

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056245	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2026
NAME OF PROVIDER OR SUPPLIER California Pacific Medical Ctr- Davies Campus Hosp		STREET ADDRESS, CITY, STATE, ZIP CODE 601 Duboce Ave San Francisco, CA 94117	
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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on interview and record review the facility failed to ensure as needed (PRN) psychotropic medications (a class of psychiatric drugs that helps manage severe mental health symptoms) for two out of three residents (Residents 10 and 30) were limited to 14 days and/or attending physician or prescribing practitioner documentation to support medication order extension. This failure had the potential to result in adverse consequences ranging from functional decline, hospitalization, permanent injury, or death. Findings: During a concurrent interview and record review on 1/08/2025 at 1:45 PM with Pharmacy Manager (Pharm), Resident 30's Hospital Medication Detail (undated) was reviewed. The hospital medication detail indicated, an order for Lorazepam (ATIVAN) tab 2 mg. Frequency: Bedtime PRN for Anxiety, Trouble Sleeping. Start Date/Time: 01/02/26. End Date/Time: --. Pharm stated, the order was a low dose psychotropic medication, that was appropriately prescribed as needed (PRN) for anxiety and insomnia (trouble sleeping). When asked if as needed (PRN) medications required a specific duration, Pharm stated, Oh yes. I'm sorry. The system just puts the medication in, but we should be able to manually go in and add a 14-day stop date. I'll look into that. Pharm acknowledged no stop date was noted on Resident 30's current order. Pharm was unable to locate clinical documentation to support use beyond 14-day limit. During a concurrent interview and record review on 1/08/2025 at 2:37 PM with Nurse Manager (NM), Resident 10's Hospital Medication Detail undated was reviewed. The hospital medication detail indicated, an order for Lorazepam (ATIVAN) tab 2 mg. Frequency: Every 5 minutes PRN for Seizures (a sudden burst of electrical activity in the brain), If develops convulsive (irregular movement of a limb or of the body) seizure > 2 minutes, administer 2mg IV Ativan. Start Date/Time: 03/07/25. End Date/Time: --. NM stated, the reviewed medication order was currently active on Resident 10's electronic medical record and indicated for as needed use. When asked if as needed (PRN) medications required a specific duration, NM stated, My understanding is that a 14 day stop date is needed for this anti-anxiety medication, so if I were to see this order then I would call the pharmacy and ask them to add a stop date. NM was unable to locate clinical documentation to support use beyond 14-day limit. During an interview on 1/8/2026 at 2:42 PM with Pharm, Pharm provided confirmation that pharmacy staff has access to manually add stop dates to as needed (PRN) psychotropic medication orders, unless attending physician or prescribing practitioner rationale is documented. Pharm stated, Yes. We will do that moving forward. That will be our fix. During a review of the facility's policy and procedure titled, Procedure- Post Acute Services- Behavior Monitoring and Psychotherapeutic Drug Use, Protocol, last revised on 12/19/2019, indicated, .2. PRN Psychotherapeutic Drug; PRN Psychotherapeutic drugs should be limited to 14 days, unless appropriate documentation is provided in the medical record.		

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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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to monitor weights according to physician orders for two (Resident 14 and Resident 16) out of 12 sampled residents. This failure may limit and/or negatively impact clinicians' treatment decisions due to unavailable information. Findings: Review of Resident 14's record titled Minimum Data Set (MDS), dated [DATE], indicated she was admitted to the Skilled Nursing Facility (SNF) on 12/19/2025 and had multiple diagnoses including malnutrition (not eating enough nutrients to maintain body functions). Review of Resident 14's record titled Manage Orders, dated 12/21/2025, indicated staff was supposed to obtain her .Weight Weekly. Review of Resident 14's record titled NUTRITIONAL ASSESSMENT, dated 12/26/2025, and authored by Registered Dietitian (RD1), indicated weight .Readings from last 10 Encounters: 12/19/25 59.8 Kg (kilogram). stated 12/17/25 59.8 kg . stated. During a concurrent interview and review of Resident 14's electronic records with the Nurse Manager (NM) on 1/8/2026 at 10:00 AM, the NM was asked to search for documented evidence Resident 14 was weighed upon admission to the SNF and on a weekly basis. The NM only found stated weights within her records. The NM explained stated weight was what Resident 14 told staff her weight was. The NM confirmed staff did not put Resident 14 on a scale and obtained an actual weight. The NM also searched Resident 14's records for any clinical reasons (pain, refusal, out of the facility etc.) why staff did not obtain an actual weight. The NM was unable to find any clinical rationales why staff did not obtain an admission weight and/or weekly weights for Resident 14. Review of Resident 16's record titled MDS, dated 1/6/2026, indicated he was admitted to the SNF on 12/25/2025 and had multiple diagnoses including malnutrition. Review of Resident 16's record titled Manage Orders, dated 12/25/2025, indicated staff was supposed to obtain his weight .on admission and daily. During a concurrent interview and record review on 1/8/2026, at 10:00 AM, with NM, Resident 16's electronic records were reviewed. NM stated weights were not obtained and/or documented for these dates 12/26/2025 to 12/31/2025, 1/2/2026, 1/4/2026, and 1/5/2026 (a total of nine missing daily weights). The NM also searched Resident 16's records for any clinical reasons (pain, refusal, out of the facility etc.) why staff did not obtain an actual weight. The NM was unable to find any clinical rationales why staff did not obtain daily weights for Resident 16 for those nine days. During an interview on 01/08/2026 at 11:53 AM, RD 1 stated part of his assessment included checking for actual weights and physician orders for weights. RD 1 stated if weights were missing, he would alert/remind nursing staff to weigh the resident. RD 1 stated he was aware of missing weights for Resident 14 and 16. The RD stated it would be difficult to recommend treatment plans without actual weights. RD 1 stated staff were alerted about the missing weights and offered no explanation regarding the missing weights for Resident 14 and Resident 16. Review of the facility's policy titled Acute Care and Post Acute Services - Patient Weights, revised on 4/20/2023, indicated .All patients will be weighed: .Within .(24 hours) of admission .will be weighed every 30 days unless otherwise ordered by the physician.		

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure Resident 14 (one out of 12 sample residents) was free from unnecessary medication when Remeron (a medication that treats depression and other conditions by adjusting brain chemistry to improve mood, energy, and feelings of well-being, helping to regulate mood, sleep, and appetite) was prescribed with no identified target behaviors and no diagnosis related to depression (a serious mood disorder causing persistent sadness, loss of interest, and impacting daily life, affecting how you feel, think, and handle activities like sleeping, eating, or working). This failure may result in the use of Remeron as an unnecessary medication. Findings: Review of Resident 14's record titled Manage Orders, dated 12/21/2025, indicated Resident 14 was prescribed 15 mg (milligram) of Remeron at bedtime. Review of Resident 14's record titled Minimum Data Set (MDS), dated [DATE], indicated she was admitted to the Skilled Nursing Facility (SNF) on 12/19/2025 and had multiple diagnoses. None of the diagnoses was depression or related to depression. During a concurrent interview and review of Resident 14's electronic records with RN Leader (RNL) on 1/7/2026 at 1:42 PM, the RNL stated she will search for diagnoses and target behaviors regarding why Remeron was prescribed for Resident 14. The RNL stated she will also search for documented evidence of an actual depression diagnosis and how staff were monitoring target symptoms related to depression. RNL stated these depression target symptoms may manifest as: self-isolation, insomnia, loss of interest, tearful, etc. and she will search the records for these symptoms. After searching Resident 14's records, RNL was unable to find documentation for the items discussed. During a concurrent interview and record review on 1/8/2026 at 2:37 PM, the Pharmacy Manager (Pharm), the Pharm stated an anti-depression should not be prescribed without an active diagnosis of depression or other forms of depression. The Pharm stated when a physician orders a medication, a pharmacist would review the chart to ensure there was a diagnosis associated with the medication. The Pharm stated if indication for use was not documented, there would be a discussion with the care team (including a physician). The Pharm stated there are off label use for Remeron such as for anxiety and insomnia. The Pharm was asked to search Resident 14's records for any clinical rationale and/or diagnosis for Resident 14's use of Remeron. The Pharm was unable to find a diagnosis for use of Remeron for Resident 14 (after admission to the SNF). The Pharm did find a check box indicating Remeron was discussed with the care team. The Pharm explained they may have to re-examine their drug prescribing system as the current system did not prevent Remeron from being prescribed without documented diagnoses and/or clinical rationales. Review of the facility's policy titled Post Acute Services - Behavior Monitoring and Psychotherapeutic Drug Use, Protocol, revised on 12/19/2019, indicated .To outline the management and documentation requirements for patients with behavioral symptoms .diagnosis with a description of symptoms.discussion of the differential psychiatric and medical diagnosis. description of the justification of the choice of a particular treatment .		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to store food in a sanitary manner when:1.A container of soup and an opened bag of meatballs were not dated.2.Food debris, an avocado, a packet of parsley, and a packet of cilantro were found on the floor of the walk-in refrigerator and freezer.Failure to store food in a sanitary manner had the potential to subject residents to contaminated food and/or foodborne illnesses.Findings:During a concurrent observation and interview on 1/6/2026 at 10:03 AM with the Food Service Manager (FSM), these were found within the kitchen:1.A container of soup and an opened bag of meatballs were not dated.2.Food debris, an avocado, a packet of parsley, and a packet of cilantro were found on the floor of the walk-in refrigerator and freezer.During an interview, the FSM acknowledged the soup should have been dated for today and the bag of meatballs should have been dated when staff opened the bag. When the observation regarding the walk-in refrigerator and freezer were shared with the FSM, she stated staff should have been cleaning these areas on a daily basis. The FSM acknowledged staff may not have been cleaning these areas on a daily basis due to the decomposed state of the parsley and cilantro. The parsley and cilantro appeared limp and slimy and was releasing moisture and odors. Some of the dark greenish fluid from the decomposing cilantro and parsley bags were leaking onto the refrigerator floor.Review of the facility's policy titled Infection Control-Cleaning and Sanitation in Food & Nutrition Services, revised on 4/29/2024, indicated .Clean floors at least once daily.Review of the facility's policy titled LABELING PROCESSES STANDARDS AND PROCEDURES, dated 2025, indicated . REFRIGERATED FOOD LABEL REQUIREMENTS.These food labels intended for storage must include this information: Item Name Preparation Date Use-by Date. Employee Initials.		