

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555235	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2025
NAME OF PROVIDER OR SUPPLIER  Ahmc Seton Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1900 Sullivan Avenue Daly City, CA 94015	

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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to safeguard the personal property for one of 3 sampled residents (Resident 63) whose cellphone was reported missing on 2/9/25. Additionally, the facility failed to ensure the missing cellphone was replaced in accordance with the facility's Theft and Loss Policy. These failures resulted in the loss of Resident 63's cellphone; and may disrupt communication with family and friends and decrease sense of safety and trust in the facility's ability to protect residents and their belongings. Review of Resident 63's admission record indicated, was admitted on [DATE] with diagnoses including high blood pressure and vascular dementia with behavioral disturbance (a form of cognitive decline caused by reduced blood flow to the brain, often resulting from strokes or other vascular issues where a person experiences significant functional limitations and exhibits behavioral changes). Review of the quarterly Minimum Data Set (MDS, a federally mandated resident assessment tool) dated 2/8/25 indicated, Resident 63 presents with moderate cognitive (mental action or process of acquiring knowledge and understanding) impairment. Review of Resident 63's Patient's Belongings Record dated 11/9/23 indicated that one (1) cellphone with charger was documented. Review of the Resident Progress Notes dated 2/9/25 indicated, During rounds with checking patient personal gadget/belonging, observed cellphone is missing. Cellphone includes in personal belonging lists upon admission. Tried to look on patients closet, bag, drawer, and dresser unable to find cellphone. per RP (resident representative) cellphone was a gift from the student. Theft/loss form completed and submitted. During an interview on 8/13/25 at 11:06 AM, confirmed that Resident 63's missing cellphone was listed on the belongings inventory and stated that they were unable to find the cellphone. Review of the Interdisciplinary Team (IDT - a group of professional disciplines that combine knowledge, skills, and resources to provide the greatest benefit to the resident) Note dated 2/9/25 indicated that Resident 63's missing cellphone was discussed. The IDT Note indicated the incident was reported to the police and appropriate state agencies. Additionally, the IDT Note indicated that Resident 63's former student visited the facility and provided the value of the cellphone, which was reported as \$130.00 with a monthly payment of \$15.00. Resident 63's former student and the facility attempted to contact the cellphone but were unsuccessful. During an interview on 8/13/25 at 11:12 AM, the Director of Nursing (DON) stated that the facility did not replace Resident 63's missing cellphone because the cellphone could not be located. The DON further explained that, according to the facility's Theft and Loss Policy, the Social Worker (SW) will arrange for replacement if the missing item is listed in the inventory list. During an interview on 8/13/25 at 3:14 PM, SW 1 stated that if a missing item is listed on the resident's inventory list, it will be reimbursed. If the item is not listed, efforts must be made to locate it. Review of the facility's policy and procedure titled, Theft and Loss, revised 8/20, indicated, The hospitals will provide for the safeguarding of the personal possessions of both residents and staff . 6. The Social Worker arranges for replacement if needed.</p>

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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