STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555728	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
San Francisco Towers	1661 Pine Street San Francisco, CA 94109

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure food was stored in accordance with professional standards for food service safety when scoops were stored inside the jasmine and brown rice bins with the scoops in direct contact with the rice.This deficient practice may put the residents who receive food from the facility kitchen at risk for food borne illness (an illness caused by the food you eat).During a concurrent observation and interview on 12/1/25 at 10:06 AM with Kitchen Staff (KS) 1, Dry Storage 2 (an area where food items that are safe at room temperature are stored) in the kitchen was inspected. The bin containing jasmine rice had a scoop holder under its lid. The scoop was not in its holder and was placed directly inside the bin, in contact with the rice. The bin containing brown rice did not have a scoop holder, and the scoop was placed directly in contact with the rice. KS 1 confirmed the observation and stated, This one (referring to the brown rice bin) does not have a holder for the scoop. We should change the bin.During an interview on 12/4/25 at 9:02 AM, the Registered Dietitian (RD) stated scoops should not be touching the rice. The RD further stated, Potentially, with what we're touching in the kitchen, (staff's) hands could be contaminated, contaminants could be getting into the scoop.that could add bacteria or other contaminants to it (rice).Review of the facility's policy and procedure, titled Production, Purchasing, Storage, dated 1/2025, indicated Policies: All food, non-food items and supplies used in food preparation shall be stored in such a manner as to prevent contamination to maintain the safety and wholesomeness of the food for human consumption.Procedures:.Dry Storage: .Foods that must be opened must be stored in NSF (National Sanitation Foundation, an organization that creates standardized sanitation and food safety requirements) approved containers that have tight-fitting lids.Hand scoop. Scoops may be stored in bins on a scoop holder. The food level must be no closer than one inch below the handle of the scoop.The FDA Food Code 2022: Full Document (accessed on 12/8/25), under 3-304 Preventing Contamination from Equipment, Utensils, and Linens indicated 3-304.12 In-Use Utensils, Between-Use Storage. During pauses in FOOD preparation or dispensing, FOOD preparation and dispensing UTENSILS shall be stored: . in the food with their handles above the top of the food and the container; (B) In food that is not time/temperature control for safety food (foods that require certain time and temperature controls to prevent unsafe bacteria growth) with their handles above the top of the food within containers or equipment that can be closed, such as bins of sugar, flour, or cinnamon.

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
	555728	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
San Francisco Towers	1661 Pine Street San Francisco, CA 94109

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to inform and provide written information to residents to formulate an advanced directive (a legal document indicating resident preference on end-of-life treatment decision) when there was no accurate documentation to demonstrate offering and educating the advance directive to one of 16 sampled residents (Resident 10).This failure was likely to result in not following the residents' desired health care decisions when residents become unable to make decisions for themselves. Review of Resident 10's Acknowledgement for Advance Directive form dated 11/12/25 indicated, a different resident's name was written on the signed form.During a concurrent interview and record review on 12/2/25 at 1:02 PM with Licensed Vocational Nurse (LVN) 1, Resident 10's scanned Acknowledgement for Advanced Directive (AAD) form dated 11/12/25 was reviewed. LVN 1 acknowledged that the scanned form on the electronic health record (EHR) was not under Resident 10's name.During a concurrent interview and record review on 12/2/25 at 1:07 PM with Staff 1, Resident 10's AAD form on the hard chart was reviewed. Staff 1 stated Resident 10 refused to have an advance directive and signed the AAD form. Staff 1 acknowledged that the form signed by Resident 10 contained a different resident's name. Staff 1 stated, They could have given the wrong code or different from the patient's wishes.Review of the facility's policy and procedure titled, Advance Directive last revised on [DATE], indicated, .1. Upon admission to the community social services staff or designee will inform and provide written information to the resident concerning their right to formulate an advance directive. An Acknowledgement for Advance Directive form will be completed, signed and place in the resident's medical record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555728	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
San Francisco Towers	1661 Pine Street San Francisco, CA 94109

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide a written notice of transfer that included the reason for transfer, bed-hold policy, and other discharge rights as soon as practicably possible for one out of three sampled residents (Resident 25).This failure has the potential for residents to be inappropriately discharged without understanding the reason for their discharge or their rights regarding that discharge.A review of the facility's policy and procedure titled, Transfer, Evacuation, Relocation, or Discharge, last revised 08/202, indicated, Emergency Transfer/Discharges.The facility shall make an emergency transfer or discharge when it is in the best interest of the resident.Before the facility transfers a resident to a hospital or the resident goes on a therapeutic leave, the facility will provide written information to the resident or resident representative that specifies: the duration of the state bed-hold policy.the reserve bed payment policy in the state plan. the facility's policies regarding bed-hold periods permitting a resident to return and other notice requirements.Should it become necessary to make an emergency transfer of a resident for hospitalization or therapeutic leave the facility will implement the following procedures:. provide a written transfer notice to the resident and the resident representative which specifies the duration of the bed-hold policy.A review of a facility document titled, Transfer/Discharge Report (a summary of a resident's information), dated 12/04/25, indicated Resident 25 was admitted in August 2025 with multiple diagnoses including Chronic Obstructive Pulmonary Disease (COPD, a lung disease making it hard to breathe) exacerbation (sudden worsening), Acute Kidney Failure (sudden loss of kidney function) and Chronic Kidney Disease Stage 3 (moderately damaged kidney measured by how well the kidneys filter blood).A review of Resident 25's progress note titled Transfer to Hospital Summary, dated 09/09/25, indicated, On 9/9/25 at around 230pm, res [Resident 25] was visited by MD [Medical Doctor]. Res was responsive and c/o [complaining of] pain.After an hour MD came back to room to speak with res wife, who is now visiting resident. Res was lethargic [sleepy or drowsy] with abnormal renal [kidney] and low K+level [sic] [an electrolyte important in heart and muscle function]. Wife agreed to transfer resident to hospital.Wife does not want to hold bed and agreed to take chances.During concurrent interview and record review on 12/04/25 at 9:40 AM with Licensed Vocational Nurse (LVN) 2, Resident 25's list of digitally scanned documents, dated anytime in 09/2025 were reviewed. The list of digitally scanned documents indicated there was not a written discharge notice anytime during 09/2025. LVN 2 stated for discharges to the hospital, nursing staff have to let them know right away about the facility's bed hold policy. When asked if she is able to find any scanned documentation regarding a written notice of discharge for Resident 25, LVN 2 stated, No.it should be there.During an interview on 12/04/25 at 9:44 AM with Medical Records (MR), MR was asked if Resident 25 required a bed hold notice when they were discharged to the hospital on [DATE]. MR stated, yes. When asked if the notice and bed hold policy were required to be written, MR stated, the verbal is okay in emergency cases.During an interview on 12/04/25 at 10:11 AM with the Director of Nursing (DON), the DON was asked if discharge notices and bed hold policy were required to be provided in writing to residents, the DON stated, we are required to ask [about bed hold].not necessarily in writing.During a concurrent interview and record review on 12/04/25 at 10:18 AM with the Director of Nursing (DON), Resident 25's progress note titled Transfer to Hospital Summary, dated 09/09/25, was reviewed. The progress note indicated, Wife agreed to transfer resident to hospital.Wife does not want to hold bed and agreed to take chances. The DON stated the notice of discharge was verbal because Resident 25's wife was at bedside.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555728	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
San Francisco Towers	1661 Pine Street San Francisco, CA 94109

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure assessments for one of sixteen sampled residents (Resident 1) was accurate when the Minimum Data Set (MDS-an assessment tool) for Resident 1's hospice status was coded inaccurately.Failure to complete accurate assessments could potentially harm the residents by not providing needed care and services to maintain their highest level of functioning.Resident 1's most recent admission was on 9/16/25 with diagnosis including Alzheimer's disease (a type of dementia that affects memory, thinking and behavior), dementia (general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life), type 2 diabetes mellitus (a disease that occurs when your body doesn't use insulin well and can't keep blood sugar at normal levels), and major depressive disorder.Review of Resident 1's medical record titled Hospice Certification and Plan of Care indicated, Resident 1 was admitted for hospice services on 10/7/25.During a concurrent interview and record review on 12/3/25 at 1:46 PM with Licensed Vocational Nurse (LVN)1, Resident 1's MDS dated [DATE] was reviewed. According to LVN 1, the MDS was completed for a significant change in status for Resident 1's admission to hospice care. LVN 1 stated, Enrollment or disenrollment to hospice requires a significant change MDS. LVN 1 acknowledged that Resident 1's hospice care was coded incorrectly in the MDS assessment and stated, The coding is no. It should be coded as yes. There's a discrepancy in the MDS.During a concurrent interview and record review on 12/3/25 at 3:29 PM with the Director of Nursing (DON), Resident 1's MDS dated [DATE] was reviewed. According to the DON, Resident 1 was admitted to hospice care on 10/7/25. DON stated, The MDS did not reflect that the resident is on hospice.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555728	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
San Francisco Towers	1661 Pine Street San Francisco, CA 94109

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. Based on interview and record review, the facility failed to ensure that the indications for pain medication orders were accurately documented for two out of six residents (Resident 19 and Resident 20). This failure had the potential to result in a serious adverse consequence (a bad or harmful effect that can happen when someone takes a medicine).During a review of the Medication Administration Record (MAR) for Resident 19, dated November 2025, the MAR indicated a pain medication order for Tramadol 25 mg with an indication to, give 1 tablet by mouth every 8 hours as needed for moderate to severe pain. The pain medication order was started on 11/19/2025. Tramadol 25 mg was given at 7:49 AM on 11/21/2025 for a pain level of 3 and was also given at 4:50 AM on 11/24/2025 for a pain level of 2, both of which are considered mild pain according to the facility's pain scale, which did not align with the prescribed indication for moderate to severe pain. Pain levels are a way to describe how much pain someone is feeling and is usually rated on a pain scale from 0 to 10.During an interview on 12/04/2025 at 9:51 AM with the Director of Nursing (DON), the DON confirmed Resident 19 had received Tramadol 25 mg on 11/21/2025 and 11/24/2025 for mild pain, which did not align with the prescribed indication for moderate to severe pain.During a review of the Order Summary Report for Resident 19, dated 12/04/2025, the Order Summary Report indicated an order with instructions to, monitor pain every shift using numerical scale or PAINAD scale for the cognitively impaired (means a person has trouble thinking clearly, remembering things, learning new information, or making decisions) every shift for pain monitoring, and defined pain levels as, 0 = pain; 1-3 = mild pain; 4-6 = moderate pain, and, 7-10 = severe pain.During a review of MDS 3.0 Section C - Cognitive Patterns for Resident 19, dated 11/17/2025, the MDS Section C - Cognitive Patterns shows Resident 19 has a BIMS Summary Score of 9, indicating moderate cognitive impairment. BIMS, which stands for Brief Interview for Mental Status, is a short test used to assess how well a person can think, remember, and make decisions; scores range from 0 to 15, with 13-15 indicating the person is cognitively intact, 8-12 indicating moderate impairment, and 0-7 indicating severe impairment. During a review of the MAR for Resident 20, dated November 2025, the MAR indicated a pain medication order for Tramadol 25 mg with an indication to, give 25 mg by mouth every 8 hours for moderate to severe pain. Tramadol 25 mg was administered during most shifts in November 2025 for pain levels documented as mild or absent, which did not align with the prescribed indication for moderate to severe pain.During an interview on 12/03/2025 at 11:06 AM with Licensed Vocational Nurse 3 (LVN 3), LVN 3 stated Resident 20 received Tramadol 25mg, despite documented pain levels recorded in the MAR indicating mild pain and despite the prescribed indication for moderate to severe pain. LVN 3 explained that Tramadol had been ordered as a routine medication. LVN 3 further stated that Tramadol 25 mg should be held if Resident 20 is not experiencing moderate to severe pain. However, LVN 3 confirmed that there is no order to hold Tramadol 25 mg if Resident 20's pain level was moderate to severe.During an interview on 12/03/2025 at 11:50 AM with the DON, the DON stated and confirmed Resident 20's order for Tramadol 25 mg was written as a routine pain medication and should not have included an indication for moderate to severe pain. The DON also noted that pain levels are not typically recorded prior to administering routine pain medications. The DON confirmed that Tramadol 25 mg should not have been given for mild pain, as it had been during most administrations throughout November 2025.During a review of the Order Summary Report for Resident 20, dated 12/03/2025, the Order Summary Report indicated an order with instructions to, monitor pain every shift using numerical scale or PAINAD scale for the cognitively impaired (means a person has trouble thinking clearly, remembering things, learning new information, or making decisions) every shift for pain monitoring, and defined pain levels as, 0 = pain; 1-3 = mild pain; 4-6 = moderate pain, and, 7-10 = severe pain.During a review of MDS 3.0 Section C - Cognitive Patterns for Resident 20, dated 09/26/2025, the MDS Section C - Cognitive Patterns shows Resident 20 has a BIMS Summary Score of 13, indicating Resident 20 is cognitively intact. During a review of the facility's policy and procedure (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555728	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
San Francisco Towers	1661 Pine Street San Francisco, CA 94109

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	titled, Medication Administration, dated 01/2021, it was indicated that medications must be administered in accordance with prescriber orders and that nurses must contact the prescriber if an order appears unrelated to the resident's current diagnosis or condition.