

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/15/2025
NAME OF PROVIDER OR SUPPLIER  City View Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1359 Pine Street San Francisco, CA 94109	

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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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 provide needed care and treatment for two of three sampled residents (Resident 1 and Resident 2) when:</p> <ol style="list-style-type: none"> <li>1. The facility failed to provide a therapeutic environment conducive for sleep and address difficulty sleeping for Resident 1.</li> <li>2. The facility failed to implement interventions for insomnia (persistent problems falling asleep and staying asleep), paranoia (excessive mistrust and suspicion of others) that could have contributed to the consistent yelling and screaming for Resident 2.</li> </ol> <p>The facility failure resulted to ongoing difficulty sleeping for Resident 1, and ongoing behavioral problems with Resident 2.</p> <p>Findings:</p> <p>a. A review of the face sheet indicated Resident 1 was admitted with diagnoses including squamous cell carcinoma of the anal skin (a type of cancer) and diabetes (abnormally high blood sugar level).</p> <p>During an interview on 4/9/25, at 1:05 PM, Resident 1 stated, It's difficult to sleep here because there is a person yelling and screaming constantly. If I ever get to sleep, I'll be awakened because she screams and yells all the time. It used to be a yelling matched with another resident who was obviously bothered by that person's yelling and screaming. It didn't matter what time of the day. I have cancer, I'm here for rehabilitation (a process to restore mental and/or physical abilities lost to injury or disease). This is not rehabilitation. I attempted to address the seriousness of the problem and spoke with the nurses, social worker, and the manager (Operations Manager, OM). The Manager [named] was dismissive. The SW, the manager [named], they all said the other resident have rights. That made me feel angry. How about my rights? I wondered if I have rights to a peaceful rest and sleep. I mean, you can't be yelling and screaming in the middle of the night, in early morning waking people up. Apparently, she has all the rights. I just wanted them to do something about it. They gave me a headphone, it didn't help. I can still hear her. Nothing was done. Nothing that I know of. Resident 1 further stated he was just waiting for his wound to get better, go home, and get some sleep.</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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/9/25, at 2:47 PM, Nurse Manager (NM) stated Resident 1 complained of noise and it was Resident 2 who yells and screams. NM stated that Resident 1 was provided with a headphone. NM reviewed the clinical record and stated Resident 1's problem getting sleep was not assessed and not monitored. NM further reviewed the clinical record and stated there was no care plan developed to address Resident 1's difficulty getting sleep.</p> <p>During an interview on 4/9/25, at 3:33 PM, Social Service Designee (SSD) stated that the SW for the Resident 1 has ended her employment with the facility. SSD acknowledged that Resident 1 has a serious medical condition and stated should be provided with a comfortable, quieter place.</p> <p>During an interview on 4/9/25, at 3:56 PM, the Director of Staff Development stated, All residents have rights. Every resident's concern should be addressed. The noise is a big issue and the source should be investigated. If a resident cannot sleep because of a resident yelling and screaming, the other resident's right to sleep was violated.</p> <p>During an interview on 4/9/25, at 4:19 PM, The Operations Manager (OM) stated she met with Resident 1 who was unhappy with the noise level in the unit. OM further stated she told Resident 1 that she will address the situation. The OM acknowledged there was no documentation of the meeting to address Resident 1's difficulty getting sleep due to the yelling and screaming of Resident 2.</p> <p>During an interview on 4/15/25, at 11:28 AM, Assistant Director of Nursing acknowledged the facility did not evaluate the effectiveness of the headphone provided to Resident 1 as intervention to his difficulty getting sleep due to Resident 2 yelling and screaming.</p> <p>During an interview on 4/15/25, at 2:05 PM, the Director of Nursing acknowledged Resident 1's difficulty getting sleep due to Resident 2 yelling and screaming was not addressed. The DON reviewed the Grievance log and acknowledged Resident 1 concerns was not addressed.</p> <p>A review of the Policy and Procedure titled, Accommodation of Needs dated 2001, indicated, .Our facility's environment and staff behaviors are directed toward assisting the resident in maintaining and/or achieving safe independent functioning, dignity, and well-being .The resident's individual needs and preferences are accommodated to the extent possible, except when the health and safety of the individual or other residents would be endangered .</p> <p>A review of the Policy and Procedure titled, Homelike Environment dated 2/2021, indicated, .Residents are provided with safe, clean comfortable and homelike environment and encouraged to use their personal belongings to the extent possible .Staff provides person-centered care that emphasize residents' comfort, independence and personal needs and preferences .The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: .comfortable sound levels .</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the Policy and Procedure titled, Grievance/Complaints, filing dated 2001, indicated, .Any resident, family member, or appointed resident, representative may file a grievance or complaint concerning care, treatment, behavior of other residents, staff members, theft of property, or any other concerns regarding his/her stay at the facility. Grievances also may be voiced or filed regarding care that has not been furnished .Upon receipt of the grievance and/or complaint, the grievance officer will review and investigate the allegations and submit a written report of such finding to the administrator within five working days of receiving the grievance and/or complaint .The grievance officer, administrator and staff will take immediate action to prevent further potential violations of the resident rights while the alleged violations is being investigated. The administrator, and or his or her designee, will review the findings with grievance officer to determine what corrective actions, if any, need to be taken .The resident, or person filing the grievance and/or complaint on behalf of the resident, will be informed (verbally and in writing) of the findings of the investigation and the action that will be taken to correct any identified problems. The administrator, or his or her designee, will make such reports orally with 7 working days of the filing of the grievance or complaint with the facility. A written summary of the investigations will also be provided to the resident, and a copy will be filed in the business office .</p> <p>b. A review of the face sheet indicated Resident 2 was admitted with diagnoses including dementia (decline in memory or other thinking skill) and encephalopathy (a brain disease that may cause confusion and personality changes).</p> <p>A review of the Minimum Data Set (MDS, a standard assessment tool) dated 12/13/24, Brief Interview Mental Status (BIMS, a brief memory test to help determine cognitive function including memory, recall, or decision-making ability) score of 5 indicated severe cognitive impairment (rarely/never made decisions).</p> <p>During an interview on 4/15/25, at 10:52 AM, Registered Nurse stated, Resident 2 yells and screams in different times of the day.</p> <p>During an interview on 4/15/25, at 11:17 PM, Certified Nurse Assistant (CNA, caregiver) 1 stated, Resident 2 yells and screams even at nighttime, refusing to stay in the room or sleep in her bed. CNA further stated Resident 1 thinks someone in her bedroom wants to kill her. CNA stated Resident 2 had been occupying the bedroom since last year.</p> <p>During an interview on 4/15/25, at 11:28 AM, Assistant Director of Nursing (ADON) stated, she had received notifications from the night shift staff regarding Resident 2's unmanageable yelling and screaming bothering other residents' sleep. ADON further stated that Resident 2 yells and screams without provocation.</p> <p>A review of the psychiatry notes for Resident 2 dated 10/12/24, indicated, .Quite a lot of problem behavior during her time here. One room change because she just started sleeping in a different room. Has been afraid to go into her own room at night. Has slept in the wheelchair or in a bed in the hall, accused nurses of poisoning her .She doesn't feel safe here .Impression: dementia with behavioral disturbance, insomnia. Overly activated and contentious, with paranoia .</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the Policy and Procedure titled Behavioral Assessment, Intervention and Monitoring, dated 3/2015, indicated, .As part of comprehensive assessment, staff will evaluate, based on input from the resident, family and caregivers, review of the medical record and general observations . New onset or changes in behavior will be documented regardless of the degree of risk to the resident or others .The interdisciplinary team will thoroughly evaluate new or changing behavior symptoms in order to identify underlying causes and address any modifiable factors that may have contributed to the resident's change in condition .emotional, psychiatric and or psychological stressors: . fear sleep disturbances .The interdisciplinary team will evaluate behavioral symptoms in residents to determine the degree of severity, distress and potential safety risk to the resident, and develop a plan of care accordingly. Safety strategies will be implemented immediately if necessary to protect the resident and others from harm . The care plan will incorporate findings from the comprehensive assessment and be consistent with current standards of practice . Interventions will be individualized and part of an overall care environment that supports physical, functional and psychosocial needs, and strives to understand, prevent or relieve the resident's distress .The IDT will monitor the progress of the individuals with impaired cognition and behavior until stable. New or emergent symptoms will be documented and reported .</p> <p>A review of the Policy and Procedure titled Care Plans, Comprehensive Person-Centered dated 3/2022, indicated, A comprehensive, person-centered care plan should include measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs .A comprehensive, person-centered care plan for the resident should be developed by the interdisciplinary team, with input from the resident, and his/her family or legal representative .The care plan interventions should be derived from information obtained from the comprehensive assessment .The comprehensive assessment, person-centered care plan should include measurable objectives and time frames; describe the services that are to be furnished in an attempt to assist the resident attain or maintain that level of physical, mental ad psychosocial wellbeing that the resident desires or that is possible, including services that would otherwise be provided for the above, but are not provided due to the resident exercising his or her rights .The IDT should review and updates the care plan when there has been a significant change in resident's condition .</p>		