STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555034	A. Building B. Wing	06/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
San Mateo Medical Center D/P Snf	222 West 39th Avenue San Mateo, CA 94403

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify the responsible party of Resident 1 regarding changes in his clinical condition for one of four sample residents. This failure had the likelihood to prevent Resident 1's responsible party from being informed in a timely manner and from participating in care decisions related to Resident 1's change in clinical condition.Findings:Review of Resident 1's medical record titled Minimum Data Set (MDS= a standardized resident assessment tool), dated [DATE], indicated his BIMS (Brief Interview for Mental Status: a resident assessment tool for memory and reasoning) score was 6 out of 15. A score of 6 out of 15 indicated Resident 1 was severely impaired in his memory and reasoning skills.Review of Resident 1's medical record titled Face Sheet, printed on [DATE], indicated .Responsible Party Emergency contact #1 was .(Conservator 1).During an interview on [DATE] at 12:03 PM, Resident 1's Case Manager (CM) from a non-profit agency stated Resident 1 was unable to make medical and financial decisions for himself due to a decline in his mental status. The CM stated around December of 2025 was when there were discussions of public guardianship for Resident 1 with the facility. Around [DATE] was when the courts granted public guardianship. During an interview on [DATE] at 1:10 PM, a Public Guardian Supervisor (PGS) stated there was a social worker from the facility who helped Resident 1 arranged his virtual court hearing for guardianship. The PGS stated at the conclusion of the hearing, the court granted his agency authority to be a public guardian for Resident 1. The PGS stated the next day, when they received paperwork from the court granting this authorization, the PGS stated he immediately emailed and attached the court document to the social worker who assisted Resident 1 in attending the hearing. The PGS stated the facility was informed Resident 1 had a public guardian around March of 2026. The PGS was asked to provide evidence of these communications with the facility. The PGS sent documents regarding these communications. Review of the documents sent by the PGS indicated on [DATE], the facility's Social Worker (SW1) assisted Resident 1 and was present during the remote court guardianship hearing. Resident 1 and SW 1 was made aware of the court's decision. The documents sent also indicated the PGS send court documents identifying them as being granted guardianship by the courts and on [DATE] the guardianship agency requested Resident 1's medical records and the facility provided Resident 1's medical records.During a concurrent interview and record review on [DATE] at 11:43 AM, the Director of Medical Records (DMR) was asked to find change in clinical condition (COC) for Resident 1. The DMR searched and stated there were nine instances of COC for Resident 1 from [DATE] to [DATE]. The DMR was asked to search if the responsible party for Resident 1 was informed of these COC. Review of all nine COC under the section titled Resident Representative Notification, indicate staff documented they notified Resident 1 and/or staff documented Resident 1 was his own responsible party. There was no documented evidence in Resident 1's record staff contacted his Responsible Party (Conservator 1) for these COCs. Review of most Resident 1's most serious COCs indicated:On [DATE] at 12:14 PM , Resident 1's blood sugar .before lunch was at 416. (mg/dL= milligram per deciliter, a unit of measurement for blood sugar). Normal blood sugar range is 70-99 mg/dL.On [DATE] at 4:00 PM , Resident 1 .was shivering and (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	calling the doctor, verbalized that he is in pain and feels cold. Immediately checked his .(vital signs and vital signs were normal). No fever noted. As needed pain medication was given . (for) pain on his right big toe.On [DATE] at 1:00 AM, Resident 1's . tip/top portion of the right great toe appears necrotic .(as manifested by) presence of eschar (necrotic = body tissue that has died and is no longer alive, usually because of injury, infection, or a loss of blood supply. Eschar = a dry dark scab of dead skin/tissue) .Resident verbalizes a lot of pain to the right foot and nursing staff noted that since his fall earlier today, he has remained in bed the whole day. orders were obtained to transfer resident to acute care hospital for evaluation and possible treatment of right great toe .with foul odor and pain.On [DATE] at 9:49 PM, Resident 1 .verbalized discomfort on his chest and .(shortness of breath, vital signs) was taken and .(oxygen level) was 84% (normal oxygen level is 95-100%). Elevate the.(head of bed) but .(breathing difficulty) still noted.(doctor) ordered to transfer resident to hospital for further evaluation.Review of the facility's policy titled Change in Condition, effective date [DATE], indicated, .A Licensed Nurse will notify the resident's Physician. and legal representative or an appropriate family member when there is an: .A significant change in the resident's physical, mental or psychosocial status, e.g., deterioration in health, mental or psychosocial status, life-threatening conditions or clinical complications . A need to alter treatment significantly.A decision to transfer or discharge the resident from the Facility.