

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055963	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2025
NAME OF PROVIDER OR SUPPLIER The Avenues Transitional Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2043 19th Avenue San Francisco, CA 94116	

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 - 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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(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 - Actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to prevent an avoidable fall for one (Resident 1) of four sampled resident when Resident 1 fell from bed to the floor. This failure resulted in Resident1 fall with injury, hospitalization, and subsequent death. Record review of Resident1's Clinical admission Record, admission Record indicated, Resident 1 was admitted on [DATE] with diagnoses including quadriplegia (paralysis from the neck down, affecting both arms and legs, usually due to a spinal cord injury), a personal history of physical injury and trauma, and dementia (a progressive decline in mental abilities). At the time of the incident, Resident 1 was in room [ROOM NUMBER] bed A. During an observation on [DATE] at 2:05PM in room [ROOM NUMBER], there were three beds (39A, 39B and 39C). Bed A was the first bed near the door, bed with side table beside it. Both guard rails were down. The restroom is at the far end of the room, in front of bed C. During a telephone interview conducted on [DATE] at 2:32 PM, Certified Nurse Assistant (CNA) 1, CNA1 stated, I was providing incontinent (being unable to control the release of urine from the bladder or feces from the bowels) care, and when I was about to finish the task, Resident 1 had another bowel movement. I left Resident 1 alone in a high bed position, with the bed rails down on both sides. While I was in the restroom, I heard a loud thud. I rushed out and saw Resident1 face down on the floor. I called for help. I thought he was safe-I didn't think he would fall. I had left him lying on his side. During an interview on [DATE] at 1:46PM with Nurse Supervisor (NS), NS stated, the incident happened on [DATE] at around 9:45PM. The evening shift CNA 1 was providing incontinent care to Resident 1. CNA 1 went to the bathroom to get additional supplies. CNA1 left Resident 1 on a side lying position. I asked what happened, CNA 1 told me that he failed to put the resident in supine (Lying flat on your back) position. Resident 1 has a low air mattress (a special air mattress that inflates and deflates its air compartment in a repeating pattern). When asked where the mattress was, NS stated they had removed it. During a phone interview on [DATE] at 2:20 PM with Registered Nurse (RN) 1, RN 1 stated: 'I was at the nurses' station when I suddenly heard a loud thud. I heard someone repeatedly saying, I'm so sorry, and then I realized it was coming from room [ROOM NUMBER]A. I went into room [ROOM NUMBER] and saw Resident1 lying on the floor beside the bed. CNA 1's right hand was supporting Resident 1's head and left arm was supporting the body. Review of facility document titled Employee Safety Responsibilities: General dated [DATE], Employee Safety Responsibilities indicated, #4. Falls: When any individual falls, no one should help him/her to get up until a nurse has checked for injuries. During a concurrent interview and record review on [DATE] at 1:28PM, with DSD (Director of Staff Development), CNA 1's employee file was reviewed. CNA 1's employee file indicated no low air loss mattress or fall safety training. Review of employee file for CNA1 titled Annual Clinical Care Training Checklist, Certified Nursing Assistant dated [DATE], Annual Clinical Care Training Checklist indicated, #3 Care of resident.c. Peri-care.with employee initial.evaluator initial.date [DATE]. No competency validation or skills check description and rationale. Review of Resident 1's Order summary report dated [DATE], Order summary report indicated, may use of low air loss mattress to prevent skin breakdown. Review of Resident 1's Nurses Progress note dated [DATE] at 10:49PM, the nurse progress note indicated, Heard License Nurse (LN) overhead page calling writer to go to the 3rd floor, upon arriving saw resident on the floor face down on his right side CNA 1, behind resident supporting his torso and head. Repositioned resident on his back. Upon assessment, bump on right forehead 4cm x 4cm reddish discoloration, linear cut on right eyelid 4cm, skin tear on right cheek 1 cm, abrasion on right elbow 1 centimeter (cm, small unit used to measure length) , abrasion right thigh 1 cm, and skin tear on right thigh 1 cm. Transferred resident back to bed, first aid provided. Emergency services 911 contacted for urgent transfer. MD (Medical doctor) informed. Review of Resident 1's Minimum Data Set (MDS, a standardized, comprehensive assessment tool) Section C (Cognitive Patterns, how your brain thinks, learns, remembers, and understands things.) dated [DATE], the MDS indicated, BIMS (Brief Interview for Mental Status which evaluates cognition, the ability to remember and think clearly) score of 4, which indicated had severe cognitive impairment (significant challenges with memory, orientation, and recall). Review of Resident 1's MDS section GG (Functional Abilities) at 0115 (Functional Limitation in Range of Motion) dated [DATE], MDS indicated Resident 1 showed both upper and lower extremities had impairment on both sides. The MDS also indicated Resident 1 was dependent on two or more staff is required for the resident for toileting hygiene and roll left and right; the ability to roll from lying on back to left and right side and return to lying on back on bed. Review of Resident 1's Care Plan Report</p>		