

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555856	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2026
NAME OF PROVIDER OR SUPPLIER Peninsula Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to investigate an unusual occurrence for Resident 69, 1 out of 15 sample residents. Resident 69 had a fall and had neurosurgery (surgery to the brain) ten days later. Failure to investigate an unusual occurrence for Resident 69 did not ensure the facility had ruled out neglect and/or potential failures within their system for provision of nursing care. Findings:Review of Resident 69's medical records titled Progress Notes admission Summary, printed on 3/26/26, indicated upon admission on [DATE], she had multiple diagnoses including: dementia (progressive loss of memory, language, reasoning, and other thinking skills), glaucoma (buildup of pressure within the eye, leading to vision loss), repeated falls, abnormal gait and mobility (walking and getting around) and subdural hematoma (blood collecting between the surface of the brain and its outer covering usually caused by torn veins from a head injury).Review of Resident 69's medical records titled Change in Condition Evaluation, dated 1/21/26, indicated, around .(5:00 AM), . (Resident 69) was found sitting on the floor towards the foot of. her bed. (Resident 69) was not able to state what and why she fell. (Resident 69) denies hitting head, no new skin tear, PERRLA (a quick, noninvasive eye exam to check for head injuries, brain damage etc.), was able to grip with her upper .(arms), able to move her (legs), refused vital sign (measurable indicators of your body's essential function=temperature, heart rate, breathing rate, and blood pressure) at the moment. Denies pain.During an interview on 3/24/26 at 4:00 PM, Resident 69's family member stated she saw Resident 69 on 1/31/26 and noticed right away that Resident 69 was very different from the last time she visited. Resident 69's family member stated Resident 69 was lethargic and less responsive. Resident 69's family member stated she had to beg staff to transfer Resident 69 out to a hospital for evaluation. During an interview on 3/25/26 at 3:30 PM, this case was discussed with the Director of Nursing (DON). The DON stated she was aware of Resident 69's fall on 1/21/16, her transfer to the hospital for evaluation on 1/31/26, and her surgery at the hospital on 1/31/26. The DON was asked if she identified this case as an unusual occurrence and formally investigated this case. The DON stated she did not formally investigate this case. The DON added, looking back, she should have formally investigated this case. During an interview on 03/26/26 at 10:28 AM, the outline of this case was discussed with the facility's Medical Director. The Medical Director was made aware if a resident had a subdural hematoma prior to admission due to a fall; resident had a fall on 1/21/26, was deemed stable; resident had neurosurgery due to a worsening subdural hematoma on 1/31/26. The Medical Director was asked if the facility should have formally investigated this case to see if nursing practices needed to be improved and the Medical Director answered Yes. Review of Resident 69's hospital records titled ED to Hospital Admission, dated 1/31/26 indicated .On 1/21 daughter was notified .(Resident 69) experienced a fall at the facility. Over the last several days daughter has noticed .(Resident 69) becoming more unsteady on her feet, lethargic, not eating well.(Resident 69) presents with altered mental status (a change in how alert, aware, or mentally sharp a person is compared to their normal baseline) and less mobility (reduced movement control) over past weeks but especially acute last couple days. She now has a left holohemispheric chronic SDH (SDH= Subdural (continued on next page)</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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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>hematoma; holohemispheric chronic SDH=a large, slow-forming collection of old, liquid blood that covers the entire surface of one side of the brain) which is likely contributing to her condition.She is still full code (if a patient's heart stops beating or they stop breathing, the medical team will do everything possible to save their life) and daughter understands surgery is to prevent death but won't actually improve her overall baseline state. She still wished everything to be done. I have recommended a left .([NAME] hole drainage) of (the) subdural hematoma ([NAME] hole drainage: a hole is surgically made in the skull to remove blood that has collected under the outer layer of the brain to help alleviate symptoms and prevent further complications.)During an interview on 3/26/26 at 8:57 AM, the Administrator was asked to provide their policy on unusual occurrences and investigations of these unusual occurrences. Review of a facility policy titled Unusual Occurrence Reporting, not dated, indicated .As required by federal or state regulations, our facility reports unusual occurrences or other reportable events which affect the health, safety, or welfare of our residents, employees or visitors. occurrences that .affect the welfare, safety, or health of residents . The policy provided does not address if these unusual occurrences will be formally investigated to identify deficiencies and formulation of interventions to address identified deficiencies.</p>		