a chronic, severe brain disorder affecting how a person thinks, feels, and behaves, often causing them to lose touch with reality; involves disorganized speech, and impaired functioning). Review of Resident 47's Physician Progress Notes dated 3/16/26 indicated diagnoses of DM2 (Type 2 diabetes) and chronic schizophrenia. Review of Resident 47's Quarterly Minimum Data Set (MDS - an assessment tool) with assessment reference date (ARD) of 2/10/26 indicated an active diagnosis of schizophrenia. Review of Resident 47's medical record, the PASRR Level I Screening Document, DHCS Form 6170 (a Medicaid program requirement that identifies individuals with mental health conditions during admission to nursing homes) dated 12/21/22 indicated, .Screening Type: Resident Review (RR) (Status Change). Reason Code: Suspected MI (Mental Illness). Serious Mental Illness. Schizophrenia. Current Physical Diagnoses, Bed Type. Skilled Nursing Facility. The PASRR Level I screening report indicated Positive for suspected MI (Mental Illness) and Level II Mental Health Evaluation Referral Required. During a concurrent interview and record review on 4/15/26 at 1:15 PM with Director of Admissions (DOA), Resident 47's PASRR was reviewed. The medical record showed Resident 47 did not complete a PASRR Level II evaluation that would have indicated whether Resident 47 required active treatment or other care and services, a span of three years and four months after the facility performed the RR Status Change PASRR Level I screening on 12/21/22. DOA acknowledged Resident 47 required and did not complete a PASRR Level II evaluation. DOA stated, There's none. I don't see any. During an interview on 4/17/26 at 12:39 PM with Social Worker (SW), the SW stated, I don't have a role in PASRR. It's the admissions. Review of facility policy and procedure (P&amp;P) titled admission Criteria revised on 3/2019 indicated, .6. All new admissions and readmissions are screened for mental disorders (MD), intellectual disabilities (ID) or related disorders (RD) per the Medicaid Pre-admission Screening and Resident Review (PASARR) process. b. If the level I screen indicates that the individual may meet the criteria for a MD, ID, or RD, he or she is referred to the state PASARR representative for the Level II (evaluation and determination) screening process. (1) The admitting nurse notifies the social services department when a resident is identified as having a possible (or evident) MD, ID, or RD. (2) The social worker is responsible for making referrals to the appropriate state-designated authority.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055175	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/17/2026
NAME OF PROVIDER OR SUPPLIER  Lawton Skilled Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1575 7th Avenue San Francisco, CA 94122	
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 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>Based on observation, interview, and record review, the facility failed to provide the required square footage per resident in multiple bedrooms for 17 out of 28 rooms (Rooms 101, 102,103, 104, 105, 106, 107, 108, 111, 115, 126, 127, 131, 132, 134, 136 and 139). This failure had the potential for inadequate usable space for the provision of residents' care and may impact their quality of life. Review of the facility's request for a waiver dated 4/3/26, indicated the following bedrooms failed to meet the requirement of 80 square feet per resident. Room Number Number of Beds Room Square Feet Per Resident Square Feet Total 101 2 78.75 157.5102 3 75 225103 3 75 225104 2 78.75 157.5105 2 78.75 157.5106 3 75 225107 3 75 225108 2 78.75 157.5111 3 75 225115 3 75 225126 2 78.75 157.5127 2 78.75 157.5131 2 78.75 157.5132 3 75 225134 2 78.75 157.5136 3 75 225139 2 78.75 157.5 During random observations and interviews of residents that occupied the above-mentioned rooms, during the survey, the residents expressed no concerns about quality of life, quality of care and safety related to the room space.</p>		