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	06/03/2026

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on record review and interview, the facility failed to ensure nursing staff assessed and reported significant changes in condition for 1 of 1 resident (Resident 1) who experienced two documented episodes of tachycardia (fast heart rate). This failure had the potential to place the resident at risk for delayed recognition and treatment of an acute medical condition.Findings:Review of Resident 1's medical record titled admission Records, dated 11/21/25, indicated he had multiple active diagnoses including: metabolic encephalopathy (brain malfunction caused by imbalance in internal chemicals), pneumonia (lung infection), post kidney transplant (surgery to replace diseased kidney with donor kidney), end stage kidney disease (kidney failure and operating at around 15% capacity to filter body waste) and diabetes (body's inability to use and/or produce adequate insulin. Insulin= a hormone that regulates your blood sugar). During a concurrent interview and record review on 6/1/26 at 1:40 AM, the Social Service Director (SSD) was asked to search Resident 1's records for abnormal vital signs. The SSD found documentation Resident 1 had an abnormal heart rate of 128 beats per minute on 12/8/25 and an abnormal heart rate of 130 beats per minute 12/9/25. The SSD was asked to search for:Documented evidence nurses assess Resident 1 to rule out any clinical causes for these abnormal heart rates.Documented evidence staff informed Resident 1's physician regarding these abnormal heart rates.The SSD searched Resident 1's records and stated she was unable to find documented evidence staff had informed the physician or assessed Resident 1 after these episodes. During an interview on 06/01/2026 at 3:10 PM, the tachycardia episodes were discussed with the Director of Nursing (DON). The DON stated she was aware of Resident 1's clinical conditions and agreed Resident 1 had serious admitting diagnoses. The DON stated her expectations were: staff should have assessed Resident 1 after each tachycardiac episode; staff should have informed Resident 1's physician regarding these tachycardiac episodes and their assessed findings; staff should have documented their assessments and reporting to Resident 1's physician. The DON was asked to provide the facility's policy regarding what nurses should do when a resident have abnormal vital signs such as tachycardia. Review of the facility's policy titled Change in a Resident's Condition or Status, dated 2001, indicated .Our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status . The nurse will notify the resident's attending physician or physician on call when there has been a(an):.significant change in the resident's physical/emotional/mental condition. Review of the policy found no language directing nurses to assess residents with abnormal vital signs before reporting to the resident's physician.

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