STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555929	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laguna Honda Hospital & Rehabilitation Ctr D/P Snf	375 Laguna Honda Blvd. San Francisco, CA 94116

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview, and record review, the facility failed to ensure that one out of two sampled residents (Resident 1) had a safe and clean environment. This deficient practice resulted in placing Resident 1 at risk for accidents and unsafe conditions.During a review of MD Assessment for Resident 1, dated 02/27/2026, the MD Assessment indicated Resident 1 has the following active diagnoses that requires a clean, safe and hazard-free environment that is calm and predictable for Resident 1: blindness, schizoaffective disorder, bipolar type, and human immunodeficiency virus (HIV) infection.During an observation conducted on 04/22/2026 at 2:47 PM, Resident 1's room was found to be cluttered with excessive items stored on surfaces, furniture, and the floor.The bedside table to the left of Resident 1's bed was completely covered with numerous items, including but not limited to two dented cans of pineapple juice, multiple spray bottles, seven bottles of lotion, clothing items, plastic food containers, mouthwash, used paper and medication cups, an opened shipping package, a large bottle of mouthwash, and several other unidentified items.A large open clear trash bag was observed on the floor in front of the table. The bag contained various items that were spilling onto the floor, including nonˆskid socks, a bottle of moisturizer cream, clothing, a box of fruit snacks, used tissue paper, and other unidentified items. Next to the bag, an oatmeal cracker package was observed on the floor.A bookshelf with two bottom drawers located to the right of the resident's bed was cluttered, with a large stack of facility linens, multiple open brown paper bags, two lotion bottles, two open plastic bags, a box of large gloves, and other items spilling from the shelves and drawers. In front of the drawers was a large box with a stack of facility linens and an open shipping package placed on top.A chair next to the box was covered with a urinal, unfolded sheets, a blue tarp, and a clear plastic bag filled with items. Beneath the chair was an orange mesh bag containing items. To the right of the chair were an empty gray mesh bag, empty soda cans, used purple gloves, a clear plastic bag with items, nonˆskid socks, a blue tarp covering a stack of items, and clothing placed on top.This failure resulted in an environment that did not promote cleanliness, orderliness, or infection control for Resident 1 and has the potential to affect the health, safety, and wellˆbeing of the resident.During an interview conducted on 04/22/2026 at 2:48 PM with Patient Care Assistant (PCA 1), PCA 1 stated that Resident 1's room has consistently appeared cluttered and acknowledged that the condition of the room is a problem, despite ongoing efforts by the infection control team and the facility management to address the issue. PCA 1 reported that the clutter in Resident 1's room has worsened since PCA 1 began working on the unit in August 2025. PCA 1 further stated having observed occasional fruit flies in Resident 1's room as a result of the room's condition. PCA 1 also reported that other residents on the unit have commented that Resident 1's room appears messy.During an interview on 04/22/2026 at 3:01 PM with the Nurse Manager (NM) for Resident 1's unit, the NM stated that Resident 1 frequently declines room cleanings and that the current condition of the room is, in the NM's opinion, improved compared to how it had been previously. The NM stated it has been a significant challenge to manage the clutter in Resident 1's room, reporting that Resident 1 deliberately creates a mess after staff cleans the room. The NM stated the facility has made repeated efforts to clean and organize Resident 1's room; however, Resident 1 becomes very upset when staff intervene. (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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 04/23/2026 at 10:30 AM with Certified Nursing Assistant (CNA 1), CNA 1 stated that approximately two to three years ago Resident 1 began refusing to allow staff to clean Resident 1's room, and that the condition of the room had progressively worsened since that time. CNA 1 reported that the Environmental Services (EVS) team attempted to clean Resident 1's room prior to the time this interview took place. CNA 1 stated that Resident 1 previously had a specific EVS staff member assigned, and that staff must request permission from Resident 1 before cleaning the room. During an interview conducted on 04/23/2026 at 11:11 AM with the Environmental Services Director (EVSD) and the Environmental Services Supervisor (EVSS), the EVSD stated that the facility has experienced longstanding environmental concerns in Resident 1's room since approximately 2024. The EVSS reported that prior to 2025, Resident 1 would throw feces in the room, and that the current issue primarily involves hoarding behaviors. The EVSD stated that Resident 1 began refusing to allow staff to clean the room approximately two to three years ago. The EVSD explained that Environmental Services (EVS) began maintaining a log in 2024 to document Resident 1's refusals of room cleaning, but this documentation was discontinued in May 2025 because Resident 1 appeared more willing to allow cleaning. The EVSS stated they believe Resident 1 is improving rather than worsening. The EVSS stated that Resident 1 selects specific EVS staff members to clean the room and at times continues to refuse staff entry; however, in the past Resident 1 would yell and scream at porters, and this behavior has decreased. EVSS stated that Resident 1 has become more receptive to having the room cleaned. The EVSD stated that in 2024, the EVS team participated in Interdisciplinary Team (IDT) meetings together with nursing, social work, and the medical team to address the clutter in Resident 1's room; however, such meetings have not continued. The EVSD reported that interventions were attempted, including gradually removing items and incentivizing Resident 1 with laundry pods to promote a cleaner environment.During a review of the Resident Care Team Meeting Note for Resident 1, dated 10/01/2024, the Resident Care Team Meeting Note indicated Resident sometimes allows EVS to clean Resident 1's room. The Resident Care Team Meeting Note also indicated that Resident 1 declines to have the room cleaned and states that Resident 1 will clean the room themself. The Care Plan further indicated that Resident 1 continues to postpone room cleaning by telling staff to come back later.During a review of EVS Daily Resident Room Cleaning Issue Log for Resident 1, dated 12/06/2024 to 03/04/2025, the EVS Daily Resident Room Cleaning Issue Log indicated the dates that Resident 1 refused room cleaning, the staff name and their initials. Between the dates of 12/06/2024 and 03/04/2025, Resident 1 refused room cleaning for 58 days. During a review of Cleaning Log for Resident 1's room, dated 12/01/2024 to 05/31/2025, the Cleaning Log for Resident 1's room indicated three columns that included a column for the date, a column for noting Cleaned by, and a third column noting a check box for Denied Access. The Denied Access column was not checked off 57 times between 12/01/2024 and 05/31/2025, which meant Resident 1 allowed EVS staff to clean Resident 1's room.During a review of the Nursing Weekly Summary for Resident 1 dated 04/17/2026, the Nursing Weekly Summary notes that Resident 1 has a history of refusal and rejection of care. The Nursing Weekly Summary also indicated that Resident 1 declines to have the room cleaned, states they will clean the room themself, and repeatedly postpones room cleaning by telling staff to come back later. The Nursing Weekly Summary further notes the unsanitary room and environmental conditions, including litter throughout the bed and floor such as empty juice cans and plastic cups, empty nutrition shake bottles, gloves, tissue, dried hand wipes, plastic bags, absorbent under pads, adult briefs and pullˆups, straws, plastic and metal utensils, blue cups, empty mouthwash or lotion bottles, shampoo containers, food and candy wrappers, used blankets, linens, towels, pillows, and dirty clothing. The summary also noted that Resident 1 does not allow staff to enter the room to assess the room's condition.Based on a review of the facility's policy titled EVS Standard Cleaning Procedure (dated April 2025), the procedure establishes that daily cleaning tasks are required in all resident, staff, and public areas of the facility. These tasks include:Trash removal and restocking of suppliesHigh dusting of items above shoulder levelCleaning and disinfecting highˆ and lowˆtouch (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	surfacesFloor cleaning (sweeping, mopping, vacuuming, and carpet/floor care as needed)A second round to ensure trash removal, supply restocking, and spot cleaningHowever, observation of Resident 1's room revealed clutter that prevented staff from performing required environmental cleaning tasks, including:Removing trash as required by the facility's procedureAccessing surfaces necessary to perform highˆdustingCleaning and disinfecting highˆ and lowˆtouch surfacesAccessing the floor area for required floor cleaningCompleting the second round (policing) of the room as outlined in the procedure