

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/23/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056122	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/19/2025
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NAME OF PROVIDER OR SUPPLIER MILLBRAE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 33 MATEO AVENUE MILLBRAE, CA 94030
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during the investigation of a complaint.</p> <p>Complaint no.: CA00962483</p> <p>The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.</p> <p>One deficiency was written for complaint no. CA00962483 (Refer F557).</p>	F 000		
F 557 SS=D	<p>Respect, Dignity/Right to have Prsnl Property CFR(s): 483.10(e)(2)</p> <p>§483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including:</p> <p>§483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. This REQUIREMENT is not met as evidenced by: Based on observation, interviews and record reviews, the facility failed to manage residents' belongings for Resident 1, 2, and 3, three of 6 sampled residents. Facility staff did not:</p> <ol style="list-style-type: none"> 1. Follow facility policy in identifying/marketing residents' belongings. 2. Have a facility policy to periodically update resident inventory. <p>These failures resulted in Resident 1 and 3 with missing belongings.</p>	F 557		7/02/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE Administrator (X6) DATE 06/30/2025

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.

POC Review and accepted. Facility back in substantial compliance. HHu, HFES 7/8/25

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F 557	<p>Continued From page 1</p> <p>Findings:</p> <p>Review of Resident 3 ' s medical records titled "INVENTORY OF PERSONAL EFFECTS", dated 02/10/2023, indicated he was admitted with two shirts, two sweaters, and a pair of white mitt/glove.</p> <p>During a concurrent observation and interview with the Certified Nursing Assistant 1 (CNA) caring for Resident 3, on 05/19/2025 at 2:00 PM, CNA 1 looked through Resident 3 ' s belongings and stated he had 14 white tee shirts, and four dark tee shirts. None of the clothing were marked to identify these clothing belonged to Resident 3. CNA stated all of Resident 3 ' s clothing were donated, and he has no idea what happened to Resident 3 ' s clothing/personal belongings identified during admission.</p> <p>During an interview on 05/19/2025 on 1:20pm Resident 1 stated she was missing a red and black flannel jacket and one of her right shoes was missing.</p> <p>During an interview on 06/13/2025 at 12:40 PM Resident 2 ' s Responsible Party, she stated Resident 2 ' s belongings were missing for at least two weeks. The RP stated staff found Resident 2 ' s missing sweatpants, two long shirts and a pair of shoes yesterday.</p> <p>During an observation of Resident 2 ' s clothing, on 06/13/2025 at 1:00 PM, none of Resident 2 ' s clothing were marked to identify who they belong to.</p> <p>Review of the facility ' s policy titled "Residents ' Personal Property", dated December 2016,</p>	F 557		

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F 557	<p>Continued From page 2</p> <p>indicated " ...Prior to, or upon admission, residents will be advised of the kinds and amounts of clothing and possessions permitted for personal use, and whether the facility will accept responsibility for maintaining these items (e.g., cleaning and laundry) ... Any personal clothing or possessions retained by the facility for the resident during his or her stay will be identified and inventoried upon admission and the copy of inventory provided to the resident." Review of the policy found no language directing staff to update a resident ' s inventory list on an as needed basis and/or a regular basis.</p> <p>During an interview regarding resident belongings on 06/13/2025 at 11:44 AM, the Administrator stated upon admission, staff were expected to inventory resident ' s belongings and mark clothing with a permanent marker to identify who these clothing belonged to.</p> <p>The Administrator was asked to clarify the facility ' s personal belonging policy regarding periodically updating and/or updating a resident ' s inventory list on an as needed basis. The Administrator stated the facility does not periodically update a resident ' s inventory list on a regular basis. The Administrator stated family members and/or RP were expected to updated staff when they bring belongings into the facility. The findings regarding Resident 1, 2, and 3 ' s belongings were shared with the Administrator. The Administrator could not explain why some of the clothing were not identify/marked by staff. The Administrator stated they might need to look at periodically updating resident belongings to ensure belongings were trackable and safe guarded.</p>	F 557		

DISCLAIMER STATEMENT

Millbrae Care Center makes its best effort to operate in substantial compliance with both Federal and State Law. Preparation and/or execution of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by provisions of 42 CFR 483, et seq., and Health and Safety Code 1280. In response to the Department's findings, we submit the following Plan of Correction which shall constitute the facility's credible allegation of compliance.

The facility has submitted this plan of correction to comply with its regulatory obligation under Title 18 and 19 and to meet the ten (10) days of survey condition mandate. Likewise, the facility does not waive any objections to the merits or form any allegations contained herein. Please note that the facility may contest the merit and/or form of any of the deficiency findings alleged below and may take reasonable steps to appeal them.

F557 – Respect, Dignity/Right to have Prsnl Property (D)

How corrective actions will be accomplished for those residents found to have been affected by the deficient practice:

1. Resident 3's clothing were marked and the inventory list was updated on 06/27/25.
2. Social Services completed Theft and Loss Report for Resident 1 on 5/21/25.
3. Resident 2's clothing were marked and the inventory list was updated on 06/13/25.

How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:

1. All residents have the potential to be affected by the deficient practice.
2. On 06/25/25 the DSD provided an in-service to staff on Residents' Personal Property will be marked/identified and inventoried upon admission and on an as needed basis.

What measures will be put into place or what systematic changes the facility will make to ensure that the deficient practice does not recur:

1. Upon admission, any clothing and personal items will be identified and inventoried by assigned C.N.A. The assigned C.N.A. will provide the inventory form to the charge nurse and/or the nursing supervisor. The charge nurse and/or the nursing supervisor will validate the inventory form.
2. Medical Records will audit the inventory form, and any findings will be referred to the DSD for further review and training recommendations.
3. The assigned C.N.A. will update the inventory list when personal item is added or removed.
4. The Administrator and Nursing Consultant will review and update the policy and procedures for Resident's Personal Property.

How the facility plans to monitor its performance to make sure that solutions are sustained.

1. The Administrator will monitor corrective actions through on-going compliance and results of random audits completed. The Administrator will report the results of monitoring to the Quality Assurance Performance Improvement (QAPI) Committee for review and recommendations.
2. The Administrator will present the policy and procedures for Resident 's Personal Property to the QAPI Committee for review, recommendations and approval.
3. The QAPI Committee will monitor the process for 3 months or until compliance is achieved.

Completion Date: July 2, 2025