

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055848	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/20/2025
NAME OF PROVIDER OR SUPPLIER  Victorian Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 2121 Pine Street San Francisco, CA 94115	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>45555</p> <p>Based on record review, interview, and facility policy review, the facility failed to ensure 1 (Resident #10) of 5 residents reviewed for unnecessary medications was free from significant medication errors. Specifically, staff failed to hold (not administer) blood pressure medications when blood pressure or heart rate values were outside of ordered parameters for administration.</p> <p>Findings included:</p> <p>A facility policy titled, Administering Oral Medications, dated 2001, specified, 13. Perform any pre-administration assessments.</p> <p>An Admission Record indicated the facility most recently admitted Resident #10 on 11/06/2023. According to the Admission Record, the resident had a medical history that included a diagnosis of essential primary hypertension.</p> <p>A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/17/2025, revealed Resident #10 had a Brief Interview for Mental Status (BIMS) score of 0, which indicated the resident had severe cognitive impairment.</p> <p>Resident #10's Care Plan Report included a focus area, initiated 12/12/2020, that indicated the resident had altered cardiovascular status related to hypertension. An intervention dated 12/12/2020 directed staff to administer medications as ordered.</p> <p>Resident #10's Order Summary Report, reflecting active orders as of 02/20/2025, contained an order started on 11/06/2023 for carvedilol 12.5 milligrams (mg), one tablet by mouth two times a day for hypertension. The order included instructions to hold the carvedilol if the resident's systolic blood pressure (upper number in a blood pressure reading) was less than 100 millimeters of mercury (mmHg) or if the resident's heart rate was less than 55 beats per minute (bpm). The Order Summary Report also contained an order started on 09/29/2024 for clonidine 0.1 mg, two tablets by mouth two times a day for hypertension. The order included instructions to hold the clonidine if the resident's systolic blood pressure was less than 110 mmHg.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055848	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/20/2025
NAME OF PROVIDER OR SUPPLIER  Victorian Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  2121 Pine Street San Francisco, CA 94115	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #10's Medication Administration Record (MAR) for 01/2025 revealed staff documented the resident's carvedilol was administered on 01/03/2025 at 6:00 PM, when the resident's pulse was 53 bpm, and on 01/15/2025 at 6:00 PM, when the resident's blood pressure was 94/61 mmHg. The MAR also revealed staff documented that clonidine was administered on the following dates and times when the resident's systolic blood pressure was less than 110 mmHg:</p> <ul style="list-style-type: none"> <li>- 01/05/2025 at 9:00 AM, when the resident's blood pressure was documented as 103/52 mmHg;</li> <li>- 01/09/2025 at 6:00 PM, when the resident's blood pressure was documented as 103/53 mmHg;</li> <li>- 01/15/2025 at 6:00 PM, when the resident's blood pressure was documented as 94/61 mmHg;</li> <li>- 01/28/2025 at 9:00 AM, when the resident's blood pressure was documented as 105/54 mmHg;</li> <li>- 01/29/2025 at 9:00 AM, when the resident's blood pressure was documented as 103/55 mmHg; and</li> <li>- 01/29/2025 at 6:00 PM, when the resident's blood pressure was documented as 109/52 mmHg.</li> </ul> <p>Resident #10's MAR for 02/2025 revealed staff documented that carvedilol was administered when the resident's pulse was less than 55 bpm on 02/09/2025 at 9:00 AM, when the resident's pulse was 52 bpm. The MAR also revealed staff documented that clonidine was administered when the resident's systolic blood pressure was less than 110 mmHg on the following dates and times:</p> <ul style="list-style-type: none"> <li>- 02/01/2025 at 9:00 AM, when the resident's blood pressure was documented as 100/49 mmHg; and</li> <li>- 02/13/2024 at 6:00 PM, when the resident's blood pressure was documented as 105/76 mmHg.</li> </ul> <p>During an interview on 02/19/2025 at 9:20 AM, Licensed Vocational Nurse (LVN) #4 stated that when giving medications the nurse should read the order in its entirety to ensure they were following the orders. She stated if a medication had parameters, the nurse needed to hold the medication if the vital signs were outside the parameters. LVN #4 reviewed Resident #10's 01/2025 and 02/2025 MARs and confirmed she had administered clonidine to Resident #10 when the resident's heart rate was outside of ordered parameters for administration on 01/05/2025 at 9:00 AM and 02/01/2025 at 9:00 AM. LVN #4 also confirmed she administered carvedilol to Resident #10 when their heart rate was outside of ordered parameters for administration.</p> <p>During an interview on 02/19/2025 at 2:15 PM, LVN #5 confirmed she administered Resident #10's clonidine on 01/28/2025 and 01/29/2025 when the resident's systolic blood pressure was below the ordered parameters for administration.</p> <p>During an interview on 02/19/2025 at 9:42 AM, the Assistant Director of Nursing (ADON) stated nurses should follow physician orders and not give medication if the residents' blood pressure or pulse were outside of ordered parameters for administration.</p> <p>During an interview on 02/20/2025 at 9:52 AM, the Director of Nursing (DON) stated nurses should ensure they follow any parameters for administration specified by the physician. The DON stated that administering medications when vital signs were outside of ordered parameters for administration could cause the resident's blood pressure or pulse to drop lower if given when it was already low.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055848	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/20/2025
NAME OF PROVIDER OR SUPPLIER  Victorian Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  2121 Pine Street San Francisco, CA 94115	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 02/20/2025 at 11:26 AM, the Administrator stated he expected nurses to follow physician ordered parameters for medication administration and not administer medication if the parameters for administration were not met. He stated giving medication outside of the ordered parameters could have an adverse effect on the resident.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055848	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/20/2025
NAME OF PROVIDER OR SUPPLIER  Victorian Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  2121 Pine Street San Francisco, CA 94115	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>46194</p> <p>Based on observation, interview, record review, facility policy review, and review of Centers for Disease Control and Prevention (CDC) guidance, the facility failed to ensure staff wore the proper personal protective equipment (PPE) when providing care for 2 (Resident #30 and Resident #19) of 5 residents reviewed for transmission-based precautions.</p> <p>Findings included:</p> <p>1. A facility policy titled, Personal Protective Equipment - Contingency and Crisis Use of N-95 Respirators (COVID-19 [coronavirus disease] Outbreak), revised 09/2021, indicated Equipment and Supplies 1. Respirator masks (disposable N95 filtering facepiece respirators); and 2. Additional PPE as required (gloves, gown and eyewear).</p> <p>A CDC publication titled, Use of Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19, dated 06/03/2020, revealed, Preferred PPE - Use (N95 or higher respirator) and Acceptable Alternative PPE - Use (facemask) included wearing a Face shield or goggles.</p> <p>An Admission Record indicated the facility admitted Resident #30 on 12/02/2022. According to the Admission Record, the resident had a medical history that included a diagnosis of COVID-19.</p> <p>An annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/06/2024, revealed Resident #30 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident had moderate cognitive impairment.</p> <p>Resident #30's Care Plan Report revealed a focus area, initiated on 02/14/2025 and revised on 02/17/2025, that indicated the resident required contact and droplet isolation precautions due to COVID-19. An intervention initiated on 02/17/2025 directed staff to use PPE as recommended for the type of infection.</p> <p>Resident #30's Order Summary Report, listing active orders as of 02/18/2025, included an order started on 02/17/2025 for isolation with contact and droplet precautions related to COVID-19.</p> <p>During an observation on 02/17/2025 at 10:08 AM, Licensed Vocational Nurse (LVN) #1 was observed entering Resident #30's room. LVN #1 donned a gown and gloves and was wearing an N-95 mask. A cart with PPE was observed stocked with gowns and gloves; however, there were no face shields or masks on the PPE cart.</p> <p>During an interview on 02/17/2025 at 10:08 AM, LVN #1 stated he entered Resident #30's room to administer a treatment to Resident #30's buttocks.</p> <p>During a follow-up interview on 02/17/2025 at 1:17 PM, LVN #1 stated a face shield was also required when entering a resident's room who was COVID-19 positive.</p> <p>During an interview on 02/18/2025 at 2:50 PM, the Infection Preventionist (IP) stated staff should not enter a COVID-19 positive room without using eye protection.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055848	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/20/2025
NAME OF PROVIDER OR SUPPLIER  Victorian Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  2121 Pine Street San Francisco, CA 94115	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 02/20/2025 at 9:10 AM, the Director of Nursing (DON) stated when entering the room of a resident with COVID-19, staff were required don a gown, gloves, an N95 mask, and a face shield.</p> <p>During an interview on 02/20/2025 at 9:34 AM, the Administrator (ADM) stated when staff entered rooms of residents who were positive for COVID-19, they were required to wear a face shield on.</p> <p>2. An undated facility policy titled, Isolation - Categories of Transmission-Based Precautions indicated 2. Enhanced barrier precautions (EBP) are used in conjunction with standard precautions and expand the use of PPE to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs [multidrug-resistant organisms] to staff's hands and clothing. The policy revealed, EBP are indicated for residents with any of the following: including, b. Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO. The policy also revealed, For residents for whom EBP are indicated, EBP is employed when performing the following high-contact resident care activities, including, f. Changing briefs or assisting with toileting.</p> <p>An Admission Record indicated the facility admitted Resident #19 on 03/20/2024. According to the Admission Record, the resident had a medical history that included diagnoses of end stage renal disease (ESRD) and dependance on renal dialysis.</p> <p>An annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/25/2024, revealed Resident #19 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition. The MDS indicated the resident received dialysis while a resident of the facility.</p> <p>Resident #19's Care Plan Report included a focus area, initiated on 03/26/2024, that indicated the resident had an arteriovenous (AV) shunt located in their upper, right arm and had scheduled dialysis appointments each Tuesday, Thursday, and Saturday. The Care Plan Report also included a focus area, initiated on 10/23/2024, that indicated the resident required EBP during high-contact resident care activities due to the presence of an indwelling medical device. An intervention dated 10/23/2024 directed staff to utilize PPE (gown and gloves; face shield as indicated) during high-contact resident care activities (e.g. [exempli gratia, for example], dressing, bathing/showering, transferring, hygiene, linen changes, brief changes, toileting assistance, device care, wound care).</p> <p>Resident #19's Order Summary Report, reflecting active orders as of 02/20/2025, contained an order dated 02/16/2025 for EBP during high contact resident care activities secondary to ESRD [and] needing the use of shunt on right upper arm for hemodialysis.</p> <p>A concurrent observation and interview on 02/19/2025 at 8:49 AM revealed signage on Resident #19's door that indicated the resident required EBP. The sign indicated that everyone must clean their hands and wear gloves and a gown for the following high contact resident care activities: dressing, bathing, showering, transferring, changing linens, providing hygiene, changing briefs, and assisting with toileting. Certified Nursing Assistant (CNA) #3 was observed entering Resident #19's room wearing only an N95 mask. CNA #3 stated she was entering the room to put an incontinence brief on the resident. CNA #3 did not don any additional PPE and proceeded into the resident's room to provide care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055848	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/20/2025
NAME OF PROVIDER OR SUPPLIER  Victorian Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  2121 Pine Street San Francisco, CA 94115	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 02/19/2025 at 8:57 AM, CNA #3 stated she put a brief on Resident #19. She stated the resident also wanted to get up, so she put the resident's socks and shoes on for them. CNA #3 stated that EBP meant staff had to sanitize when going in and out of the room and wash with soap and warm water. She stated she wore gloves but did not wear the gown when providing the resident's care. CNA #3 observed the signage on the resident's door and stated she should have worn a gown, a mask, and gloves when providing care for the resident.</p> <p>During an interview on 02/19/2025 at 2:33 PM, the Infection Preventionist (IP) stated a resident with an indwelling medical device required EBP. She stated if a staff member was attending to a resident on EBP and was providing high-contact care, they should wear a gown and gloves. She stated high-contact activities included changing a resident's brief.</p> <p>During an interview on 02/20/2025 at 9:10 AM, the Director of Nursing (DON) stated when entering a room of a resident on EBP and performing high-touch activities, staff should wear gloves and a gown, which was posted on the door. She stated high-touch activities included changing a resident's brief.</p>