

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 06/04/2025
NAME OF PROVIDER OR SUPPLIER MILLBRAE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 33 MATEO AVENUE MILLBRAE, CA 94030		
(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	
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the investigation of two complaints. Complaint nos: CA00965187 and CA00965570 The inspection was limited to the specific complaints investigated and does not represent the findings of a full inspection of the facility. One deficiency was written for complaint no. CA00965187 (Refer F745). No deficiency was issued for complaint no. CA00965570.	F 000			
F 745 SS=E	Provision of Medically Related Social Service CFR(s): 483.40(d) §483.40(d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on interview and record review, facility staff failed to provide social service-related services to 14 of 14 sample residents (Residents: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, and 14) when there was only one social worker (SW 1) in the building and quarterly care conference meetings for at least 14 residents were not completed during the period of March 2025 to June 2025. This failure had the potential to result in residents not receiving appropriate and personalized care.	F 745		7/02/25	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
Administrator

(X6) DATE
06/30/25

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 745	<p>Continued From page 1</p> <p>Findings:</p> <p>The census on 06/04/2025 was 128 residents.</p> <p>During an interview on 06/04/2025 at 12:10 PM, SW 1 stated she was the only social worker in the building for approximately three months (March to June 2025). SW 1 stated with the facility workload, she was unable to coordinate and conduct IDT (interdisciplinary team) /care conference meetings. SW 1 explained that IDT meetings were attended by a variety of healthcare professionals, like nurses, therapists, social workers, and others, to discuss and manage resident care. During these meetings family members and/or responsible parties were invited to attend so that they could be made aware and participate in resident care discussions. SW 1 identified a list of 14 residents without IDT. SW 1 stated these IDT/care conference meetings should be conducted minimally quarterly (every three months).</p> <p>During a concurrent record review and interview on 06/04/2025 at 2:00 PM, Medical Record Staff (MRS) was asked to search the records of these 14 residents and provide the date the last IDT/care conference was conducted for these residents.</p> <p>Date of last IDT/care conference notes within a resident ' s medical record: Resident 1 = 10/18/24 (approximately 8 months ago) Resident 2 = 12/18/24 (approximately 6 months ago) Resident 3 = 11/12/24 (approximately 7 months ago) Resident 4 = 12/18/24 (approximately 6 months</p>	F 745			

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F 745	<p>Continued From page 2</p> <p>ago) Resident 5 = 10/15/24 (approximately 8 months ago) Resident 6 = 12/18/24 (approximately 6 months ago) Resident 7 = 12/6/24 (approximately 6 months ago) Resident 8 = 11/12/24 (approximately 7 months ago) Resident 9 = 12/16/24 (approximately 6 months ago) Resident 10 = 11/20/24 (approximately 7 months ago) Resident 11 = 10/9/24 (approximately 8 months ago) Resident 12 = 11/18/24 (approximately 7 months ago) Resident 13 = 11/18/24 (approximately 7 months ago) Resident 14 = 9/18/24 (approximately 8 months ago) Resident 15 = 11/12/24 (approximately 7 months ago)</p> <p>During an interview on 06/04/2025 at 2:30 PM, Resident 1 ' s family member, family member stated they has not been invited recently to an IDT meeting. They stated they were not updated on Resident 1 ' s plan of care nor Resident 1 ' s current medications.</p> <p>During an interview on 06/13/2025 at 11:48 AM, the Administrator stated IDT/care conference meetings were conducted to discuss care issues such as: weight loss, skin issue, falls, psychoactive medications, behavior, clothing, diet, diet preference, activities etc. The Administrator stated nursing chair these meetings, but Social Services was responsible for</p>	F 745			

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F 745	<p>Continued From page 3</p> <p>scheduling and coordinating these meetings with families/responsible parties and the care team. The Administrator stated residents were discussed during daily standup meetings, however daily standup meetings were not a total replacement for IDT/care conference meeting since:</p> <ol style="list-style-type: none"> 1. Daily stand up dealt with acute care issues. 2. Chronic issues such as diabetes management, slow progressive weight loss, medication updates, ongoing behavior management, may not have been discussed with families and/or responsible parties if IDT/care conferences were not conducted. <p>During an interview on 6/18/2025 at 3:37 PM, the Administrator stated that there was only one social worker in the building from March 10, 2025, to June 7, 2025 (a total of 89 days). A review of facility policy and procedure (P&P) titled "Care Plan Conference", dated December 2016, P&P indicated " ...It is the policy of this facility to provide each resident, resident ' s family, surrogate or representative a medium to ...(hold) a care conference to meet and discuss the progress, needs and goals of care. ... The interdisciplinary team, in conjunction with the resident, resident's family, surrogate or representative, will develop the plan of care based on the comprehensive assessment. The care plan conference is held to identify resident needs and establish obtainable goals. ...care plan conferences are held: Within 7 days of completion of the initial MDS assessment ...At interval of every 90 days thereafter; with any subsequent completed assessments; and ...When there is a change in resident status or condition."</p>	F 745		

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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.

F745 – Provision of Medically Related Social Services

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

1. Resident 1 IDT/Care Conference was conducted on 06/18/25.
2. Resident 2 IDT/Care Conference was conducted on 06/26/25.
3. Resident 3 IDT/Care Conference was conducted on 06/26/25.
4. Resident 4 IDT/Care Conference was conducted on 06/18/25.
5. Resident 5 IDT/Care Conference was conducted on 06/26/25.
6. Resident 6 IDT/Care Conference was conducted on 06/20/25.
7. Resident 7 is no longer at the facility.
8. Resident 8 IDT/Care Conference was conducted on 06/26/25.
9. Resident 9 IDT/Care Conference was conducted on 06/26/25.
10. Resident 10 IDT/Care Conference was conducted on 06/26/25.
11. Resident 11 IDT/Care Conference was conducted on 06/26/25.
12. Resident 12 IDT/Care Conference was conducted on 06/26/25.
13. Resident 13 IDT/Care Conference was conducted on 06/26/25.
14. Resident 14 IDT/Care Conference was conducted on 06/26/25.

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. Additional Social Worker was hired on 06/07/25.
3. On 6/19/25, the Administrator provided in-service to the Interdisciplinary team (IDT) regarding Care Plan Conference.

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. IDT/Care Conference will be held within 7 days of completion of the initial MDS assessment, 90 days thereafter and when there is a change of condition.
2. The MDS nurse will report the schedule for care plan conference to the IDT during the stand-up meeting.
3. Social Services will coordinate with responsible party/resident of the care plan conference.
4. Medical records will audit for care conference summary. Results of the audits will be provided to DON and Social Worker for further review and in-service training recommendations.

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

1. The Director of Nursing (DON) will monitor corrective actions through on-going compliance and results of random audits completed. The DON will report the results of monitoring to the QAPI Committee for review and recommendations.

2. The QAPI Committee will monitor the process for 3 months or until compliance is achieved.

Completion Date: 07/02/25