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	03/27/2026

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

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(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 - Many	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 safe and sanitary conditions were met for food storage in the kitchen when the kitchen did not document the initial temperatures for 3 food items on the cool down log. These failures were likely to result in putting residents at risk for foodborne illness (diseases caused by consuming contaminated food or drink).Cooling is the specific method and guideline used to rapidly lower the temperature of cooked food to a safe storage level, preventing bacterial growth. Improper cooling is a major factor in causing foodborne illness. Taking too long to chill potentially hazardous food, which means food that requires time/temperature control for safety to limit the growth of pathogens, has been consistently identified as one factor contributing to foodborne illness. Foods that have been cooked and held at improper temperatures promote the growth of disease-causing microorganisms that may have survived the cooking process (e.g., spore-formers). Cooked potentially hazardous foods that are subject to time and temperature control for safety are best cooled rapidly within 2 hours, from 135 F (Fahrenheit, a temperature system) to 70 F, and within 4 more hours to the temperature of approximately 41 F. The total time for cooling from 135 F to 41 F should not exceed 6 hours. 2022 Food Code from U.S. Food and Drug Administration (FDA) indicated, . Improper cooling remains a major contributor to bacterial foodborne illness . Cooked hot food should be discarded immediately if the food is: Above 70 F and more than two hours into the cooling process; or Above 41 F and more than six hours into the cooling process . During a concurrent interview and record review on 3/25/26 at 10:25 AM with Director of Dietary (DoD), the facility's cool down logs titled, SPECIAL COOL DOWN LOG was reviewed. DoD stated the log was documented from 2025 to 2026 when asked why no years were documented on it. DoD verified each date and each item recorded in the log, one by one. The log indicated, as of 10 AM on 12/24/25, pudding's initial temperature was not documented, then it reached 35 F at 11:30 AM. The log further indicated, as of 10 AM on 12/31/25, cream square's initial temperature was not documented, then it reached 38 F at 11:30 AM. The log also indicated, as of 9 AM on 1/3/26, salad's initial temperature was not documented, then it reached 39 F at 11:30 AM. DoD stated that these 3 items' initial temperatures were room temperature. DoD acknowledged that there was no evidence that the initial temperatures of these 3 items were at room temperature when asked. DoD acknowledged that they should have checked the initial temperatures and recorded them in the log to track temperature changes when asked. During a concurrent interview and record review on 3/25/26 at 2:55 PM with DoD, the facility's policy and procedure (P&P) titled, COOLING AND REHEATING OF POTENTIALLY HAZARDOUS OR TIME/ TEMPERATURE CONTROL FOR SAFETY FOOD dated 2023 was reviewed. The P&P indicated, . MONITORING TEMPERATURES AND COOL DOWN LOG During the cooling process . Note menu item, date, time, temperature, and cook's initials on the cool down log used . DoD acknowledged that the initial temperatures for 3 items listed on the log were missing, and that they had failed to follow the cooling procedures specified in the P&P when asked. During a review of the facility's P&P titled, STORAGE OF FOOD AND SUPPLIES dated 2023, the P&P indicated, . Food and supplies will be stored properly and in a safe manner . During a review of the facility's P&P titled, Preventing Foodborne Illness-Employee Hygiene and Sanitary Practices dated 2001, the P&P (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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	indicated, . 1. All employees who handle, prepare or serve food are trained in the practices of safe food handling and preventing foodborne illness . During a review of the facility's P&P titled, Policies and Procedures - Infection Prevention and Control dated 2001, the P&P indicated, . The facility adopted infection prevention and control policies and procedures are intended to help maintain a safe, sanitary . environment and to help prevent and manage transmission of diseases and infections .

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observation, interview, and record review the facility failed to ensure a food storage area was pest free when rodent droppings were seen in a dry good storage area. This failure may expose residents to contaminated food items and/or expose residents to food borne illnesses.Findings:During a concurrent observation and interview with the Director of Dietary (DOD) on 3/23/26 at 9:35 AM, four spring loaded snap type rodent traps were seen on the floor of the dry goods storage room. The DOD was asked if the facility had a rodent problem. The DOD stated she was unaware of any rodent problems in the kitchen and/or kitchen storage area. The DOD explained the rat traps may have been placed there by the pest management company as a preventative measure versus actual management of a rodent problem. Further inspection of a corner of the dry goods storage room revealed little round pellet like substances on the floor. There were approximately 12 of these black pellets. The DOD was interviewed about these pellets, and she agreed they looked like rodent droppings. Review of the facility policy titled Pest Control, not dated, indicated . facility shall maintain an effective pest control program.This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to update a comprehensive, person-centered care plan for one of 15 sampled residents (Resident 18) when facility staff continued to maintain Resident 18's urinary catheter care plan after the urinary catheter had been discontinued. This failure had the potential to result in care that did not reflect Resident 18's current needs and failed to support his highest practicable well-being.Review of Resident 18's admission Record, indicated Resident 18 was admitted to the facility on [DATE] with diagnoses including obstructive and reflux uropathy (a condition when urine flows backward from the bladder up to the kidneys) and benign prostatic hyperplasia (BPH, a noncancerous enlargement of the prostate gland) with lower urinary tract symptoms.Review of Resident 18's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 3/6/26, indicated Resident 18 had a Brief Interview for Mental Status (BIMS, MDS tool that measures resident cognition) score of 13, indicating intact cognitive function. During an interview on 3/23/26 at 10:17 AM, Resident 18 stated, I no longer have a catheter (pertaining to urinary catheter, a hollow tube inserted into the bladder to drain or collect urine). Resident 18 further stated, I used to have one, but it was removed. During a concurrent interview and record review on 3/26/26 at 2:00 PM with Licensed Vocational Nurse (LVN) 3, Resident 18's electronic health record was reviewed. The record indicated an active care plan addressing a urinary catheter, which included goals and interventions related to catheter use. LVN 3 confirmed Resident 18 did not currently have a urinary catheter, and the urinary catheter care plan had not been discontinued to reflect the resident's current status. When asked if the care plan was person-centered, LVN 3 stated, No, and acknowledged its importance, explaining the facility staff rely on the care plan to understand a resident's needs, goals, and appropriate interventions.During a concurrent interview and record review on 3/26/26 at 3:32 PM with the Director of Nursing (DON), Resident 18's electronic health record was reviewed. The record indicated Resident 18 had an active care plan addressing catheter use, despite the urinary catheter having been discontinued. The DON stated, Resident 18's urinary catheter care plan remained active and should have been resolved once the catheter was removed. When asked whether it is important to update the care plan based on Resident 18's current condition, the DON stated, Yes.Review of the facility's Policy and Procedure (P&P) titled, Care Plans, Comprehensive Person -Centered, dated 2001, indicated, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, mental, psychosocial and functional needs is developed and implemented for each resident . The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment . Assessments of residents are ongoing, and care plans are revised as information about the residents and the resident's conditions change .

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to meet professional standards of quality when one of two sampled resident (Resident 18) received oxygen therapy outside the prescriber's order. This failure could potentially result in unnecessary treatment, and care that was not clinically indicated for Resident 18.Review of Resident 18's admission Record, indicated Resident 18 was admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD, a lung disease that makes breathing hard), acute and chronic respiratory failure with hypoxia (low oxygen in the body), and syncope (passing out) and collapse.Review of Resident 18's oxygen care plan, initiated on 3/4/26, indicated interventions to change humidification and oxygen tubing.During an observation on 3/23/26 at 10:22 AM, Resident 18 was receiving oxygen at 2 liters per minute (lpm, unit that express flow rate) via nasal cannula (a medical device that provides supplemental oxygen to a resident through the nose) connected to an unlabeled humidifier and oxygen concentrator (medical device that gives oxygen). During an observation on 3/23/26 at 10:26 AM, Resident 18 was receiving oxygen at 2 lpm via nasal cannula connected to an unlabeled humidifier and oxygen concentrator. During a concurrent observation and interview on 3/23/26 at 10:27 AM with Licensed Vocational Nurse (LVN) 1 in Resident 18's room. LVN 1 was observed tracing the oxygen tubing from the resident to the oxygen concentrator. LVN 1 stated Resident 18 has a humidifier. It was unlabeled with date and initials. LVN 1 further stated, another resident can use it, if unlabeled. During a concurrent interview and record review on 3/26/26 at 3:27 PM with the Director of Nursing (DON), Resident 18's electronic health record was reviewed. The physician's order in the record, dated 3/3/26, indicated oxygen at 2-3 lpm for shortness of breath, chest pain, oxygen saturation level (a measurement of how much oxygen the blood is carrying as a percentage) less than 90%. When asked whether the order included the use of a humidifier, the DON stated, No. When asked about the importance of following the physician's order, particularly regarding the use of humidifier during oxygen administration, the DON stated, It is very important, and explained it must be specifically indicated. Review of the facility's policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, dated 2001, indicated .The comprehensive, person-centered care plan: .reflects currently recognized standards of practice for problem areas and conditions.Review of the facility's P&P titled, Oxygen Administration last updated in January 2021, indicated, .Review the physician's orders or facility protocol for oxygen administration .

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, and record review, the facility failed to ensure accurate administration of medication when nursing staff did not follow the prescribed medication order for one of three sampled residents (Resident 52). This failure resulted in prescribed dose not being administered and may not manage Resident 52's pain.Review of Resident 52's Physician Order, dated 3/3/26, indicated lidocaine (used for pain relief) 4% patch was to be applied to the lower back for pain. The order specified applying two patches to clean, dry skin at 9:00 AM, to be worn for 12 hours and removed at 9:00 PM.During a concurrent medication pass observation and interview on 3/25/26 at 9:41 AM, an unlabeled patch was observed on Resident 52's back. Licensed Vocational Nurse (LVN) 2 was then observed removing the old patch and applying a new lidocaine 4% patch, labeled with date, to the same area on Resident 52's back. When asked how many patches were applied, LVN 2 stated, one. During a concurrent interview and record review on 3/25/26 at 1:59 PM with LVN 2, Resident 52's electronic health record was reviewed. The record indicated a physician's order for two lidocaine 4% patches were to be applied to clean, dry skin at 9:00 AM, to be worn for 12 hours and removed at 9:00 PM. LVN 2 stated one patch was applied. LVN 2 added she did not read the order in its entirety. When asked about the presence of an old patch prior to applying the new one, LVN 2 further stated the patch was expected to have been removed the night before and was not supposed to be there. During a concurrent interview and record review on 3/26/26 at 3:25 PM with the Director of Nursing (DON), Resident 52's electronic health record was reviewed. The record indicated a physician's order for two lidocaine 4% patches were to be applied to clean, dry skin at 9:00 AM, to be worn for 12 hours and removed at 9:00 PM. The DON acknowledged the physician's order required two lidocaine 4% patches and stated that not following the order means the prescribed dose was not administered and may not manage the resident's pain. The DON further acknowledged she was aware the previous lidocaine 4% patch was present in Resident 52's back prior to the administration of the new one. The DON further added, the expectation was to follow the order.Review of the facility's policy and procedure titled, Administering Medications dated 2001, indicated, . Medications are administered in accordance with prescriber orders .

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure medications (drug or medicine, used to diagnose, cure, treat, or prevent disease) and biologicals were properly stored when one of one sampled medication storage room refrigerators contained an opened and undated multi dose vial (a small bottle of medication that contains more than one dose) for Resident 41.This failure had the potential to result in the use of unsafe and expired medication for Resident 41. During a concurrent observation and interview on [DATE] at 11:20 AM with the Assistant Director of Nursing (ADON), an opened and undated multi dose vial for Novolin N (an intermediate-acting insulin [a hormone that removes excess sugar from the blood, can be produced by the body or given artificially via medication] used to treat diabetes) for Resident 41 was found in the medication storage room [ROOM NUMBER]'s medication refrigerator. The ADON stated the multi dose vial should have been dated when the medication was opened to make sure the medication is still good. During an interview on [DATE] at 3:35 PM, the Director of Nursing (DON) acknowledged she was aware of an opened and undated Novolin N multi dose vial found in the medication storage room [ROOM NUMBER]'s medication refrigerator. The DON stated when licensed nurse opens the multi dose vial, it should be labeled with date. If the opened multi dose vial came from home either it will be discarded or sent back to the family.Review of the Drug Label Information (detailed description of a medication that is available to clinicians) for Novolin N, updated on [DATE], retrieved from DailyMed (internet database operated by the U.S. National Library of Medicine providing labeling for prescription and nonprescription drugs) indicated, .Opened Novolin N vials can be stored at room temperature up to 77 (degrees) F (Fahrenheit, a temperature scale). Do not refrigerate. Throw away all opened Novolin N vials after 42 days, even if they still have insulin left in them.Review of facility's policy and procedure (P&P), titled, Medication Labeling and Storage, dated 2001, indicated, . Multi-dose vials that have been opened or accessed (e.g., needle punctured) are dated and discarded within 28 days unless the manufacturer specifies a shorter or longer date for the open vial .