

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555276	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/12/2025
NAME OF PROVIDER OR SUPPLIER  San Bruno Skilled Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE  890 El Camino Real San Bruno, CA 94066	

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 0688  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.  (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

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and a review of records, the facility failed to ensure that one of 9 sampled residents (Resident 1) receive consistent range of motion (ROM) exercises to the left lower extremity (LLE) during the period from admission on [DATE] to hospital transfer on 07/16/2025, to prevent contractures. This failure resulted in the development of contractures in the resident's LLE. During a review of Resident 1's Physical Therapy Medicare, PT Evaluation &amp; Plan of Treatment (PTEPT), dated 11/20/2024, the PTEPT indicated, Resident 1 did not have contractures and that Resident 1's right lower extremity (RLE) and the left lower extremity (LLE) had range of motion (ROM) that was within normal limits (WNL). During a review of Resident 1's Joint Mobility Screen (JMS), dated 01/02/2025, the JMS indicated Resident 1 had full ROM of the left and right hips, knees, and ankles. During a review of the Occupational Therapy Treatment Encounter Notes ((NAME)) dated 01/22/2025 to 03/06/2025, the documentation failed to indicate that Resident 1 participated in lower extremity ROM exercises. During a review of Occupational Therapy Treatment Encounter Note ((NAME)), dated 02/27/2025, the [NAME] indicated Resident 1 still had trouble straightening her [left] knee when standing up during transfers and while getting dressed. The therapist said a physical therapy evaluation would be recommended. During a review of Physical Therapy Medicare, PT Evaluation &amp; Plan of Treatment (PTEPT), dated 03/06/2025, the PTEPT indicated New Goal in which Patient will increase PROM Left Knee Extension to -60 degrees in order to facilitate weight acceptance during gait with a target date of 03/20/2025. The PTEPT also indicated that Resident 1's baseline extension was -85 degrees, with a prior level of function (PLOF) of zero degrees. A normal degree of knee extension is typically considered to be zero degrees, which represents a fully straightened leg. During a review of Physical Therapy Treatment Encounter Note (PTTEN), dated 03/06/2025, PTTEN indicated that Resident 1's ability to do everyday tasks had recently gotten worse. It also said that the muscles in both of her legs were tighter than before, especially the hamstrings (the muscles at the back of the thigh). The therapist thought she might be starting to develop contractures, which means her muscles could become stuck in a bent position. During interview on 11/12/2025 at 1:50 PM with interim Director of Rehabilitation (DOR), interim DOR stated Resident 1 started to have a decrease in ROM of the left knee in March 2025, but they were not considered contractures. Interim DOR also confirmed the degree of left knee flexion had not been documented in March 2025. During interview on 11/10/2025 at 1:41 PM with Director of Nursing (DON), DON confirmed a change-of-condition (COC) evaluation for changes in lower extremity mobility in March 2025 had not been performed and documented in the medical records for Resident 1, during the period from admission on [DATE] to hospital transfer on 07/16/2025. During a review of Physical Therapy Progress Report (PTPR) for Resident 1, dated 04/22/2025, the PTPR indicated that passive range of motion (PROM) extension of the left knee was zero degrees; baseline was -85 degrees on 03/06/2025; previous was -70 degrees on 04/03/2025; and current was -60 degrees on 04/22/2025. This indicated a documentation of improvement in left knee extension between the period of 03/06/2025 to 04/22/2025. During a review of Physical Therapy Progress Report (PTPR) for Resident 1, dated 05/21/2025, the PTPR indicated that passive range of motion (PROM) extension of the left knee was zero degrees; baseline was -85 degrees on 03/06/2025; previous was -50 degrees on 05/01/2025; and current was -50 degrees on 05/21/2025. This indicated a documentation of no improvements in left knee extension between the period of 03/06/2025 to 05/21/2025. During a review of Physical Therapy Progress Report (PTPR) for Resident 1, dated 06/18/2025, the PTPR indicated that passive range of motion (PROM) extension of the left knee was zero degrees; baseline was -85 degrees on 03/06/2025; previous was -85 degrees on 05/29/2025; and current was -85 degrees on 06/18/2025. This indicated a documentation of no improvements in left knee extension between the period of 03/06/2025 to 06/18/2025. During a review of the Physical Therapy Treatment Encounter Note (PTTEN) for Resident 1, dated 06/19/2025, it was noted that the Resident 1 required assistance with transferring from the bed to a wheelchair using skilled physical therapy services. The resident needed support with hand and foot placement during the transfer. Due to a contracture in the left leg, the resident was only able to bear weight on the right leg throughout the therapy session. This was the last PTTEN documented in Resident 1's medical record. During a review of Resident 1's Care Plan Report dated 07/08/2025, it was noted that a care plan addressing Physical Therapy-focused on abnormal gait, difficulty walking, impaired dynamic balance, impaired strength, mobility deficit, and muscle weakness, was initiated on 12/02/2024 and resolved on</p>		