STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555856	A. Building B. Wing	10/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Peninsula Post-Acute	1609 Trousdale Drive Burlingame, CA 94010

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 0836 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26875 Based on interview and record review, the facility failed to operate and provide services to residents of 62 beds when the facility exceeded that capacity and reached 63-64 beds for 13 days in September, 2024. The facility failed to provide services to 62 residents when they admitted ,d+[DATE] residents. Findings: Review of a Detailed Census Report for September, 2024 showed 63 residents were admitted on Sept. 1, and 2nd. 64 residents were admitted on Sept. 4, and 9th. 63 residents were admitted on Sept. 15, and 16th. 64 residents were admitted on Sept. 19, and 23rd. 63 residents were admitted on Sept. 24, and 25th. 64 residents were admitted on Sept. 26th. 63 residents were admitted on Sept. 27, and 29th. The facility had admitted ,d+[DATE] residents for 13 days in a facility licensed for 62 beds. Review of facility license titled, State of California, Department of Public Health in accordance with applicable provisions of the Health and Safety Code of California and its rules and regulations, the Department of Public Health hereby issues this License to facility, to operate and maintain the following Skilled Nursing Facility, name and address of facility, Bed Classifications/Services/Stations: 62 Skilled Nursing (beds). Other Approved Services: Occupational Therapy, Physical Therapy, Social Services, Speech Pathology. This LICENSE is not transferable and is granted solely upon the following conditions, limitations and comments: Signed by the Director and State Public Health Officer and Staff Services Manager. During an interview on 10/18/2024, at 12:25 PM, Infection Preventionist/Assistant Director of Nursing (ADON) and Administrator provided NHPPD (nursing hours per patient day) postings for September and staffing numbers for a week in October. Administrator agreed he admitted ,d+[DATE] residents in the month of September because the Fire Marshall had approved a bed census of 68, now, to increase to 70 beds while awaiting approval of facility application requested 8/6/2023. The license only permits 62 skilled nursing beds.

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