STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A315	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hayes Convalescent Hospital	1250 Hayes Street 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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31922 Based on observation, interview, and record review, the facility failed to follow their policy regarding restraints for two of 12 sample residents (Resident 8 and 18). For Resident 18 the facility failed to assess her restraint on a regular basis for restraint reduction and/or elimination. For Resident 8 the facility failed to obtain consent from the responsible party and a Physician order. Failure to follow their restraint policy did not ensure Resident 8 and 18 were free from restraints. Findings: Review of Resident 18's MDS (Minimum Data Set, a standardized resident assessment tool) dated 9/14/24 indicated: 1. She was severely impaired in her cognition. 2. She had no impairment in range of motion for her upper and lower extremities. 3. She used a walker as a mobility device. 4. she required set up for meals and was dependent on staff for all other ADLs (activity of daily living). 5. She exhibited behaviors not directed towards other (screaming, disruptive sounds, hitting or scratching self, etc.). Observation of Resident 18 on 12/11/24 at 11:00 a.m., with the DON (Director of Nursing) indicated Resident 18 was in a Geri chair (a recliner chair with raised arm rests that prevent residents from getting out of the chair). There was a tray table (mechanically attached to the Geri chair) across Resident 18's lap that also prevents her from getting out of the Geri Chair. (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
	05A315	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hayes Convalescent Hospital	1250 Hayes Street 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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 12/11/24 at 11:02 a.m., the DON stated the Geri chair with tray table was implemented to address Resident 18's physical and verbally abusive behaviors towards staff and Resident 18's high fall risk. The DON was asked to search Resident 18's records for ongoing assessments to indicate the facility attempted to reduce and/or eliminate the use of the Geri chair. The last assessment the DON found for the use of the Geri chair was dated 9/20/23. Review of the facility's policy titled Use of Restraints (undated) indicated .Restrained individuals shall be reviewed regularly (at least quarterly) to determine whether they are candidates for restraint reduction, less restrictive methods of restraints, or total restraint elimination. Review of Resident 8's MDS dated [DATE] indicated: 1. She was moderately impaired in her cognition. 2. No range of motion impairment in her upper and lower extremities. 3. She used a walker or a wheelchair as her mobility devices. 4. She required supervision and/or touching assistance to transfer, to stand, to sit and to lie down. 5. She used a bed rail daily and it was coded as a restraint. Observation of her bed on 12/11/24 at 10:00 a.m., indicated there were bilateral bed rails on the sides of her bed. These bed rails were approximately 6 inches wide and 18 inches above the mattress. During an interview on 12/11/24 at 10:46 a.m., the DON stated the facility was required to code side rails as a restraint. DON stated Resident 8 uses those bed rails to assist her in getting in and out of bed. DON was asked to search Resident 8's records for documented evidence they obtained consent from the resident and/or responsible party prior to implementing the side rail and a physician order for the side rail. The DON was unable to find these documents. Review of facility's policy titled Use of Restraints, (undated), indicated .Restraints shall only be used upon the written order of a physician and after obtaining consent from the resident and/or representative .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A315	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hayes Convalescent Hospital	1250 Hayes Street 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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31922 Based on observation, interview, and record review, the facility failed to follow their policy regarding care planning restraints for two of 12 sample residents (Resident 8 and 18). The facility failed to address these issues in Resident 18's care plan: 1. assess her restraint on a regular basis for restraint reduction and/or elimination. 2. Formulate interventions for restraint reduction and/or elimination. For Resident 8 the facility failed to formulate a restraint care plan for her side rails. Failure to follow facility policy regarding care planning restraints did not ensure Resident 8 and 18 were free from restraints. Findings: Review of Resident 18's MDS dated [DATE] indicated: 1. She was severely impaired in her cognition. 2. She had no impairment in range of motion for her upper and lower extremities. 3. She used a walker as a mobility device. 4. she required set up for meals and was dependent on staff for all other ADLs 5. She exhibited behaviors not directed towards other (screaming, disruptive sounds, hitting or scratching self, etc.). Observation of Resident 18 on 12/11/24 at 11:00 a.m., with the DON (Director of Nursing) indicated Resident 18 was in a Geri chair. There was a tray table (mechanically attached to the Geri chair) across Resident 18's lap that prevented her from getting out of the Geri Chair. During an interview on 12/11/24 at 11:02 a.m., the DON stated the Geri chair with tray table was implemented to address Resident 18's physical and verbally abusive behaviors towards staff and Resident 18's high fall risk. The DON was asked to search Resident 18's care plans for: 1. Ongoing assessments for the use of the Geri chair. 2. Interventions to reduce and/or eliminate the use of the Geri chair. The DON was unable to find the requested documents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A315	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hayes Convalescent Hospital	1250 Hayes Street 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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident 8's MDS dated [DATE] indicated: 1. She was moderately impaired in her cognition. 2. No range of motion impairment in her upper and lower extremities. 3. She used a walker or a wheelchair as her mobility devices. 4. She required supervision and/or touching assistance to transfer, to stand, to sit and to lie down. 5. She used a bed rail daily and it was coded as a restraint. Observation of her bed on 12/11/24 at 10:00 a.m., indicated there were bilateral bed rails on the sides of her bed. These bed rails were approximately 6 inches wide and 18 inches above the mattress. During an interview on 12/11/24 at 10:46 a.m.,, the DON stated the facility was required to code side rails as a restraint. The DON stated Resident 8 used those bed rails to assist her in getting in and out of bed. The DON was asked to search Resident 8's care plan for the restraint. The DON stated the restraint was not care planned. Review of facility's policy titled Use of Restraints (undated) indicated . Care plans for residents in restraints will reflect interventions that address not only the immediate medical symptom(s), but the underlying problems that may be causing the symptom(s). Care plans shall also include the measures taken to systematically reduce or eliminate the need for restraint use.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A315	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hayes Convalescent Hospital	1250 Hayes Street 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 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a policy regarding use and storage of foods brought to residents by family and other visitors. 40619 Based on observation, interview, and record review, the facility failed to ensure safe and sanitary storage of foods brought to residents by family when the foods are stored in a communal refrigerator, comingled with staff lunch bags, not labeled, and not placed in a re-sealable container with tightly fitting lids. This failure had the potential to cause food borne illness when stored food are served to residents. FINDINGS: During concurrent observation and interview on 12/10/24 at 12:13 p.m., in the breakroom with DS (Dietary Supervisor), the refrigerator that family members store food brought from outside the facility and also used for staff to store their food was observed to have plastic grocery bags containing food items, brown paper bag with food items inside, unlabeled opened milk carton of Kerns Milk and Rice Drink, unlabeled opened liquid coffee creamer, 1 apple, one small individual container of pudding, one small individual container of jello, a plastic container of food item unlabeled. The label outside refrigerator did not specify or designate space/storage for resident's food. When asked who is monitoring the refrigerator, the DS stated, he does not monitor or record the refrigerator temperature. During an observation on 12/11/24 at 8:30 a.m., in the breakroom, the refrigerator contained a pink striped lunch bag, a container that looks like a water bottle, a black plastic bag containing another plastic bag of food items, not labeled nor any identifying note of the items contained in the bags. All items found on 12/10/24 are still in the refrigerator. During an interview on 12/11/24 at 8:45 am, with DON (Director of Nursing), the DON stated, nurses do not monitor the refrigerator. During a concurrent interview and observation on 12/11/24 at 9 a.m., with SSD/AA (Social Services Designee/Activity Assistant), the SSD/AA stated, food brought in by family from outside are given to certified nursing assistants, they label food and place them inside the breakroom refrigerator. She looked inside the refrigerator, she stated these belongs to the staff and maybe some belong to the residents. During a concurrent interview and observation on 12/12/24 at 8:15 am, with CNA 1, CNA 1 stated, he had not done any storing lately but what he will do is to receive food items, label container and store inside pointing at the refrigerator. A review of the undated facility policy and procedures (P&P) on Food Brought by Family/Visitor, the P&P indicated, Food brought to the facility by visitors and family is permitted. Facility staff will strive to balance resident's choice and a homelike environment with the nutritional and safety needs of residents. .5. Food brought by family/visitors that is left with the resident to consume later is labeled .