STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056449	A. Building B. Wing	03/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
San Francisco Post Acute	5767 Mission Street San Francisco, CA 94112

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 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44211 Based on interview and record review, the facility failed to provide, one of three sampled residents (Resident 1), Resident 1's representative with the 7-Day Bed-hold written notice at the time of transfer or within 24 hours of Resident 1's emergency transfer to a higher level of care on [DATE]. This failure resulted in a facility-initiated discharge on [DATE] for Resident 1. Findings: During a review of Resident 1's Summary for Providers, the Summary indicated that Resident 1 had an emergency transfer to the hospital on [DATE], due to a change of condition (COC). During a review of Resident 1's face sheet (FS), the FS indicated that Resident 1 was admitted to the facility on [DATE] and discharged on [DATE] (7 days after an emergency transfer due to a COC). During a concurrent interview and record review on [DATE] at 4:20 PM with Executive Assistant (EA), the EA was unable to locate documented evidence to show Resident 1's representative was provided with the 7-Day Bed-hold written notice at the time of transfer on [DATE] or within 24 hours. The EA verified that Resident 1 was discharged from the facility on [DATE]. The EA stated the facility's social worker should have provided the 7-Day Bed-hold written notice at the time of transfer on [DATE] or within 24 hours. During a concurrent interview and record review on [DATE] at 9:33 AM with Director of Nursing (DON), DON stated that Resident 1's representative was not provided with the 7-Day Bed-hold written notice at the time of transfer on [DATE] or within 24 hours. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056449	A. Building B. Wing	03/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
San Francisco Post Acute	5767 Mission Street San Francisco, CA 94112

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 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of facility policy and procedure titled Bed-Holds and Returns, dated [DATE], indicated that, 1. All residents/representatives are provided written information regarding the facility and state bed-hold policies, which address holding or reserving a resident's bed during periods of absence (hospitalization s or therapeutic leave). Residents, regardless of payer source, are provided written notice about these policies at least twice: a. notice 1: well in advance of any transfer (e.g. in the admission packet); and b. notice 2: at the time of transfer (or, if the transfer was an emergency, within 24 hours) . 3. Multiple attempts to provide the resident representative with notice 2 should be documented in cases where staff were unable to reach and notify the representative timely . 7. Residents who seek to return to the facility after the state bed-hold period has expired . are allowed to return . provided that the resident: a. still requires the services provided by the facility; and b. is eligible for Medicare skilled nursing facility or Medicaid nursing facility services . 9. If the facility determines that a resident cannot return, the facility must comply with the requirements for facility-initiated discharges .