

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056176	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/29/2025
NAME OF PROVIDER OR SUPPLIER  Pacific Heights Transitional Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2707 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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>40454</p> <p>Based on observation, interview, and record review, the facility failed to ensure a bed / bedroom was accessible to one of three sampled residents (Resident 1) when Resident 1 did not have a bed to sleep on for the night.</p> <p>The facility failure resulted to Resident 1 sitting up on the wheelchair in the facility lobby for over thirteen (13) hours during the night until the next day.</p> <p>Findings:</p> <p>A review of the admission records indicated Resident 1 was admitted with diagnoses including diabetes (abnormally high blood sugar level) and obesity (having too much body fat).</p> <p>A review of Minimum `Data Set (MDS, a standardized assessment tool) dated 11/22/24, Brief Interview of Mental Status (BIMS, a brief memory test to help determine cognitive functioning such as orientation, attention and recall ability) score of 15 indicated Resident 1 was cognitively intact. Functional status indicated Resident 1 required partial/moderate assistance (helper does less than half the effort) to supervision (helper provides verbal cues and contact guard assistance) with transfer, independent with bed mobility, and was able to ambulate (walk) in short distances. Resident 1 is continent of bladder (aware of need to pass urine) and is frequently incontinent of bowels (2 or more episode of involuntary bowel movement).</p> <p>During an interview on 1/27/ 25, at 2:30 PM, Resident 1 stated that on 11/2/24, at around 10:00 AM, while waiting for the staff to take him back to the 5th floor, he was informed that the elevator had stopped working. The repairman came but was unable to fix the elevator. Resident 1 stated the staff told him that he was too heavy to be carried back to the 5th floor and no one was able to assist him back to his bedroom. Resident 1 further stated he was not able to sleep during the night and had pain to his back and legs from sitting up the whole night.</p> <p>A review of the untitled document dated 11/3/24, provided by the Nurse Manager (NM) 1, indicated, the elevator broke down the second time that day. The documentation further indicated the elevator technician was not able to fix the problem, and the elevator remained down and inoperable.</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
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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the untitled document dated 11/3/24, provided by NM 1 indicated, . at 9:10 AM, elevator technician came, and reset the whole system and the elevator worked . (Resident 1) was able to come back up to his room at 9:20 AM with assistance of a Certified Nurse Assistant. (Resident 1) was then transferred back to bed .</p> <p>A review of the untitled document dated 11/3/24, provided by NM 1 indicated, Resident complained of sore body and pain.</p> <p>A review of the untitled document dated 11/4/24, provided by NM 1 indicated, Resident 1 was very tired during the stay in the lobby, and the staff tried some ways to bring him up, but no one could.</p> <p>During an interview on 1/29/24, at 11:57 AM, NM 1 stated that Resident 1 was over 300 pounds, and the staff said that they don ' t want to risk their back.</p> <p>During an interview on 1/29/24 at 12 PM, the Maintenance Supervisor (MS) stated there was work order on 11/7/24, that the yellow chair lift was not working. MS further stated that the yellow stair lift chair had a faulty battery. MS acknowledged there was no evidence of maintenance performed to the stair lift chair before and after the incident involving Resident 1 when the elevator stopped working on 11/2/24. The MS and DSD acknowledged there was no facility policy and procedure for the use and maintenance of the stair lift chair.</p> <p>During an interview on 1/29/25, at 2:20 PM, the DSD stated there was no staff in-service provided regarding the use of the stair lift chair.</p> <p>A review of the facility Elevator Malfunctioning Maintenance dated 4/26/10, indicated, Rationale: Center staff, residents, and families/responsible parties have alternative arrangements in case of elevator malfunction, repairs, and/or maintenance that inhibit transportation between floors. Loss of Elevator Contingency Plan Development .1. c. Alternative arrangements for visitors and/or residents who may not be able to climb or descent the stairs .h. education of residents, family, responsible parties and /or appropriate significant others regarding contingency plan in case of elevator malfunction, repairs, and/or parts replacement by communicating via resident council, family council, mailings . Performance Improvement. Evaluate Loss of Elevator Contingency Plan for issues and/or concerns that may have taken place during the time frames that the elevator(s) was unavailable for use. Develop an action plan, if necessary to address issues/concerns. Update the Loss of Elevator contingency Plan, as needed.</p> <p>A review of the product information for Genesis Mobile Stairlift chair provided by the DSD, indicated, .The Food and Drug Administration approved Genesis Mobile Stairlift is your go to solution for safe and efficient stair navigation. This stairlift chair makes it easy to transport individuals up to 120 flights of stairs on a single charge, handling up to 400 pounds while weighing just 62 pounds. It is the perfect combination of power and versatility, making it dependable and easy to use and store .</p> <p>A review of the Quality Assurance and Performance Improvement (QAPI) for months of 11/2024, 12/2024 and 1/2025, did not address the facility Elevator Malfunction /Restoration Contingency Plan/ Loss of elevator Contingency Plan.</p> <p>(continued on next page)</p>		

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F 0684  Level of Harm - Actual harm  Residents Affected - Few	The facility was not able to provide, Alternative Arrangement for visitors and /or residents who may not be able to climb or descend the stairs, as indicated in the facility Loss of Elevator Contingency Plan.