

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 12/04/2025
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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. (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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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to safeguard the personal property for one of four sampled residents (Resident A) whose black pouch containing cash was reported missing on 11/10/25. Furthermore, the facility failed to update and document in the inventory of personal effects after a Certified Nursing Assistant (CNA) verified that Resident A had \$1,000 in the missing pouch. These failures resulted in the loss of Resident A's cash, causing emotional distress, including feelings of distrust towards staff, tearfulness, and sadness. Review of Resident A's admission record indicated, was readmitted to the facility on [DATE] with diagnoses including acute respiratory failure (a condition where there's not enough oxygen or too much carbon dioxide in your body), recurrent major depressive disorder (also known as clinical depression, causes a persistently low or depressed mood and a loss of interest in activities that you used to enjoy), generalized anxiety disorder (a mental health condition that causes fear, a constant feeling of being overwhelmed and excessive worry about everyday things), and hoarding disorder (a mental health condition in which you have a strong need to save a large number of items and experience distress when attempting to get rid of them). Review of Resident A's Minimum Data Set (MDS, a federally mandated resident assessment tool) dated 2/8/25 indicated no cognitive impairment. Review of Resident A's Social Service Note dated 11/10/25 indicated, [Resident A] was readmitted on [DATE] from [Name of Hospital], reported missing cash that he claims he left in the small pouch in his room before transferring to the hospital. Review of Resident A's eINTERACT SBAR Summary for Providers dated 11/10/25 indicated, .At appx (approximately) 11:20am DON (Director of Nursing) was informed patient wished to report missing pouch & appx \$2,000 cash as potentially stolen. Review of Resident A's Social Service Note dated 11/11/25 indicated, .Verbalized feeling sad about missing cash .Review of Resident A's Activities Note dated 11/11/25 indicated, .He was expressing sadness for the incident. Mr. [NAME] was expressing compassionate thoughts by saying he will be able to forgive whoever took his money if the person returns it and gives an apology. Review of Resident A's 72-hour Charting dated 11/12/25 indicated, .He (Resident A) told this writer that he was feeling depressed about it and the patient appeared visibly upset over the allegation of stolen items. During a concurrent observation and interview on 12/4/25 at 1:55 PM, in Resident A's room, Resident A was tearing up when asked about his missing black pouch with cash. Resident A described the bag as a black one that wraps around the waist. Resident A stated that the black pouch containing \$2,000 was stolen when was transferred to the hospital. Resident A added that he intended to give it to the Assistant Director of Nursing (ADON) for safekeeping but had to be hospitalized due to breathing difficulties. During further interview, Resident A stated that few weeks prior to his hospitalization, he had left his bag on top of a table in the activity room, and Certified Nursing Assistant (CNA) 1 returned it to him. Resident A also stated that CNA 1 was aware of the money in the bag after showing it. Resident A further stated that he counted the money, which was \$1,000, in front of CNA 1. During a concurrent observation and interview on 12/4/25 at 2:05 PM in Resident A's room, Resident A was observed crying. Resident A stated, I can't stop thinking about it. It broke my heart. I saved it for a long time. I want them to pay for it. During an interview on 12/4/25 at 2:13 PM, the Social Worker (SW) stated that Resident gets triggered and still thinks about his missing cash. The SW stated that they continue to provide support to Resident A and have referred him to a psychologist due to his ongoing concerns about the missing cash. The SW also stated that a theft and loss report has been filed and that it is the responsibility of the operations manager to decide on the reimbursement for the missing cash. Review of the IDT (Interdisciplinary Team) Note dated 11/14/25 indicated, IDT met to discuss the investigation [info] the resident's allegation of stolen property on 11/10/25. At this time, we still have not found the missing items, nor have we encountered any evidence or report of wrongdoing on the part of any specific staff, resident, or visitor relating to [Resident A's] reported pouch and cash. The interdisciplinary team therefore has determined that this allegation is unverified at this time. If the missing items do resurface they will be returned to the patient immediately. Review of the facility's investigation summary of the facility reported incident of alleged stolen property dated 11/13/25 indicated, .During the course of our investigation one CNA did come forward to confirm that she had seen [Resident A] within the past few weeks (she is not positive of the date) with a black pouch containing cash. She provided a statement that: .in the dayroom I found a pouch on top of the table, I recognize belongs to [Resident A]. I went to his room gave it to him, he said there's a money and he counted in front of me, the money was \$1 000 then he said lots of thanks to me</p>		

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. (continued on next page)

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to thoroughly investigate Resident A's report of a missing black pouch with cash on 11/10/25. Furthermore, the facility did not take action after a Certified Nursing Assistant (CNA) verified that Resident A had \$1,000 in the missing pouch. These failures resulted in the loss of Resident A's cash, causing emotional distress, including feelings of distrust towards staff, tearfulness, and sadness. Review of Resident A's admission record indicated, was readmitted to the facility on [DATE] with diagnoses including acute respiratory failure (a condition where there's not enough oxygen or too much carbon dioxide in your body), recurrent major depressive disorder (also known as clinical depression, causes a persistently low or depressed mood and a loss of interest in activities that you used to enjoy), generalized anxiety disorder (a mental health condition that causes fear, a constant feeling of being overwhelmed and excessive worry about everyday things), and hoarding disorder (a mental health condition in which you have a strong need to save a large number of items and experience distress when attempting to get rid of them). Review of Resident A's Minimum Data Set (MDS, a federally mandated resident assessment tool) dated 2/8/25 indicated no cognitive impairment. Review of Resident A's Social Service Note dated 11/10/25 indicated, [Resident A] was readmitted on [DATE] from [Name of Hospital]. reported missing cash that he claims he left in the small pouch in his room before transferring to the hospital. Review of Resident A's eINTERACT SBAR Summary for Providers dated 11/10/25 indicated, .At appx (approximately) 11:20am DON (Director of Nursing) was informed patient wished to report missing pouch & appx \$2,000 cash as potentially stolen. During a concurrent observation and interview on 12/4/25 at 1:55 PM, in Resident A's room, Resident A was tearing up when asked about his missing black pouch with cash. Resident A described the bag as a black one that wraps around the waist. Resident A stated that the black pouch containing \$2,000 was stolen when was transferred to the hospital. Resident A added that he intended to give it to the Assistant Director of Nursing (ADON) for safekeeping but had to be hospitalized due to breathing difficulties. During further interview, Resident A stated that few weeks prior to his hospitalization, he had left his bag on top of a table in the activity room, and Certified Nursing Assistant (CNA) 1 returned it to him. Resident A also stated that CNA 1 was aware of the money in the bag after showing it. Resident A further stated that he counted the money, which was \$1,000, in front of CNA 1. During an interview on 12/4/25 at 2:05 PM, Resident A was crying and stated, I can't stop thinking about it. It broke my heart. I saved it for a long time. I want them to pay for it. During an interview on 12/4/25 at 2:13 PM, the Social Worker (SW) stated that Resident gets triggered and still thinks about his missing cash. The SW stated that they continue to provide support to Resident A and have referred him to a psychologist due to his ongoing concerns about the missing cash. The SW also stated that a theft and loss report has been filed and that it is the responsibility of the operations manager to decide on the reimbursement for the missing cash. Review of Resident A's Social Service Note dated 11/11/25 indicated, .Verbalized feeling sad about missing cash . Review of Resident A's Activities Note dated 11/11/25 indicated, .He was expressing sadness for the incident. Mr. [NAME] was expressing compassionate thoughts by saying he will be able to forgive whoever took his money if the person returns it and gives an apology. Review of Resident A's 72-hour Charting dated 11/12/25 indicated, .He (Resident A) told this writer that he was feeling depressed about it and the patient appeared visibly upset over the allegation of stolen items. Review of the IDT (Interdisciplinary Team) Note dated 11/14/25 indicated, IDT met to discuss the investigation [info] the resident's allegation of stolen property on 11/10/25. At this time, we still have not found the missing items, nor have we encountered any evidence or report of wrongdoing on the part of any specific staff, resident, or visitor relating to [Resident A's] reported pouch and cash. The interdisciplinary team therefore has determined that this allegation is unverified at this time. If the missing items do resurface they will be returned to the patient immediately . Review of the facility's investigation summary of the facility reported incident of alleged stolen property dated 11/13/25 indicated, .During the course of our investigation one CNA did come forward to confirm that she had seen [Resident A] within the past few weeks (she is not positive of the date) with a black pouch containing cash. She provided a statement that: .in the dayroom I found a pouch on top of the table, I recognize belongs to [Resident A]. I went to his room gave it to him, he said there's a money and he counted in front of me, the money was \$1,000 then he said lots of thanks to me . This CNA has been in-serviced on the proper process for noting property in the resident's written inventory, as well as the recommendation that</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain an effective pest control program when:Cockroaches were found in rooms [ROOM NUMBER].Staff complained of cockroaches in residents' rooms on the second floor.A resident reported seeing cockroaches in his room during a resident council meeting.This failure created an unsanitary environment for residents, staff, and visitors, and can contribute to the spread of infections and foodborne illnesses.During an observation on 12/4/25, at 2:29 PM in room [ROOM NUMBER], a live cockroach was observed crawling on the floor and on top of the trash bin adjacent to Resident B's bed. Additionally, three dead cockroaches were found on the floor next to the nightstand. Furthermore, food particles and brownish discolorations were observed on the floor.During a concurrent interview on 12/4/25 at 2:31 PM, CNA 2 acknowledged the presence of live and dead cockroaches and stated, I have seen it before.During an interview on 12/4/25 at 2:32 PM, Licensed Vocational Nurse (LVN) 1 stated that Resident B keeps her own food in her room and leaves it either on her table or by the nightstand. During a concurrent observation and interview with LVN 1 on 12/4/25, at 2:39 PM in room [ROOM NUMBER], a live cockroach was observed crawling on top of the night stand. LVN 1 acknowledged the presence of live cockroach and stated, Yes, they're everywhere.During a concurrent observation and interview with LVN 1 on 12/4/25, at 2:41 PM in room [ROOM NUMBER], LVN 1 opened the top drawer of the nightstand, where a live cockroach was observed crawling inside. The top drawer contained various items, including candies and other food items. LVN 1 acknowledged the presence of the live cockroach and stated that she's hoping the facility will do something about it.During an interview on 12/4/25 at 2:48 PM, CNA 3 acknowledged seeing roaches in the facility and stated, Yes, too many roaches. Every room has it. There's a lot of roaches here.During an interview on 12/4/25 at 2:53 PM, Housekeeping staff (HS) 1 acknowledged seeing roaches in room [ROOM NUMBER]. HS 1 stated that the room had been fumigated and thoroughly cleaned; however, occasional sightings of roaches continue to occur.During an interview on 12/4/25 at 3:22 PM, Housekeeping and Laundry Director (HLD) stated that rooms [ROOM NUMBERS] underwent fumigation and deep cleaning, while room [ROOM NUMBER] was not included in the list.During an interview on 12/4/25 at 5:30 PM, Resident C stated that he had mentioned sightings of cockroaches in his room during the resident council meeting. He further stated that he observed four to five cockroaches crawling down the wall a few days ago. Resident C expressed concern that his room had not been fumigated and that a pest control company had not inspected his room following his report during the council meeting.Review of the pest control company's Service Report, dated 11/5/25, 11/19/25, and 11/24/25, did not indicate room [ROOM NUMBER] and Resident C's room were inspected and/or serviced by the pest control company.Review of the facility document titled, Scheduled Floor Deep Cleaning, dated 11/4/25 through 11/30/25, did not indicate room [ROOM NUMBER] and Resident C's room underwent deep cleaning.Review of the document titled, Special Service Commercial Agreement, dated 5/6/25, indicated, .Primary Concern: Active cockroach infestation with facility-wide risk.Intensive Roach Treatment - Kitchen Only.Standard Tasks Per Visit (3 Rooms Per Service.Documentation of pest activity and treatment actions. Notification of client-related sanitation or access issues.7 rooms per month will be serviced (beyond kitchen).Review of the facility's undated policy and procedure titled, Pest control, indicated, Our facility shall maintain an effective pest control program. 1. This facility maintains an on-going control program to ensure that the building is kept free of insects and rodents . 6. Maintenance services assist, when appropriate and necessary, in providing pest control services.</p>		