PRINTED: 02/18/2022 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER: | | PLE CONSTRUCTION IG | | (X3) DATE SURVEY COMPLETED | |
|---|---|---|---------------------|---|------------------------|-------------------------------|--|
| | 555020 B. WING | | | C 10/14 | C 10/14/2021 | | |
| | ROVIDER OR SUPPLIER | HABILITATION CTR D/P SNF | | STREET ADDRESS, CITY, STATE, ZIP CODE 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | 1 10/1- | #2021 | |
| (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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY) | HOULD BE | (X5) COMPLETION DATE | |
| F 000 | INITIAL COMMENTS | | F 0 | 00 | | | |
| | abbreviated standard Facility reported incid The census at the ber 710. The sample size was The inspection was lir reported incidents inverpresent the findings facility. The facility reported in CA00747220 was sub regulatory violation. The facility reported in CA00744774, CA007 CA00746900 and CA substantiated with regulatory with regulatory with regulatory violation. | t of Public Health during an survey. ent: CA00744774 ent:: CA00745390 ent: CA00747134 ent: CA00746900 ent: CA00675386 ent: CA00747220. ginning of the survey was 37 residents. mited to the specific facility estigated and does not of a full inspection of the ncident number estantiated without ncidents numbers 45390, CA00747134, 00675386 were gulatory violations. d severity was "H" -F 689 - | | | | | |
| | 40903, Pharmaceutic | partment of Public Health: al Consultant es Evaluator Manager 1 | | | | | |
| | | | | | | | |

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

TITLE (X6) DATE

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.

| * * | | IDENTIFICATION NUMBER: | | LE CONSTRUCTION | COMPLETED |
|--------------------------|--|---|---------------------|---|-----------------|
| | | 555020 | B. WING | | C 10/14/2021 |
| | ROVIDER OR SUPPLIER | EHABILITATION CTR D/P SNF | • | STREET ADDRESS, CITY, STATE, ZIP CODE 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | 10/11/2021 |
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| F 000 | 40454, Health Facili 41545, Health Facili 45439, Health Facili | ties Evaluator Nurse ties Evaluator Nurse ties Evaluator Nurse ties Evaluator Nurse | F 00 | | |
| F 689 SS=H | CFR(s): 483.25(d)(1) §483.25(d) Accident The facility must ens §483.25(d)(1) The ru as free of accident h §483.25(d)(2)Each is supervision and ass accidents. This REQUIREMEN by: Based on observati review, the facility facenvironment for all ru not implement polici following practices: a. Prohibiting use Thirteen out of 37 sa Resident 37, Resider Resident 27, Reside 24, Resident 29, Re Resident 32) were to non-prescribed subs Use of such substar follows: i. Resident 1 and life-threatening eme ii. Change of leve | esident environment remains nazards as is possible; and resident receives adequate istance devices to prevent. IT is not met as evidenced ons, interviews, and record alled to ensure safe esidents when the facility did es and procedures for the and possession of illicit drugs: ampled residents (Resident 1, at 4, Resident 2, Resident 7, ent 28, Resident 11, Resident sident 31, Resident 18, and ested positive for stances. Resident 3 experienced a regency and was hospitalized, I of consciousness (deep arouse, unconsciousness) for | F 68 | 9 | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | PLE CONSTRUCTION G | | (X3) DATE SURVEY COMPLETED C 10/14/2021 | |
|---|--|---|---------------------|--|-----------------------------|--|--|
| | | 555020 | B. WING | | . , | | |
| | NAME OF PROVIDER OR SUPPLIER LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF | | | STREET ADDRESS, CITY, STATE, ZIP COD 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | | 10/14/2021 | |
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| F 689 | and 29. b. Possession of or illegal item), trading consuming marijuar facility: Twenty three of 37 states 14, Resident 3, Resident 27, Resident 23, Resident 20, Resident 19, Resident 12, Resident 18, Resident 24) were for marijuana (cannabis that has mind alterir pocket-knife, scisso (equipment used for bottles of alcohol. Access to contrabar that jeopardize the residents, staff, and c. Monitoring and im of 37 sampled resident 27, Resident 17, Resident 20, Resident 24, and Unsafe possession | contrabands (a banned or illicit substances, and an and alcohol inside the sampled residents (Resident ident 4, Resident 17, ent 15, Resident 16, Resident 26, Resident 21, ent 25, Resident 32, Resident sident 33, Resident 10, and bound in possession of sor "weeds" a plant-based and recreational use), syringes, rs, smoking paraphernalia a particular activity), and and sound safety of the visitors. Inplementing care plan for 11 ents who were identified as okers (Resident 2, Resident 18, ent 26, Resident 14, Resident 15, Resident 14, Resident 15, Resident 14, Resident 14, Resident 15, Resident 14, Resident 15, Resident 14, Resident 15, Resident 14, Resident 15, Resident 16, Resident 17, Resident 18, Resident 17, Resident 18, Resident 14, Resident 14, Resident 18, Resident 18, Resident 14, Resident 18, Resident 14, Resident 18, Resident 18, Resident 14, Resident 18, Resident 18, Resident 14, Resident 18, | F 6 | | | | |
| | secure place accord to prevent misuse a e. Tracking and disp | , combustibles in specific ling to policy | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555020 | | | (X2) MULTII A. BUILDIN | PLE CONSTRUCTION G | (X3) DATE SURVEY COMPLETED | | |
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| | ROVIDER OR SUPPLIER | REHABILITATION CTR D/P SNF | | STREET ADDRESS, CITY, STATE, ZIP CODE 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | 10/14/2021 | | |
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| F 689 | 37, Resident 13, Resident 19, Resident 19, Resident 12, Resident 4, Resident 34, and For This failure had the or uncontrolled red contrabands and fund visitors. The failed practices living environment Findings: a1. Review of Resident experience dated 7/22/21 at 8: was found unresponse wheelchair in Resident experience dated 7/22/21 at 8: was found unresponse wheelchair in Resident urgently to locally the sent urgently to locally experience (a urine test for dru 8:50 PM, indicated detected in the Resident experience detected in the Resident experience and harm elevating substance prescription as a standard experience (a urine test for illicallication) on the sent control of t | dent 35, Resident 36, Resident esident 15, Resident 23, ent 11, Resident 25, Resident sident 10, Resident 21, desident 2). The potential for diversion, misuse istribution of confiscated arther harm to residents, staff, and negative health outcomes. The placed all residents to unsafe and negative health outcomes. The placed all residents to unsafe and negative health outcomes. The placed all residents to unsafe and negative health outcomes. The placed all residents to unsafe and negative health outcomes. The placed all residents to unsafe and negative health outcomes. The placed all residents to unsafe and negative health outcomes. The placed all residents to unsafe and negative health outcomes. The placed all residents to unsafe and negative health outcomes. The placed all residents to unsafe and negative health outcomes. The placed all residents to unsafe and negative health outcomes. The placed all residents to unsafe and negative health outcomes. | F 68 | 39 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | ' ' | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| | | 555020 | B. WING _ | | | | C 14/2021 |
| | ROVIDER OR SUPPLIER | EHABILITATION CTR D/P SNF | | STREET ADDRESS, CITY, STATE, ZIP CO 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | DE | 1 101 | 1-172-92-1 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | ((EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| F 689 | titled "Current Sched 7/23/21, the prescribt include the prescript substances (fentany) Resident 1's urine te Review of the Residemedical summary re hospital), titled "Histodetailed history of more 8/20/21, indicated the benzo, amphetamine document under "As "Patient was found to brain activity that malikely due to fentany! According to the Nate (NIDA) accessed on https://www.drugabu/fentanyl, " Fentanyhappiness, drowsine constipation, sedation unconsciousness" In an interview with 18/12/21, at 11:41 AM Resident 1 was in street of the substanted laughing inagestated laughing inagestated surveys with 18/12/21 at 11:41 AM Resident 1 unsurveys with 18/12/21, at 11:41 AM Resident 1 unsurveys unsurveys with 18/12/21, at 11:41 AM Resident 1 unsurveys unsurveys with 18/12/21, at 11:41 AM Resident 1 unsurveys uns | al's prescribed medication list, fulled Medications" dated ed medication list did not ion form of the illicit and benzos) found in the st. Lent 1's discharge summary (a port when released from the ory and Physical" (H&P- a edical condition), dated e urine test was "positive for e and fentanyl". The sessment" section, indicated to have seizures (uncontrolled by cause body or brain injury), exposure". Lional Institute of Drug Abuse 11/14/21, at se.gov/publications/drugfacts yl's effects include extreme ss, nausea, confusion, n, problems breathing, | F6 | 689 | | | |
| | Pavilion Mezzanine (2 stated Resident 2 c | Nurse Manager (NM) 2, in the unit, on 9/13/21, at 4 PM, NM denied sharing illicit drug with the d, "you know who the | | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | ` ' | PLE CONSTRUCTION G | , , | (X3) DATE SURVEY COMPLETED C | | |
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| | | 555020 | B. WING | | | 10/14/2021 | |
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| F 689 | 9/9/21, at 3:07 PM, Assistant (PCA) 1 a he could not recall and was transferre In an interview with Mezzanine, on 9/9/Resident 1 had to a process from squal hospital. PCA 1 sta Resident 1 was more could communicated at the example of the evaluation at the evaluat | Resident 1, in his room, on accompanied by Patient Care as translator, Resident 1 stated when he became unconscious d to hospital. PCA 1 in the Pavilion (21, at 3:29 PM, PCA 1 stated, re-start his rehabilitation are one upon return from sted prior to hospitalization are independent, mobile, and this needs clearly. Ident 3's "Progress Notes", 12 AM, indicated, Resident 3 very difficult to arouse. Pt (30 IVDU [means has history of the vein) drug use]. Friends It 3's "Resident Care Team occument that mapped specific teps to help with resident's dated 7/17/21 at 9:50 AM and I Review", indicated, "Patient arouse and altered mental the to see the resident and the rout for follow up and further accepted in [local hospital" | F 6 | 89 | | | |
| | dated 7/17/21 at 12 [Resident 3] admitt Emergency Depart | t 3's "Discharge Summary", 2:00 PM, indicated, "When ed to the ED (hospital's ment) on July 17, the patient respiratory failure (breathing | | | | | |

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| F 689 | used for pain relief) u emergent intubation (to help her breath) [urine testing for illicit drugs in the body] wh amphetamines, metha "Meth" a dangerous s smoke, snort, swallov According to the Natia (NIDA) accessed on https://www.drugabus y-used-drugs-charts# following are possible methamphetamine: in physical activity; decr breathing, heart rate, temperature; irregular confusion; insomnia; behavior, paranoia; h weight loss, severe d mouth"); and intense from scratching. Review of Resident 3 Test" (urine test for dr results confirmed pre- methamphetamines, body upon admission Review of Resident 3 Administration Record and a report that serv drugs administered to updated on 7/17/21, i | y from opiate (substances se, and patient required put on a breathing machine patient did have a Utox substances or prescription ich was positive for amphetamines [or known as treet drug that one can y, or inject], and fentanyl." Inal Institute of Drug Abuse 11/14/21, at se.gov/drug-topics/commonl methamphetamine, the health effects of creased wakefulness and leased appetite; increased blood pressure, r heartbeat; anxiety; mood problems; violent allucinations, delusions; ental problems ("meth itching leading to skin sores" s"Toxicology Screen, Urine rugs), dated 7/17/21, the test sence of amphetamines, and fentanyl in Resident 3's to the hospital. | F | 589 | | | |

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| F 689 | (H&P- a detailed hist dated 5/4/21, indicate current drug use. Dr. Marijuana (a mind all of dried leaves)." The "will refer to Behavior mental health special h/o (history of) substance of Review of Resident and mapped specific nur with resident's media Monthly Summary For Plan did not show an planning to address. In an interview with I Mezzanine unit, on 8 stated Resident 3 was sleepy despite withh pain medications in 17/17/21. NM 2 stated urine test for ruling of weeks. NM 2 further male visitor on 7/9/2 staff noticed behavior to go to bed, hallucing something not prese or scratching her factors. In an interview with I Mezzanine unit, on 8 stated seven days and discharged from the belonging had to be was found that contal Ziploc bags containing the seven days and contal seven days and discharged grow the belonging had to be was found that contal Ziploc bags containing the seven days and discharged grow the belonging had to be was found that contal Ziploc bags containing the seven days and discharged grow the belonging had to be was found that contal Ziploc bags containing the seven days and discharged grow the belonging had to be was found that contal Ziploc bags containing the seven days and discharged grow the belonging had to be was found that contal Ziploc bags containing the seven days and discharged grow the seven days and | 3's "History and Physical" tory of medical condition), ed Resident 3 "reports ugs: Amphetamines and erting substance in the form e document further indicated ral Medicine (a type of alty) for assessment related to ance use." 3's Care Plan (document that sing care and steps to help cal problems) titled "Nursing orm" dated 7/7/21, the Care my nursing intervention or history of illicit drug abuse. NM 2, in the Pavilion 3/5/21 at 2:30 PM, NM 2 as noted to be sluggish and olding the prescribed opioid the early morning hours of drug use in previous stated Resident 3 had one 1 and days after that nursing or changes including refusing that in the pavilion (perception of an) as if the bed was on fire the harshly. NM 2 in the Pavilion 3/5/21 at 4:07 PM, NM 2 fter Resident 3 was facility, Resident 3's personal gathered for storage. A bagained syringes, needles, tiny | F 6 | 89 | | | |

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| F 689 | items were photograsite. NM 2 stated the resources to test the ln an interview with (LCSW) 1, in the Pa 8/12/21, at 11:45 AN suspected a recent the illicit substances facility. In an interview via the was still in the hospic Resident 3 stated the inthe nursing home acknowledged that sher when she resides she snorted (inhaled powder at times. In an interview with Mezzanine unit, on streamled caring for Resident acknowledged that sher when she resides she snorted (inhaled powder at times. In an interview with Mezzanine unit, on streamled caring for Residents. RN 6 statements and other residents. RN syringe in Resident Review of facility's ADR, a harmful or un from the use of a profrom future use) title Reaction: Substance ADR described the comparison of the facility of the resident was found in hard to arouse"; "Refore for future in the state of the | ar liquid. NM 2 stated the aphed and given to sheriff on a facility did not have any a recovered white substances. Licensed Social Worker vilion Mezzanine unit, on M, LCSW 1 stated, she male visitor may have brought for Resident 3 to use in the selephone with Resident 3, who tal, on 8/12/21 at 1:17 PM, at her ex-husband visited her facility once. Resident 3 she had some illicit drug on at at the nursing facility and at through the nose) the selection of the RN 6, in the Pavilion (2/23/21 at 2:27 PM, RN 6 resident 3 during the daytime ated, Resident 3 was in bed at was not socializing with 6 recalled a report finding a | F6 | 89 | | | |

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| F 689 | amphetamine and fe a3. Review of Resided dated 7/31/21 at 9:56 4) reported having in (means illicit substar is sleepy and lethargemergency room] for Review of Resident 4 Drug test", dated 8/3 both dates indicated non-prescribed subsform of marijuana-methamphetamine (company of the substance) respective Review of Resident 48/6/21 at 10:38 AM, "gave her (Resident which was placed in (means snorted or in Review of Resident 48/27/21 at 1:26 PM, minimizing use of no Resident 4. The door following: "2/26/20: Resident haunit of measure) be and half of a marijual "5/16/21: Male Resident 7/18/21: Resident rejoint in the Great Roof In an interview with Ferrica and the substance of the | ent 4's "Progress Notes", DPM, indicated, "(Resident gested a "cupful of edibles ace laced snacks)." Resident ic. Sent to [a local hospital evaluation." 4's "Comprehensive Urine //21 and 8/6/21, the record on presence of a tances called "THC" (active good altering substance) and or "Meth" a mind alerting rely. 4's "Nursing Notes", dated indicated another resident 4) crystal meth (illicit drug) a pipe and she took "one hit" shaled the substance)." 4's "Care Plan Details" dated indicated a goal of "none or inprescribed substances" for ument further noted the ad an empty 50 ml ("ml" was pottle of (alcoholic beverage) in a joint in her laundry." Itent reported that she bought is from him." | F 68 | | | |

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| F 689 | In a telephone inter Conservator (some guardianship over a AM, the Conservator with ongoing issues drugs in the facility. noticed Resident 4' substance use. a4. Review of Resident 4' substance use. a4. Review of Resident 8/16/21, at 8: pipe and a lighter or chest all soaked with 11 note further indice of deep sleep and remorning care. Review of Resident Psychiatrist", dated PCP (Primary Care have AMS (Altered is not mentally alert Utox found to be positive in the property of the positive in the property of the positive in the property of the propert | onally when she was larug use. View with Resident 4's one who assumed legal an adult), on 9/27/21, at 10 or stated she had concerns a related to availability of illicit. Conservator added, she had as behavior changed with dent 27's "Nursing Note", 04 AM, indicated, "saw a in top of his (Resident 27) the liquid (from the pipe)". RN cated Resident 27 was in state numbling speech during the 1.27's "Progress Notes: 8/25/21, indicated, "per Physician), patient noted to Mental Status, when resident of the pipe. In the pipe of the pipe of the pipe. In the pipe of the pipe of the pipe. In the pipe of | F 6 | , | | |
| | Review of Resident Administration Reco report that serves a administered to a re | in the body via the urine test. | | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTI IDENTIFICATION NUMBER: A. BUILDIN | | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| F 689 | | of the fentanyl for pain ast 10 months (December | F | 689 | | | |
| | Use Disorder", dated 2 received a "7-11" (\$ food store) food deliv | ent 2's "Care Plan: Opioid 6/2/21, indicated, Resident Geven-Eleven, the name of a ery bag that contained rolled with four small Ziploc bags ubstances. | | | | | |
| | 6/14/21, at 4:24 PM, patient has had recer delivery, but package contraband (a banner not consent to urine tacknowledges attempts) | oting to use what he believed not use it "because they | | | | | |
| | 6/23/21, at 1:25 PM, have issues being for acknowledges cravin | "s "Progress Note", dated indicated, "continue to und with contraband"" gs for opioids (fentanyl) anging use patterns or | | | | | |
| | 8/12/21, at 11:03 AM done drugs like "crys | desident 2, in his room, on , Resident 2 stated he had tal Meth and heroin" (illicit dent 2 did not disclose how equired. | | | | | |
| | (LVN) 2, in the Pavilio 9/13/21, at 2:02 PM, lighter, burned alumir | icensed Vocational Nurse on Mezzanine unit, on LVN 2 stated he had seen num foil and brown plastic a used to smoke heroin) in | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | , , | IPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | | |
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| | | 555020 | B. WING | | | C | | |
| | ROVIDER OR SUPPLIER | HABILITATION CTR D/P SNF | | STREET ADDRESS, CITY, STA 375 LAGUNA HONDA BLVD SAN FRANCISCO, CA 94 | | 10/14/2021 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | (EACH CORREC CROSS-REFEREN | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | | |
| F 689 | Resident 2's room on In an interview with R Mezzanine unit, on 9 stated that she cared and had been involve the unit. RN 4 stated on top of his bedside In another interview was Mezzanine unit, on 9 Resident 2 denied she Resident 1, when Re unconscious in Resident 1, when Re unconscious in Resident on resource or residues found in Facknowledged the bucould indicate igniter hazard inside a resident as when the alcol toxicology test was comethadone was determethadone" Review of Resident 3 Note, dated 9/15/21, weekend (Resident 3 was not badly hurtFhold of any extracurri booze', from (name relse" Further review under A/P (Assessme "1. Substance useI about the methadone | RN 4 in the Pavilion (13/21, at 2:35 PM, RN 4 for Resident 2 frequently ed with clinical searches in that "we found burned straw table". with NM 2, in the Pavilion (13/21, at 4 PM, NM 2 stated aring illicit drug with sident 1 was found lent 2's room. NM 2 added, es to test or identify the items Resident 2's room. NM 2 urned foil or brown straws use and may pose fire | F | 589 | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| | | 555020 | B. WING _ | | | 10/ | C 14/2021 |
| NAME OF P | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP COD |)E | 107 | 1-1/2021 |
| LACUNA | HONDA HOSBITAL & DE | HABILITATION CTR D/P SNF | | 375 LAGUNA HONDA BLVD. | | | |
| LAGUNA | HUNDA HUSPITAL & RE | HABILITATION CTR D/P SNF | | SAN FRANCISCO, CA 94116 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFI) TAG | PROVIDER'S PLAN OF CC ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | N SHOULD BE E APPROPRIA | | (X5) COMPLETION DATE |
| F 689 | Continued From page | e 13 | F 6 | 889 | | | |
| | dated 1/6/21, indicate unknown substance, be heroin (illicit substance, be heroin (illicit substance of morphine which is a byproduct PD 1 progress notes "behavior would be capractice" has been Review of Resident 1 Urine", dated 1/4/21, 8/27/21, indicated preopioid substances lik medication). Addition indicated presence of substance called EDI of methadone, an opional substance of mon-presence of non-presence of non-presence of non-presence of mon-presence of methadone, and object of the sitting on the education of the sitting | e (opioid pain medication) of heroin in the body. The further indicated resident's lassified as a 'unhealthy referred to counseling". 1's "Toxicology Screen: 3/8/21, 3/22/21, and esence of non-prescribed e morphine (opioid pain ally, the record on 5/17/21 f another non-prescribed DP (which was a byproduct foid medication). ent 18's "Toxicology screen, 5/5/21, 6/18/21, indicated, cribed substance called resident's urine test. 8's "Nursing Notes" dated indicated, "Resident with ughout morning. Observed dige of the bed without pants ff giggling and moaning | | | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | | |
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| | ROVIDER OR SUPPLIER | EHABILITATION CTR D/P SNF | | STREET ADDRESS, CITY, STATE, ZIP CODE 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | | 1 10 | 14/2021 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | (EACH | OVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOULD -REFERENCED TO THE APPROPR DEFICIENCY) | BE | (X5) COMPLETION DATE | |
| F 689 | increased irritability, 5/5/21: Resident with screen after ordered and hyperactive. 6/19/21: Resident with screen after ordered changes"Preliminal preliminary positive for confirmed positive for methamphetamine, November 8/5/21: Resident traditional resident in the unit. a9. Review of Resident dated 7/7/21 and 7/2 non-prescribed substitute resident's urine to Review of Resident's urine to Review of Resident 28/21/21, indicated, ". of recent urine toxico methamphetamine to short- term increased PCP/verbally abusive delusional statement increase in verbal irri related to stimulant una 10. Review of Resident 21. Review of Resident 22. Review of Resident 23. Review of Resident 24. Review of Resident 25. Review of Resident 26. | ent with pressured speech, rocking in chair. In positive urine toxicology on 5/4/21 due to hyperverbal of the positive urine toxicology on 6/17/21 due to behavioral ry Positive90% of or amphetamines are ramphetamines, MDMA (ecstasy) or MDA." les marijuana with another of tance called amphetamine in test. 24's Psychiatrist Note, dated and another of the positive for vice in July. Has had some diparanoia about the towards PCP and endorsed s Possible that brief tability/psychosis maybe se" dent 29's Nursing Note, dated dicated, "Physician resident 7/27 due to behavior" | F | 889 | | | | |
| | urine" dated 7/27/21, non-prescribed subs | 29's "Toxicology screen, indicated, presence of tance called nd amphetamine in the | | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | , , | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | |
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| | | 555020 | B. WING _ | | | C 10/14/2021 | |
| | ROVIDER OR SUPPLIER HONDA HOSPITAL & | REHABILITATION CTR D/P SNF | | STREET ADDRESS, CITY, STATE, ZIP O 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | CODE | 10/14/2021 | |
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| F 689 | 2:35 PM, in the No acknowledged use a while ago and de Review of Resider Screen", dated 1/3 presence of a non- drugs that include | w with Resident 7, on 9/9/21 at orth 4 Unit, Resident 7 of non-prescribed substances enied doing it again. It 7's "Urine Toxicology 1/20 and 2/5/20, indicated prescribed opiates (a class of legal and illegal drugs) with | Fé | 689 | | | |
| | morphine (a pain medication) as the substance in Resident 7's body. Review of Resident 7's MAR with a date range of 1/2/20 to 2/10/20, the MAR indicated Resident 7 was not on any prescription form of drug found in the urine testing. Review of Resident 7's "Nursing Notes", dated 2/5/20, at 4:01 PM, indicated, "Resident (Resident 7) admitted that he took "something" last week, cannot exactly recall the date given to him by a visitor. Resident (Resident 7) would not specify who was the person and go no further details" | | | | | | |
| | Physician", dated a him on potential dr prescribed medica note furthermore ir indicated that incid (without adverse o Resident 7 was no medication that he Review of Resider Behavioral Health" | at 7's "Progress Notes: 2/6/20, indicated, "educated ug interaction of currently tions and illicit drug use" The in the "assessment" section ent was an uncomplicated utcome) opioid abuse and it interested in optimizing his lip with his addiction issue. At 7's "Progress Notes: , dated 2/12/20, indicated, relapsed on 1/31/2020 urine | | | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | l l | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | | |
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| | ROVIDER OR SUPPLIER | HABILITATION CTR D/P SNF | | STREET ADDRESS, CITY, STATE, ZIP CODE 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | | | 14/2021 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFI TAG | < | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE | | |
| F 689 | test positive for Morp | e 16 hine." Resident 7 "admits ses when somebody gave | F | 689 | | | | | |
| | him but denies any control Review of Resident 7 5/14/2020 at 5:34 PM of non-prescribed sult the facility to monitor test showed positive substance). The interdocument included a "discuss LHH (name reduction and campu "Restarted Suboxone addition craving) as phealth) doctor". a12. Review of Residuagnostic Studies" (| raving." "S "Care Plan", dated I, indicated Resident 7's use estances as a problem for since 9/27/2019 when urine for cocaine (illicit eventions listed in the 15-point plan including of the facility) harm s policy with resident"; e (a medication to help with prescribed by Psych (mental | | | | | | | |
| | Review of Resident 2 dated 1/29/21, indica "notable for intermitted drug use." The record section indicated, " methamphetamine us that he continues to use the continues of the continues to use the continues of the continues | the resident's urine test. 28's "History and Physical", ted, Resident 28 was ent suspected and confirmed d under substance use most significantly se, which he freely endorses use at LHH" 28's "Toxicology Screen: indicated presence of ance called in the resident's urine test. 28's "Progress Notes" dated penly endorses using | | | | | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | | |
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| | ROVIDER OR SUPPLIER | EHABILITATION CTR D/P SNF | | STREET ADDRESS, CITY, STATE, ZIP CODE 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC' | ON SHOULD BE HE APPROPRIA | DATE | | |
| F 689 | behavior in the forest changing his behavior substance use service a13. Review of Resident a13. Review of Resident at the resident's urine to the resident and I amouse while he is out of the service with a consultant we use or possession as substance abuse we for offered the prograthe addiction issues medical doctors and together to help resident and together to help resident and together to the problems. CMO states found to be under into the interior and together to help resident and the problems. CMO states and together to help resident and the problems and together to help resident and the problems are problems. | neans no intention to change eeable future) about or and continues to defer ces referrals" dent 31's "Toxicology screen, indicated, presence of tance called amphetamine in | F6 | 689 | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | PLE CONSTRUCTION G | | (X3) DATE SURVEY COMPLETED | |
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| | | | B. WILLO | | | С | |
| | | 555020 | B. WING _ | | | 10/14/2021 | |
| NAME OF P | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CODE | | | |
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| LAGUNA | HUNDA HUSPITAL & RE | HABILITATION CTR D/P SNF | | SAN FRANCISCO, CA 94116 | | | |
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| F 689 | Continued From page | | F 6 | 89 | | | |
| | facility's goal is to red use and be selective | PM, the CEO stated the luce harm from illicit drug in admitting residents that ntraband drug use and | | | | | |
| | (COO) on 10/14/21 at the facility had a large only a handful violate added, "We can't violate COO added, the facility residents with a goal Review of facility's por Diverted Drugs and Act Possession/use by Revised on 9/10/19, in | esidents or Visitors", last ndicated "As in the greater | | | | | |
| | and/or distribution of and/or paraphernalia (LHH) is prohibited indicated, "RCT (Re of facility's staff) team residents to LHH safe related to substance oplanning process. Clinically limiting access drugs (Passes, access additionally indicated and is competent to rebe considered the said (b) further hospitalizat the resident's desire to Furthermore, the polic Procedures, indicated SFSD (San Francisco | esident Care Team- a team in members shall orient the ety rules, and address issues use through the care nical interventions may is to medications and/or illicit es, visitors, etc.)" The Policy, "If resident refuse testing efuse, (a) the refusal shall me as a positive result, and tion may be conditional upon to comply with LHH policy." ecy on section 4 of the d "LHH staff may request the o Sheriff Department) to | | | | | |
| | | ch The SFSD shall seize I during a legal search and | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| | | 555020 | B. WING _ | | | 10/ |) 14/2021 |
| NAME OF PI | ROVIDER OR SUPPLIER | | 1 | STREET ADDRESS, CITY, STATE, ZIP | CODE | 101 | 1-7/2021 |
| LAGUNA | HONDA HOSPITAL & RE | HABILITATION CTR D/P SNF | | 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | | | |
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| F 689 | Continued From page | e 19 | F 6 | 689 | | | |
| | shall proceed with ap disposition. Any reside of illegal substances possible citation or phenomenate of the possible citation of the pos | propriate and legal lent or visitor in possession is subject to detention and hysical arrest by the SFPD" ent 14's "History and 8/20, indicated Resident 14 cy room after return from when kidney not able to was found to have "3 (three) I some marijuana in his 4's "Social Worker Consult", ted Resident 14 had a f the facility to buy or engage | | | | | |
| | | change which may have him and other vulnerable | | | | | |
| | Meeting Notes", date team was concerned in possession of cont and marijuana edible | 14's "Nursing Notes", | | | | | |
| | On 1/28/21, at 12:03 wrapped dark greenis marijuana) in one of I closet and a red cigal On 4/5/21, at 6:05 PN marijuana. On 6/2/21, at 5:44 PN | PM, approximately 17 saran sh dried buds (smell like his sweaters hanging in his rette lighter. M, found 2 pieces of buds of the lighter of the lighter. M, 1 block of cannabis ide in underpants and a the lighter. | | | | | |

| STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | IPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | | |
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| | ROVIDER OR SUPPLIER | EHABILITATION CTR D/P SNF | | STREET ADDRESS, CITY, STATE, ZIP 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | • | 10/14/2021 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETION DATE | | |
| F 689 | cannabis in his sweat On 7/30/21, at 6:05 marijuana were four During an interview facility's South 6 unithad multiple clinical added, "We're doing regular basis. When We confiscated gum cannabis and a lot not be. In an interview we Mezzanine, on 8/5/2 seven days after Rethe facility, Resident to be gathered for stag was found that tiny Ziploc bags consubstances, small contained a clear paraphernalia items given to sheriff on since In an interview via the was still in the hospic Resident 3 acknowled drug on her when sheriff on since In an interview with the series of the | M, unopened package of at-shirt right sleeve. PM, 4 buds (like dime size) of d inside cigarette box. on 10/12/21, at 1 PM, in the t, RN 20 stated, Resident 14 searches done. RN 20 it (clinical search) almost on ever he goes out on dialysis. my bear, chocolate infused hore." of th NM 2 in the Pavilion 1 at 4:07 PM, NM 2 stated sident 3 was discharged from 3's personal belonging had orage; during the search a contained syringes, needles, taining white powdery of ton balls and big syringes ar liquid. NM 2 stated the were photographed and | F6 | | | | | |
| | recalled caring for R work shifts. RN 6 sta most of the time and | 8/23/21 at 2:27 PM, RN 6 esident 3 during the daytime ated, Resident 3 was in bed was not socializing with 6 could recall a report finding | | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | 1 ' ' | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | |
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| | | 555020 | B. WING _ | | | C 10/14/2021 |
| | ROVIDER OR SUPPLIER HONDA HOSPITAL & RE | EHABILITATION CTR D/P SNF | | STREET ADDRESS, CITY, STATE, ZIP (375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | CODE | |
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| F 689 | Continued From pag | e 21 | F | 689 | | |
| | dated 8/27/21 at 1:26 "minimizing use of no indicated the following On 2/26/20, "Resider ("milliliter" unit of membeverage) and half of laundry." On 5/16/21, "Male Rebought \$70 worth of On 7/18/21, "Resider marijuana joint in the Review of Resident 4 the following: On 8/6/21 at 10:38 After [Resident 4] crys was placed in a pipe [means snorted or in On 9/21/21, at 11:11 search done found halfway with some refon 9/23/21, at 2:15 Fff (Resident 4) saw sor knows and asked the {sic} She ended up from North 1 named exchanged money we (weed). Both smoked Sutro Meadow"" On 9/29/21, at 6:38 Fff 4) had smoked MJ (recoach how did he known smelled/reeked of Mapaper Upon opening paper fell down Les about 1.5 cm (centime designation of the side of the smelled/reeked of Mapaper Upon opening paper fell down Les about 1.5 cm (centime designation of the side of the smelled/reeked of Mapaper Upon opening paper fell down Les about 1.5 cm (centime designation of the side of the si | onprescribed substances" gg: nt had an empty 50 ml asure) bottle of (alcoholic f a marijuana joint in her esident reported that she cannabis from him." nt reportedly rolling Great Room." It's "Nursing Notes" indicated M, another resident "gave tal meth (illicit drug) which and she took "one hit haled the substance]." PM, indicated, "Clinical d a rolled paper burned esidue and smelled weed" PM, indicated, " she me of the resident that she em for money and cigarette of meeting one of the resident (name redacted). I saw them ith cigarets {sic} and a joint d the weed, location "Betty PM, indicated, " (Resident marijuana) but clarified with | | | | |

| STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ' | PLE CONSTRUCTION G | | (X3) DATE SURVEY COMPLETED | |
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| | | 555020 | B. WING_ | | | C 10/14/2021 | |
| | ROVIDER OR SUPPLIER | EHABILITATION CTR D/P SNF | | STREET ADDRESS, CITY, STATE, ZIP CO 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | | 10/14/2021 | |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY | ON SHOULD BE E APPROPRIATE | (X5) COMPLETION DATE | |
| F 689 | smoked weed at 11: LN (Licensed Nurse second time at 12:11 resident received we from another reside. On 9/30/21, at 3:13 Coach, received the MJ with another resident smoke. On 10/5/21, at 4:40 was observed exchara rolled paper) with nursing office at 133 On 10/9/21, at 2:10 PM), "Resident smoke. The coach said that from another resident smoke. During an interview 19 stated, Resident searched done. The confiscated was a "Valuation because like but bearable." b4. Review of the Ruse Disorder", date received a "7-11" (or a food store) food derolled aluminum foils bags with white rock. During a concurrent in the Pavilion Mezz PM, NM 2 stated, Resident searched store) | AM, indicated, "Resident 45 The coach reported to 1 that resident smoke weed 20 (PM) The coach saw the ed (a roll paper with weed) at" PM, indicated, "Relieved resident while actively rolling dent that is from another ed the MJ" PM, indicated, "Resident anging money with "Weed" (in another resident near the 10 (1:30 PM) this afternoon" PM, indicated, "At 14:00 (2 moked "weed" in the farm resident received the weed at" On 10/12/21, at 3:54 PM, RN 4 had multiple clinical most recent contraband weed rolled in paper and "RN 19 added, "It's MJ at thas a distinct smell, skunk esident 5's "Care Plan: Opioid d 6/2/21, indicated Resident 5 reven-Eleven, the name of elivery bag that contained a along with four small Ziploc | F 6 | 89 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ´ | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | | |
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| | | 555020 | B. WING _ | | | C 10/1 | ; 4/2021 | | |
| NAME OF PI | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE | E, ZIP CODE | 1 10/1 | 14/2021 | | |
| LAGUNAI | JONDA HOSDITAL & DE | HABILITATION CTR D/P SNF | | 375 LAGUNA HONDA BLVD. | | | | | |
| LAGUNA | TONDA HOSPITAL & RE | HABILITATION CTR D/P SNF | | SAN FRANCISCO, CA 941 | 16 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | ID PREFI) TAG | ((EACH CORRECTIVE CROSS-REFERENCE | AN OF CORRECTION VE ACTION SHOULD BI ED TO THE APPROPRIA FICIENCY) | | (X5) COMPLETION DATE | | |
| F 689 | | evator and stated, "that was | F 6 | 589 | | | | | |
| | possession), it won't I In an interview with S 5:37 PM, the Security drug in possession of rock/powder in a Ziple explained that he sea and gave it to security substances for identifinot sure how the illicit Security Staff 1 addedwere not required to chow they acquired illicit Review of Resident 5 8/5/20 at 6 PM, indicate his bag from another Unit. Clinical search was suspicion of possessions. | ecurity Staff 1, on 8/5/21, at a Staff 1 described the illicit Resident 5 as "clear crystal oc bag." The Security Staff 1 alled it with a written report a chief but did not test the fication. Security Staff 1 was a t drugs were disposed. The did they (Security Officers) question the residents on | | | | | | | |
| | search "however, one substance was surrer In an interview with R 8/12/21 at 4:36 PM, F was "stolen" and he contents found in the In an interview with N AM, in South 2 Unit, I the illicit substances i Resident 5 on 8/5/21. looked like a clear roc grateful that they had however, they needed | e small bag of a rock white ndered to sheriff." desident 5, in his room, on Resident 5 stated his bag lid not want to talk about the | | | | | | | |
| | b5. Review of Reside | nt 2's "Progress Notes", | | | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | l ` ′ | IPLE CONSTRUCTION NG | | (X3) DATE SURVEY COMPLETED | | |
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| | | 555020 | B. WING _ | | | 10/ | 14/2021 | |
| NAME OF P | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CO | DDE | 10/ | 17/2021 | |
| LAGUNAI | HONDA HOSDITAL & DE | HABILITATION CTR D/P SNF | | 375 LAGUNA HONDA BLVD. | | | | |
| LAGUNA | HONDA HOSPITAL & KE | HABILITATION CTR D/F 3NF | | SAN FRANCISCO, CA 94116 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIVE) CROSS-REFERENCED TO THE CORRECTION OF | ON SHOULD BI HE APPROPRIA | | (X5) COMPLETION DATE | |
| F 689 | F 689 Continued From page 24 | | F 6 | 589 | | | | |
| | patient has had recer | 4 PM, indicated, "Per staff, nt incidents of ordering food es found to have unknown | | | | | | |
| | following: On 6/2/21, at 10:45 F suspicious item in a 7 Reynolds aluminum f bags with white rocks pouch bag w/ (with) o inside" On 6/6/21, at 10:45 F inside 1 of 3 soft tacc inside the other taccs On 6/9/21, at 5:30 AM substance in an alum | Found" received on , for Resident 2 indicated the PM, "Found highly 7/11 delivery bag; a rolled foil with x4 small tiny zip lock is substancefound a silent crushed white med residue PM, "White rock substance & 6 & 6 folded aluminum foil | | | | | | |
| | dated 8/10/21, at 5:20 seen awake up on his cigarette lighter & not with burned substant 3's progress note furt search" was initiated and "found a pocketk b6. Review of Resided dated 8/16/21, at 8:00 | ess notes for Resident 2, 0 AM, indicated, "Resident is wheelchair holding on to a sted a burned aluminum foil ite on top of the table" RN ther indicated a "clinical on 8/10/21 at 6:25 AM nife at bedside drawer." ent 27's "Nursing Note", 4 AM, indicated, "saw a top of (Resident 27) chest all om the pipe)" | | | | | | |
| | | 7's "Nursing Note", dated icated "clinical search was | | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ' | IPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | | |
|---|---|---|---------------------|---|---------------------------------|-------------------------------|----------------------------|--|
| | | 555020 | B. WING _ | | | | C 14/2021 | |
| | ROVIDER OR SUPPLIER HONDA HOSPITAL & RE | HABILITATION CTR D/P SNF | | STREET ADDRESS, CITY, STATE, ZIP O 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | CODE | 1.0. | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF X (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN | TION SHOULD BI THE APPROPRIA | | (X5) COMPLETION DATE | |
| F 689 | fuel for cigarette light discovered. b7. Review of Reside "Substance Use/Abu "clinical search dor like heroin (illicit subspocket. We think (an involved in buying the Resident 11 in the medical pass) Her packages during this "Intervention and Re "Highly recommend off this unit as Reside and bring in drugs." Review of Resident Notes, dated 1/3/21, "Nursing staff discoveye drop bottle, confi "contraband" but der Says used todaySa Review of Resident 1/3/21, at 10:38 PM, was performed Foblackish liquid) wrappin the beginning state Review of Resident 1/4/21, at 8:37 AM, in interviewed resident | y bottles of butine [sic] (a ers) for lighter refill" was | F6 | 689 | | | | |
| | indicated the following | ent 17's progress notes g: na" was found on Resident | | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MUL ⁻ A. BUILDI | | (X3) DATE SURVEY COMPLETED | | |
|--|--|---|------------------------------------|---|---|--|----------------------------|
| | | 555020 | B. WING | | | | C 14/2021 |
| | ROVIDER OR SUPPLIER | HABILITATION CTR D/P SNF | | 37 | REET ADDRESS, CITY, STATE, ZIP CODE 5 LAGUNA HONDA BLVD. AN FRANCISCO, CA 94116 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | | ID PROVIDER'S PLAN OF CORRECTI PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY) | | | (X5) COMPLETION DATE |
| F 689 | tin can "altoid contain" Review of Resident 1 the following: On 5/5/21, at 8:56 PN that he saw this resid the areaStaff notic and grabbed it immed On 6/9/21, at 7:25 PN down but was support chair. While in the ch had a joint in his hand the joint, resident put b9. Review of Resided dated 1/24/21, indicafound a small amout leaves, some are sha paper bag I was he to him that I need to suddenly grab it from keep insisting that he that he is allowed to se b10. Review of Resided dated 3/11/21, indica done Able to find a some loose leaves in boxSubstance confi b11. Review of Resided dated 3/29/21, at 12: search conducted aft possession of marijus Review of Resident 1 | o lighters (igniters) and one her" with marijuana." 7's "Nursing Note" indicated M, "Smoke patrol reported lent smoking marijuana in led the joint was in his hands diately" M, "Resident almost fell rted and assisted to sit in the lair, it was noticed that he lair, "Clinical search done and lair lair lair lair lair lair lair lair | F | 689 | | | |
| | indicated the followin | | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULT A. BUILDI | | (X3) DATE SURVEY COMPLETED | | |
|--|--|---|------------------------|-----|--|------|----------------------------|
| | | 555020 | B. WING _ | | | | C / 14/2021 |
| | ROVIDER OR SUPPLIER | EHABILITATION CTR D/P SNF | | 375 | EET ADDRESS, CITY, STATE, ZIP CODE LAGUNA HONDA BLVD. N FRANCISCO, CA 94116 | 1 10 | 117/2021 |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFI TAG | × | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | | (X5) COMPLETION DATE |
| F 689 | On 3/29/21, at 3:40 the first floor hallway marijuana in his pos public" On 9/10/21, at 5:05 conversation a smal inside resident's jack marijuana joints and On 9/10/21, at 5:18 conducted in resider table found an empt marijuana" b12. Review of Residated 7/30/21, at 5:32 unit-wide clinical sthree unopened jars active ingredients of products and small states of the sold cannabis to money on 5/15/2021 that the co-resident cannabis which brouther roommate of the lost her wallet." | PM, "Resident was seen on a near North Tower with session rolling joint out in personal point out in personal p | F | 589 | | | |
| | dated 7/27/21, at 2:4 | dent 21's "Nursing Note" l5 PM indicated, "Found on floor of resident's bedroom | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | PLE CONSTRUCTION G | | (X3) DATE SURVEY COMPLETED | | |
|---|--|---|---------------------|--|------------------------------|-------------------------------|--|--|
| | | 555020 | B. WING _ | | , | C I 0/14/2021 | | |
| | ROVIDER OR SUPPLIER | EHABILITATION CTR D/P SNF | | STREET ADDRESS, CITY, STATE, ZIP COD 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | | 1071-772021 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | N SHOULD BE E APPROPRIATE | (X5) COMPLETION DATE | | |
| F 689 | dated 5/15/21, at 2:4 went out on pass (O himself. Review of Resident 5/15/21, at 5:11 PM, from OOP at 1645 (A protocol for resident Resident voluntarily joint" b17. Review of Resident 8/27/21, at 8:2 rolled of used "JOIN b18. Review of Resi Progress Note, date indicated, "Last wee falls - luckily he was out that he had two transpired that his si send them to him" Review of Resident Meeting Note" dated "Team met to discreceiving alcohol in bottle of whiskey. Re | | F 6 | , | | | | |
| | dated 1/28/21, at 1: search with charge r uncovered a rolled jo waist bandResidel | ident 12's "Nursing Note" 19 PM, indicated, " Clinical nurse on (Resident 12) bint of marijuana under her nt received a package from found more contrabands. | | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | IPLE CONSTRUCTION IG | | (X3) DATE SURVEY COMPLETED | | |
|---|--|---|---------------------|--|--|-------------------------------|----------------------------|--|
| | | 555020 | B. WING _ | | _ | 10/ |) 14/2021 | |
| | ROVIDER OR SUPPLIER | HABILITATION CTR D/P SNF | | STREET ADDRESS, CITY, ST 375 LAGUNA HONDA BLVI SAN FRANCISCO, CA S | D. | 100 | 17/2021 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | ((EACH CORREC CROSS-REFEREI | S PLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRI DEFICIENCY) | | (X5) COMPLETION DATE | |
| F 689 | cannabis infused markeview of Resident 1 Use/Abuse" with starexpected end date of 1/9/21, "found conwrapped of Marijuana another one still intacher drawer while PC/found contrabands in joint and Marijuana epackage5/28/21 Fabag packages. During bottle of HEMP SEED Sativa seed oil with VFound narcotic (a sulmoderate or severe pbed" b20. Review of facility Searches with Items 10/13/21, at 3:15 PM on 8/5/21 at 3:40 PM done; found an ICP (Procedure) kit small pwhite pill; pharmacy with pill as the marking Review of Resident 1 Meeting Note" dated indicated, "Team maresident trading marij and subsequent clinic was found" | container of cannabis , 50g zip lock container of ngo, and a Vape pen" 2's care plan for "Substance date of 12/27/20 and 10/14/21, indicated on raband 2 small plastic a.1(one) is almost empty and t. Contraband found inside a cleaning her drawerStaff her possession. One rolled dibles in a mailed mily member send a 3 big g clinical search found a 0 OIL 118 ml (Cannabis fitamin E)6/23/21 Incident: ostance used to treat train) pill under her laptop on y document titled, "Clinical Found" received on for Resident 18, indicated, michinical safety search intermittent Catheterization olastic container with one was not able to ID (identify) gs were not legible" | F | 689 | | | | |

| 1 ' ' | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | IPLE CONSTRUCTION IG | | (X3) DATE SURVEY COMPLETED | | |
|--------------------------|--|--|---------------------|--|------------------------------|----------------------------|--|--|
| | | 555020 | B. WING _ | | | C 10/14/2021 | | |
| | ROVIDER OR SUPPLIER | REHABILITATION CTR D/P SNF | | STREET ADDRESS, CITY, STATE, ZIP CO 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | DE | 10/14/2021 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF C ((EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY | ON SHOULD BE E APPROPRIAT | DATE | | |
| F 689 | small pink container marijuana joints" b22. Review of Resindicated the following on 1/3/21, at 2:40 Fix that found a bottle or resident's top drawer of alcohol is broken left in the bottle. Resident's top drawer of alcohol. When a obtained the alcohol from outside gave the provide any detail On 3/7/21, at 3:21 Fix found a bottle of drawer of dresser ml and opened it, lest bottle" b23. Review of facil Searches with Items 10/13/21, at 3:15 Pl PM, Resident 24 was "hand rolling paper Lighter was also for b24. Review of facil | search conducted. Found: r with dozens small ends of ident 10's "Nursing Note" ing: PM, indicated, "PCA reported of 375 ml (of alcohol) in erNoted the seal of the bottle and has 90% of the alcohol sident admitted that he drank asked resident how he ll, resident stated, "Somebody hat to me" and refused to | F 6 | | | | | |
| | 10/13/21, at 3:15 Pl PM, in the North 1 u whiskey found in the balcony." In a joint interview v and NM 1, on 9/13/2 unit, they both ackn | M, indicated, on 7/28/21, at 1 unit, "3 empty bottles of e garbage can in the unit with ND (Nursing Director) 1 21, at 11:30 AM, in the North 3 owledged the multiple sing staff had to have to keep | | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|---|-----|--|-------------------------------|----------------------------|
| | | | B 14/11/0 | | | | C |
| | | 555020 | B. WING | | | 10/ | 14/2021 |
| | ROVIDER OR SUPPLIER HONDA HOSPITAL & RE | HABILITATION CTR D/P SNF | | 375 | REET ADDRESS, CITY, STATE, ZIP CODE 5 LAGUNA HONDA BLVD. N FRANCISCO, CA 94116 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| F 689 | the resident's privacy substance use. "We search resident's roo without their consent needed to maintain a residents to hold the to provide. In an interview with NPM, in the South 2 unot control what visite search the visitors, o packages without research the visitors, o packages without research the visitors, or packages w | d at the same time respect and rights regarding illicit can't open mail or deliveries, ms and search visitors. NM 1 added, nurses therapeutic relationship with trust and care they needed. MM 1, on 9/13/21, at 12:12 hit, NM 1 stated, they could be brought in, could not pen resident's mail, or sident's consent. It's policy number 75-05, titled ags and/or Paraphernalia Residents or Visitors" dated Policy: 1. As in greater possession, solicitation illicit or diverted drugs are or access, and shall a resident efforts to minimize the of illicit or diverted drugs are or access, and shall a resident efforts to minimize the of illicit or diverted drugs are of illicit or diverted drugs. It's policy number 35-02, titled affere Items, And Solicitation and 3/12/19, indicated, "5. ems a. Sale(s) or or prohibited drugs, | F | 689 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | ' IDENTIFICATION NUMBER: ' | | IPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
|---|--|--|---------------------|-------------------------------|--|-------|----------------------------|
| | | 555020 | B. WING _ | | _ | 1 | C 14/2021 |
| NAME OF P | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, ST | TATE, ZIP CODE | 1 10/ | 1-7/2021 |
| LACUNA | HONDA HOSDITAL & DE | HABILITATION CTR D/P SNF | | 375 LAGUNA HONDA BLV | D. | | |
| LAGUNA | HUNDA HUSPITAL & RE | HABILITATION CTR DIP SNF | | SAN FRANCISCO, CA | 94116 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | ((EACH CORRE CROSS-REFERE | S PLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRI DEFICIENCY) | | (X5) COMPLETION DATE |
| F 689 | Continued From page | e 32 | F 6 | 889 | | | |
| L 009 | Review of the facility' "Resident Alcohol Co indicated, "Policy: 1. beverages by (name requires a physician of Unapproved use of a reported by the obset or charge nursemay Substance Abuse Tre Resident specific alcomedication room" Review of the facility' "Clinical Search Proto 9/10/19, indicated, "Pruse, drug dealing, undangerous objects er residents and staff ar resident's well-being. risk and/or reasonabl possesses contrabant searches of the resid personal belonging, a packages brought by Review of the facility' Procedure" last upda policy indicated "The Department will staff policy's "Delivery Pro "Resident's packages to the nurse's station parcels and packages States Postal Service Laguna Honda Hospi and delivered to the p for distributions." | as policy number 22-02, titled insumption" dated 10/13/20, The use of alcoholic of the facility) residents orderProcedure5. Ideohol by residents shall be ring party to nurse manager of refer the resident for eatment Services. 6. In ohol shall be stored in the spolicy number 22-12, titled ocol", last revised on rolicy2. Active substance safe smoking and use of adangers the safety of ad does not promote aWhen there is a potential e suspicion that a resident in d, staff shall conduct ent, a resident's room, and as well as property and visitors" Is policy titled "Mail Room ted in August 2016, the Environmental Services the mail room" The cedure" indicated is (large packages) delivered in neighborhood"; "Resident is received from the United its (USPS) delivered to the tal mailroom will be sorted perspective nurse's station | | 89 | | | |
| | c1. During an observa | ation, on 10/14/21, at 11:03 | | | | | |

| | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | A. BUILDIN | PLE CONSTRUCTION IG | (X3) DATE SURVEY COMPLETED | | |
|--------------------------|--|--|---------------------|--|-------------------------------|----------------------------|--|
| | | 555020 | B. WING _ | | | C 10/14/2021 | |
| | ROVIDER OR SUPPLIER | EHABILITATION CTR D/P SNF | | STREET ADDRESS, CITY, STATE, ZIP CODE 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | ' | 10/14/2021 | |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY) | HOULD BE | (X5) COMPLETION DATE | |
| F 689 | great room. Resided lighter in his left har During an interview Resident 34 stated, when I need to light I have a lighter." During concurrent of on 10/14/21, at 11:1 have bought the lighters are kep proceed to open the the unit's nurse's stalighters inside the concurrent on 10/14/21, at 11:1 have bought the lighters are kep proceed to open the the unit's nurse's stalighters inside the concurrence of the unit's nurse's stalighters inside the conc | as smoking in the ing area outside the unit's at 34 was holding a purple and. on 10/14/21, at 11:07 AM, "This is for my personal use my cigarette. The staff knows abservation and an interview, 18, RN 17 stated, "He might after while he was out on pass. In the nurse station." RN 17 e unlock overhead cabinet in ation 1 and showed two purple abinet. on 10/14/21, at 11:42 AM, ent 34's "recent smoking ary/evaluation, requires 1:1 34's "Safety Adult-Smoker" date of 10/7/21 and expected ander interventions, indicated, r: collect all matches, lighters, s" Further review of the care 0/13/21, Resident 34 was | F 6 | <u> </u> | | | |
| | stated, although no Resident 2's room of the staff had reporte aluminum foil, used | 8/5/21, at 1:55 PM, NM 2 illicit drugs were found in during the clinical searches, ed presence of burned straw and igniters in his room inter that may indicate | | | | | |

| | TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM | | (X2) MULT A. BUILDIN | IPLE CONSTRUCTION IG | (X3) DATE SURVEY COMPLETED | | |
|--------------------------|--|--|-------------------------|---|-------------------------------|----------------------------|--|
| | | 555020 | B. WING _ | | | C 10/14/2021 | |
| | ROVIDER OR SUPPLIER HONDA HOSPITAL & RE | EHABILITATION CTR D/P SNF | | STREET ADDRESS, CITY, STATE, ZIP COL 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | ÞΕ | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | N SHOULD BE E APPROPRIAT | (X5) COMPLETION DATE | |
| F 689 | stated that she cared and had been involve the unit. RN 4 stated on top of his bedside. In another interview Mezzanine unit, on 9 they had no resource or residues found in acknowledged the becould indicate igniter hazard inside a reside. Review of Resident 2 indicated the followin On 8/3/21 at 6:25 AN burned foil at his become of the followin on 8/5/21, at 4:08 Al burned aluminum foi mouth" On 8/6/21, at 4:20 Al | RN 4 in the Pavilion /13/21, at 2:35 PM, RN 4 If for Resident 2 frequently ed with clinical searches in that "we found burned straw table." with NM 2, in the Pavilion /13/21, at 4 PM, NM 2 stated es to test or identify the items Resident 2's room. NM 2 urned foil or brown straws use and may pose fire fent's room. 2's "Daily Progress Notes" eg: //, "during rounds found side" M, "notice again and found I in his table and straw on his M, "Resident seen asleep up th burned aluminum foil on" | F 6 | | | | |
| | aluminum foil on top On 8/10/21, at 5:20 A up on his wheelchair lighter & noted a burn burned substance or On 9/23/21, at 12:05 awake with burnt alu Review of Resident 2 care plan with start de | of his over-bed table" AM, "Resident seen awake holding on to a cigarette ned aluminum foil with | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | I DENTIFICATION NUMBER: | | TIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | | |
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| | | 555020 | B. WING _ | | | C 10/14/2021 | | |
| | ROVIDER OR SUPPLIER | HABILITATION CTR D/P SNF | | STREET ADDRESS, CITY, STATE, ZIP 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | CODE | 10/14/2021 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | CTION SHOULD BE THE APPROPRIAT | DATE | N | |
| F 689 | cigarette @ (at) beds Resident on safe smo includesResidents inside the hospitalF keep lighters, matche e-cigarettesSmokin are on Oxygen" c3. Review of Reside indicated the followin On 8/16/21, at 8:04 A lighter on top of his (I soaked with liquid (fro On dated 8/16/21, at bottles of butine [sic] for lighter refill was di Review of Resident 2 care plan with start d end date of 12/16/21 unsafe smoker. He d apron. Resident also possessing igniters a c4. Review of Reside dated 5/1/21, indicate lighters (igniters) and container" with mariju Review of Resident 1 care plan with start d end date of 11/6/21, i "Interventions8. If matches, lighters, ign review of the care pla Resident 17 was see | antadmitted smoking ide with himEducated oking that are not allowed to smoke Resident are NOT allowed to es, and/or g is PROHIBITED when you ant 27's "Nursing Note" g: M, "saw a pipe and a Resident 27) chest allow the pipe)". 5 PM, " 2 (two) empty (fuel for cigarette lighters) accovered" 17's "Safety Adult - Smoker" ate of 8/10/19 and expected indicated, "Resident is an eclines to wear fire-resistant has multiple history of the bedside or in his person" 17's "responses notes, ed, at 3 PM, LN 1 found two one tin can "altoid lana. 17's "Safety Adult - Smoker" ate of 3/10/20 and expected ndicated, feafe smoker: collect allowers, e-cigarettes" Further an indicated, on 5/25/21 | F | 689 | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIF | PLE CONSTRUCTION G | | (X3) DATE SURVEY COMPLETED | | |
|--|--|---|---------------------|--|----------------------------|----------------------------|--|
| | | 555020 | B. WING | | | C 10/14/2021 | |
| | ROVIDER OR SUPPLIER | EHABILITATION CTR D/P SNF | | STREET ADDRESS, CITY, STATE, ZIP CODE 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | | 1071-112021 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY) | HOULD BE | (X5) COMPLETION DATE | |
| F 689 | dated 3/30/21, at 4:2 had urine toxicology (Methamphetamine) conductedLighters [sic] empty" Review of Resident care plan with start of date: 11/12/21, under the same start of the same s | 27 PM, indicated, "Resident test was positive for meth . Clinical search found (4); all but one were 18's "Safety Adult-Smoker" late of 11/4/19 expected end er interventions, indicated, " llect all matches, lighters," 20's "Nursing Note" dated indicated, "S2 unit-wide lated. Found: small torch Heights empty e-cigarette" 20's "Safety Adult-Smoker" lated indicated, "At around lacted), the assigned Zone loking area reported that she loking area reported that she lighting his own cigarette. I lint 20) in the smoking area render the lighter. He got lighter wentions, indicated, "9. lout policy regarding no matches" 20's "Nursing Note" dated indicated, "Resident gave and found small burned bud | F 68 | | | | |
| | interventions, indicat smoking is only pern Prohibit any open fla | ted, "6. Inform residents nitted at designated areas. 7. me or cigarette within 5 feet og oxygen. 8. If safe smoker: | | | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULT A. BUILDIN | PLE CONSTRUCTION IG | (X3) DATE SURVEY COMPLETED | | |
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| | | 555020 | B. WING _ | | | C 10/14/2021 | |
| | ROVIDER OR SUPPLIER | REHABILITATION CTR D/P SNF | | STREET ADDRESS, CITY, STATE, ZIP CODE 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | , | | |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY) | SHOULD BE | (X5) COMPLETION DATE | |
| F 689 | smoke unsupervise ALL smoking mater c8. Review of Resid Assessment" dated indicated, "Currer smokeless products accidents/incidents materialsObserve cigarettes to other recorded to the care plan printed or interventions, indicated collect all matches, e-cigarettes9. If u smoke unsupervise ALL smoking mater c9. Review of Resident c9. Review of Resident control of the con | lighters, igniters, nsafe smokera. May not db. Prohibited from carrying ials" dent 14's "Smoking 8/11/21, at 9:45 AM, nt smoker or uses smoking or sHistory of past with smoking dt to be sharing or selling residents" 14's "Safety Adult-Smoker" 10/14/21, under ated, " 8. If safe smoker: lighters, igniters, nsafe smokera. May not db. Prohibited from carrying ials" | F6 | 89 | | | |
| | used "JOINTS" in the Review of Resident care plan with start end date of 10/14/2 Adult- Unsafe Smolthe bathroom happed Interventions6. In permitted at design smokera. May no Prohibited from carmaterials" c10. Review of facil Searches with Item | form resident smoking is only ated areas9. If unsafe t smoke unsupervised b. | | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | 1 | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | | |
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| | | 555020 | B. WING _ | | | 1 | C 1 14/2021 | |
| | ROVIDER OR SUPPLIER | EHABILITATION CTR D/P SNF | | STREET ADDRESS, CITY, STATE, ZIP CODE 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | | | 14/2021 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | < | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | | (X5) COMPLETION DATE | |
| F 689 | Continued From pag | e 38 | F 6 | 889 | | | | |
| | "hand rolling paper a | s witnessed by the coach nd one small dry bud." nd during clinical search. | | | | | | |
| | dated 5/15/21, at 5:1 returned from OOP a conducted the protocol | lent 19's "Nursing Note" 1 PM, indicated, "Resident at 1645 (4:45 PM). CN col for resident returning from a tarily surrendered the lighter | | | | | | |
| | QM (Quality Manage should be kept for sa | w on 10/12/21, at 11:21 AM, r) 1 stated, lighters/igniters ifekeeping in the social further stated the nursing place to store the | | | | | | |
| | the South 4 unit, NM | on 10/13/21, at 2:02 PM, in 7 stated, "Lighter go to is where we used to send | | | | | | |
| | with RN 15 and NM 7 the South 4 unit, RN kept in the nursing st unlocked cabinet in t | on and concurrent interview, 7 on 10/13/21, at 2:04 PM, in 15 stated that lighters are tation. RN 15 opened the the nursing station beside ating and showed the lighter. | | | | | | |
| | 10/13/21, at 2:34 PM RN 4 stated the resid stored in the unit cler 4 opened the unlock | observation and interview, on l, in South 4 nursing station, dent's lighters/igniters are k's office supply drawer. RN ed drawer by the unit clerk's d several lighters/igniters. | | | | | | |
| | | observation and interview, on M, with RN 5, in South 5 | | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | TIPLE CONSTRUCTION NG | | (X3) DATE SURVEY COMPLETED | |
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| | | 555020 | B. WING _ | | | 10/ |) 14/2021 |
| | ROVIDER OR SUPPLIER | HABILITATION CTR D/P SNF | STREET ADDRESS, CITY, STATE, ZIP CODE 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | | | 10/ | 1-1/2021 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| F 689 | lighters were found in square-shaped white cloth on the table. RN kept by the resident with econference room manager's office for some distribution of the conference room manager's office for some distribution of the conference room and showed and contained several iter remote control, a chat thermometer, and two lighters are kept in the for safekeeping while the residents. During an interview with the conference room for safety." During an interview, on the conference room for safety." During an interview with the nurse of the conference room for safety in the nurse of the conference room for safety in the nurse of the conference room for safety in the nurse of the conference room for safety in the nurse of the conference room for safety in the nurse of the conference room for safety in the nurse of the conference room for safety in the nurse of the conference room for safety in the nurse of the conference room for safety in the nurse of the conference room for safety in the nurse of the conference room for safety in the nurse of the conference room for safety in the nurse of the conference room for safety in the nurse of the conference room for safety in the nurse of the conference room for safety in the nurse of the conference room for safety in the nurse of the conference room for safety in the nurse of the conference room for safety. | ind the nursing station, two iside an open basket lined with light green in and sometimes in nurse safekeeping. Observation and interview 21, at 11:19 AM, in South 6 went inside the medication red plastic basket that ms including two lighters, a rger, a pager, a colanyards. RN 6 stated the reatment/medication room the cigarettes are kept by Orith ND 4, on 10/14/21, at stated, "Igniters should not with residents, or cabinets in It should not be in the unit on 10/14/21, at 11:45 AM, here are kept in the nurse's D 2 agreed that the lighters is station in all units. Orith Chief Quality Officer at 2:30 PM, CQO stated all hould be stored "off nursing oses. In 10/14/21, at 4:17 PM, the perations (DNO) stated, | F | 689 | | | |
| | | gniters should be stored in fice for safekeeping while | | | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULT A. BUILDIN | IPLE CONSTRUCTION NG | (X3) DATE SURVEY COMPLETED | | |
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| | ROVIDER OR SUPPLIER | EHABILITATION CTR D/P SNF | | STREET ADDRESS, CITY, STATE, ZIP CODE 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | . ' | 1071-112021 | |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREFI) TAG | PROVIDER'S PLAN OF CORR ((EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY) | HOULD BE | (X5) COMPLETION DATE | |
| F 689 | nurse manager's of assigned staff when assigned staff when Review of facility's pand Tobacco Free Eindicated, "3. Light cigarettes (e-cigaretignite, light, or fuel a shall be collected for safekeeping7. Redesignated smoking cannabis is not perromoking area" Review of facility's pandiction, last review of facility's pandiction, last review Definition section. "Unsafe Practices" asmoke inside their pangerous Behaviorattempts to smoke, e-cigarettes, and/or flame, in the present deliver oxygen to perfurthermore, in the I indicated "Clinical ir individualized based assessment, differe | used in the unit are kept in the fice and only given to the resident wanted to smoke. Poolicy 76-02, titled "Smoke Environment", dated 10/13/20, ters, matches, electronic tes), and other devices that a flame are not permitted and om residents by staff for sidents may only smoke in the gareaSmoking or ingesting mitted in the designated Poolicy #24-25, titled "Harm ised on 7/9/19, the policy in a described examples of as "a resident attempts to poom" and the "Imminently r" example as " A resident or use lighters, matches, devices that ignite or fuel a ce of or near devices that ersons." The policy, interventions section, interventions shall be | F | · · | | | |
| | indicated the following On 4/20/21, at 8:54 found "marijuana" of confiscated and gave Charge Nurse (CN) the "marijuana" to N | AM, Licensed Nurse (LN)1 n Resident 17's drawer. LN1 re the "marijuana" to the . Then, at 1:07 PM, CN gave | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | PLE CONSTRUCTION IG | (X3) DATE SURVEY COMPLETED | | |
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| | ROVIDER OR SUPPLIER HONDA HOSPITAL & RE | HABILITATION CTR D/P SNF | | STREET ADDRESS, CITY, STATE, ZIP CO 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | DE | , , , , | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| F 689 | marijuana. During an interview of 1 stated she disposed given to her, by puttir located in South 2 flod department. NM 1 acherself and did not hat the disposal of confise e2. During an observinterview with NM 1, NM 1 stated she kept inside the North 3 Nu a concurrent observatorise presented an unlabel explained, she kept a contrabands during of inside the box. The following items we carton box: i. A plastic bag contain black electronic cigar 37's name. ii. A plastic bag contain habeled with Residen with Residen NM1 stated confiscated the Nurse Manager's had sentimental value NM 1 stated the facility to the resident or family discharged or expired passed away years as a sentimental or sentimental value of the passed away years as a sentimental or sentimental value of the resident or family discharged or expired passed away years as a sentimental or sentimental value of the resident or family discharged or expired passed away years as a sentimental value of the resident or family discharged or expired passed away years as a sentimental value of the resident or family discharged or expired passed away years as a sentimental value of the resident or family discharged or expired passed away years as a sentimental value of the resident or family discharged or expired passed away years as a sentimental value of the resident or family discharged or expired passed away years as a sentimental value of the resident or family discharged or expired passed away years as a sentimental value of the resident or family discharged or expired passed away years as a sentimental value of the resident or family discharged or expired passed away years as a sentimental value of the resident or family discharged or expired passed away years as a sentimental value of the resident or family discharged or expired passed away years as a sentimental value of the resident or family discharged or expired passed away years as a sentimental value of the resident or family discharged or expired passed away years as a sentimental value of the | on 10/13/21, at 4:45 AM, NM of the marijuana that was an it inside the "cactus bin" for, in front of the pharmacy eknowledged she was by ave second staff to witness acated marijuana. ation and concurrent on 10/14/21, at 11:05 AM, at all confiscated contrabands are Manager's office. During ation in NM 1's office, NM 1 led brown carton box. NM 1 all the confiscated elinical searches of residents are found inside the brown aining one red igniter, and one are telle, labeled with Resident with Resident search aining two blue igniters, at 36's name. The ded contrabands were kept in office if the contrabands are to the resident involved. The contrabands are to the resident and the contrabands are to the resident involved. The contrabands are to the resident involved. The contrabands are to the resident involved. The contrabands are to the resident and the contrabands are to the resident involved. The contrabands are to the resident involved. The contrabands are to the resident and acknowledged the are been given to Resident | F 6 | 89 | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULT A. BUILDIN | PLE CONSTRUCTION IG | (X3) DATE SURVEY COMPLETED | | |
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| | | 555020 | B. WING _ | | | C 10/14/2021 |
| | ROVIDER OR SUPPLIER | REHABILITATION CTR D/P SNF | | STREET ADDRESS, CITY, STATE, ZIP CODE 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | : : | 10/14/2021 |
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| F 689 | Continued From pa | ge 42 | F 6 | 89 | | |
| | 1/24/21, indicated, another license and green loose leaves in one of the paper and explaining to h then he suddenly g back but keep insis give it back that he During an interview NM 3 stated, "Then on what happened confiscated green I monitoring." e4. Review of Resid 3/11/21, indicated, to find a nickel size leaves inside his cic confiscated" No fulsposition of the confiscated of the confiscated and a separate of the confiscated and as Resident may give take home and the No further document confiscated item. e6. Review of Residung of Resident may give take home and the No further document confiscated item. | dent 13's Nursing Note, dated "Clinical search done with d found a small amount of dry, , some are shaped like a ball bag I was holding the bag im that I need to confiscate it rab it from me. Tried to take it ting that he doesn't need to is allowed to smoke it" 7, on 10/14/21, at 11:49 AM, e is no documentation, no log to it (referring to Resident 13's cose leaves). There is no dent 15's Nursing Note, dated " clinical search done Able green leaves with some loose garette box Substance urther documentation of the confiscated item. dent 23's "Resident Care b" dated 8/4/21, at 9:30 AM, al search on 7/30/21. Three BD supplements were small pair of sharp scissors. the supplements to a friend to scissors posed safety risk" Intation of the disposition of the dent 19's "Nursing Note" dated did, indicated, " CN conducted ident returning from OOP. In y surrendered the lighter and dent that the lighter was | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTI A. BUILDIN | PLE CONSTRUCTION G | | (X3) DATE SURVEY COMPLETED | | |
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| | ROVIDER OR SUPPLIER | REHABILITATION CTR D/P SNF | | STREET ADDRESS, CITY, STATE, ZIP CODE 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | : | 10/1-1/2021 | |
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| F 689 | 689 Continued From page 43 | | F 6 | 89 | | | |
| | | ne and will keep at the nurse's e when he lights his | | | | | |
| | Notes, dated 1/3/21 "Nursing staff discoeye drop bottle, con | dent 11's Physician's Progress , at 8:13 PM, indicated, vered unknown substance in discated. Patient admits enies knowing the type of drug relax" | | | | | |
| | the following: On 1/3/21, at 10:38 performed along wit vial (with blackish lie Resident in the beg "cake"Possession next shift to give to On 1/4/21, at 8:37 A resident and he adr when asked what ty | PM, "Clinical search was th primary LN. Found eye drop quid) wrapped in white towel. inning stated it was for his was put aside, will endorse manager tomorrow" AM, "Unit manager interviewed initted that is was [sic] "drugs" rpe? "Heroine"Called made atto come pick up the | | | | | |
| | | dent 25's "Nursing Note" dated , indicated, "Found rolled of ne bathroom floor" | | | | | |
| | 8/27/21 to 9/1/21 di | 25's "Nursing Note" from d not indicate documentation isposition of confiscated s." | | | | | |
| | 1/28/21, at 1:19 PM with charge nurse o rolled joint of mariju | dent 12's "Nursing Note" dated , indicated, "Clinical search n (Resident 12) uncovered a ana under her waist eived a package from | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | ' ' | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| F 689 | - Committee of the Comm | | F | 889 | | | |
| | Two 50g (grams) tin infused caramel bites | found more contrabands. container of cannabis s, 50g zip lock container of ngo, and a Vape pen" | | | | | |
| | review of Resident 13 10/13/21, at 4:52 PM documentation of dis | terview with ND 4 and record 2's electronic record, on 1, ND 4 acknowledged no posal or disposition of the a on 1/28/21. ND 4 added, omeone else." | | | | | |
| | indicated the followin On 9/21/21, at 11:11 search donefound halfway with some reshowed it to Cadet (rinstructed me to flush On 9/30/21, at 11:56 weed at 11:45 at desresident. The coach Nurse) that resident 12:10 (PM)The coaweed (a roll paper wi | PM, indicated, "Clinical a rolled paper burned esidue and smelled weed and name redacted) and | | | | | |
| | 19 stated, Resident 4 searched done. The confiscated was a "w brand new cigarette. it has a distinct smell RN 19 explained that "weeds" in a "Ziploc" shift to show the Nurevidence." The confis | most recent contraband reeds rolled in paper and It's MJ (marijuana) because , skunk like but bearable." t she put the confiscated and endorsed it to the night | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | IPLE CONSTF | | (X3) DATE SURVEY COMPLETED | |
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| | ROVIDER OR SUPPLIER | HABILITATION CTR D/P SNF | | 375 LAGU | DDRESS, CITY, STATE, ZIP CODE JNA HONDA BLVD. ANCISCO, CA 94116 | 1 10/ | 14/2021 |
| (X4) ID PREFIX TAG | | | ID PREFI TAG | PREFIX (EACH CORRECTIVE ACTION SHO | | | (X5) COMPLETION DATE |
| F 689 | staff has access. RN was an incident that stoilet as instructed by During an observation with RN 19, NM 5 and PM, in the South 6 st showed the "charge rRN 19 kept Resident uncovered bin had mas lighter and phone ND 3 confirmed that a charting room and itte knowledge of any staindicating items inside e11. Review of Reside dated 1/3/21, at 2:40 reported that found a resident's top drawer he obtained the alcoh "Somebody from outs me"Nursing superv bottle of alcohol in the stated she will have the pick it up" Review of Resident 1 1/3/21, at 11:02 PM, supervisor came to the took the bottle of (alcomanagers office." | f Nursing station. where all 19 also shared that there she "flushed (the MJ) in the of the Sheriff." In and concurrent interview, d ND 3, on 10/12/21, at 3:54 aff charting room, NM 5 nurse bin" on the table where 4's confiscated weeds. The ultiple items in a Ziploc such charger. RN 19, NM 5 and all staff has access in the sms can be taken without the ff. There was no log the charge nurse bin. There was no log to the charge nurse bin. The was no log to the charge nurse bin. The was no log to the charge nurse bin. The was no log to the charge nurse bin. The was no log to the charge nurse bin. The was no log to the charge nurse bin. The was no log to the charge nurse bin. The was no log to the charge nurse bin. The was no log to the charge nurse bin. | F | 889 | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULT A. BUILDII | FIPLE CONSTRUCTION NG | C | (X3) DATE SURVEY COMPLETED | | |
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| | ROVIDER OR SUPPLIER HONDA HOSPITAL & RE | HABILITATION CTR D/P SNF | 1 | STREET ADDRESS, CITY, STATE, ZIP C 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | ODE | 10/11/2021 | |
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| F 689 | review of Resident 2 10/12/21, at 1:05 PM was on weekly clinical Mezzanine interventi documentation of dis confiscated marijuan e13. During an obset AM, Resident 34 was unsupervised smoking great room. Resident lighter in his left hand During an interview, stated, "He might hav was out on pass. The nurse station." RN 17 overhead cabinet in tand showed two purp During an interview, NM 3 stated, "The lig station in all units." N are kept in the nurse e14. Review of facilit Searches with Items 10/13/21, at 3:15 PM 10:45 PM, for Reside suspicious item in a aluminum foil with x4 white rocks substance | derview with NM 3 and record 1's electronic record, on NM 3 stated, Resident 21 al search as part of Pavilion on. NM 3 acknowledged no posal or disposition of the a on 7/27/21. Evation, on 10/14/21, at 11:03 as smoking in the ag area outside the unit's 34 was holding a purple displayed by the lighter while he alighters are kept in the ropened the unlock the unit's nurse's station 1 ole lighters inside the cabinet. For 10/14/21, at 11:45 AM, there are kept in the nurse's D 2 agreed that the lighters is station in all units. By document titled, "Clinical Found" received on indicated, on 6/2/21, at | F | 689 | | | |
| | Searches with Items | y document titled, "Clinical | | | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULT A. BUILDIN | PLE CONSTRUCTION IG | (X3) DATE SURVEY COMPLETED | | |
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| F 689 | done; found an ICF Procedure) kit sma white pill; pharmacy the markings were During an interview 4 acknowledged not disposition of the consideration of the | M, "Clinical safety search (Intermittent Catheterization II plastic container with one y was not able to ID the pill as not legible" If on 10/14/21, at 1200 NN, ND odocumentation of the onfiscated "white pill" from on 10/12/21, at 1:05 PM, NM objects, unprescribed moking paraphernalia found in on during clinical search will 1 added, "substances cribed medications)" will be | F6 | 89 | | | |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULT A. BUILDIN | TIPLE CONSTRUCTION NG | | (X3) DATE SURVEY COMPLETED |
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| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFI) TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE | TION SHOULD BE THE APPROPRIA | |
| F 689 | 1 stated LN 1 found to afternoon. NM 1 state contraband to the Nu weekend. Then, the ligniter and cannabis stated she disposed returned to work the acknowledged she whave second staff with cannabis. NM 1 state of the items she disposed in the items she disposed in the pharmacy on added, two licensed during disposal. During an interview of 3 stated, "The confission the pharmacy. The surrendered to the state documentation of the confiscated cannabis." During an interview of 3 stated, "The confission the pharmacy. The surrendered to the state documentation of the confiscated cannabis. During an interview of 2:55 PM, QM 1 state disposed in the "cact persons while the illicate taken by the Sherica and the state of the state o | on 10/13/21, at 4:50 PM, NM the contraband Saturday ed LN 1 gave the confiscated arse Supervisor (NS) that NS will keep the confiscated inside NM 1's office. NM 1 the cannabis when she following Monday. NM 1 tras by herself and did not the sace of her disposing the ed she did not complete a log cosed in the "cactus bin". On 10/14/21, at 11:10 AM, NM than the same of the same of the second floor. NM 2 the second floor in the second floor. NM 2 the second floor in the secon | F | 589 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | IPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
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| | | 555020 | B. WING_ | | | 0/14/2021 | |
| NAME OF P | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP (| CODE | | |
| LAGUNA | HONDA HOSPITAL 8 | REHABILITATION CTR D/P SNF | | 375 LAGUNA HONDA BLVD. | | | |
| | | | | SAN FRANCISCO, CA 94116 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICI | Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION) | ID PREFI) TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETION DATE | |
| F 689 | Continued From p | page 49 | F 6 | 689 | | | |
| | behavioral and su that helped reside emotional issues) and they had to w nurses to coordinate coordination betw substance abuse facility had no cor substance abuse. unusual occurren- or possessions we trended regularly CQO added, there double signature substances. CQC were at times relu- | ents with addiction and were not part of facility's staff work with facility's doctors and ate care. CQO added the ween facility's clinical team and team may not be perfect as the atended of the entrol over behavioral and CQO stated the data on ces such as illicit substance use were categorized, reviewed, and by leadership and safety team. We was no requirement to have to dispose illicit marijuana of acknowledged the sheriff staff entant to process or dispose the substances found in resident's | | | | | |
| | "Clinical Search Findicated "2. Se a search is condushall be documen record:iii. Items Disposition of iten Search i. All conficatalogued by the clinical search, disdescribed below, resident's medica from a resident with card shall be disperated by the smart sink in the smart sink in the cigarettes, light that ignite, light, olabeled by nursing | policy and procedure, titled Protocol", revised 9/10/19, arch Proceduresh. Whenever cted the following information ted in the resident's medical found and seized; and as found and seized After the scated contraband shall be a staff member that conducts the sposed of in the manner and documented in the I record. Confiscated cannabis in the or without a valid cannabis osed of by 2 (two) staffing one supervising nurse) using the supplemental drug room ers, matches, and other devices or fuel a flame shall be bagged, g staff and secured by Social seeping Dangerous objects or | | | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIP A. BUILDING | LE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
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| | | 555020 | B. WING | | C 10/14/2021 | | |
| | ROVIDER OR SUPPLIER | HABILITATION CTR D/P SNF | STREET ADDRESS, CITY, STATE, ZIP COD 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | | DE | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY) | OULD BE COMPLETION | | |
| F 689 | (San Francisco Sheri | shall be confiscated by SFSD iff's Department at the f, catalogued by LHH staff, | F 68 | 9 | | | |
| F 726 SS=F | Competent Nursing S CFR(s): 483.35(a)(3) | | F 72 | 6 | | | |
| | the appropriate comp provide nursing and r resident safety and a practicable physical, well-being of each re resident assessments and considering the r diagnoses of the facil | e sufficient nursing staff with betencies and skills sets to related services to assure ttain or maintain the highest mental, and psychosocial sident, as determined by and individual plans of care | | | | | |
| | licensed nurses have and skill sets necess needs, as identified that assessments, and de | escribed in the plan of care. | | | | | |
| | limited to assessing, | ing care includes but is not evaluating, planning and nt care plans and responding | | | | | |
| | to demonstrate comp techniques necessar needs, as identified t | ure that nurse aides are able betency in skills and by to care for residents' | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER: | | LE CONSTRUCTION | COMPLE | (X3) DATE SURVEY COMPLETED | |
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| | | 555020 | B. WING | | 10/1 | 4/2021 | |
| | ROVIDER OR SUPPLIER | HABILITATION CTR D/P SNF | | STREET ADDRESS, CITY, STATE, ZIP CODE 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | 10/1 | 4/2021 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY) | JLD BE | (X5) COMPLETION DATE | |
| F 726 | by: Based on observation reviews the facility fain Nurses (LN) and Cert (CNA) had the specific sets necessary to peridentified through residentified through resident substances with the same or properties to help be a lillicit substances with the same or properties to help be a lillicit substances with the same or properties to help be a lillicit substances with the same or properties to help be a lillicit substances with the same or properties to help be a lillicit substance with the same or properties to help be a lillicit substance on the same of the | is not met as evidenced In, interviews and record filed to ensure Licensed tified Nurse Assistants fic competencies and skill form "clinical search" as fident assessments and for care. Is search of residents' room focate harmful objects or fresident's consent. It safety risk to residents and It safety risk to residents and | F 72 | 6 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | IPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
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| | | 555020 | B. WING _ | | | C 10/14 | 4/2021 |
| NAME OF PI | ROVIDER OR SUPPLIER | | <u> </u> | STREET ADDRESS, CITY, STATE, ZIP O | CODE | 10/1- | 7/2021 |
| LAGUNA | HONDA HOSDITAL & DE | HABILITATION CTR D/P SNF | | 375 LAGUNA HONDA BLVD. | | | |
| LAGUNA | HONDA HOSPITAL & RE | HABILITATION CTR D/P 3NF | | SAN FRANCISCO, CA 94116 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFI) TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE | TION SHOULD BE THE APPROPRIA | | (X5) COMPLETION DATE |
| F 726 | Continued From page | e 52 | F 7 | 726 | | | |
| | "clinical search" was Sheriff on 8/10/21 at pocketknife at bedsid | | | | | | |
| | Nurse (LVN) 2 in the PM, LVN 2 stated, he aluminum foil and bro | vith Licensed Vocational PMS unit, on 9/13/21 at 2:02 had seen lighter, burned own plastic straws in multiple occasions. LVN 2 | | | | | |
| | stated he never ques findings and his job w and bedside tables w | tioned Resident 2 on the vas to clean the counter tops hen Resident 2 allowed him | | | | | |
| | | vering nurses. LVN 2 e had not received any | | | | | |
| | illicit drugs or unknow common sense". LVN | ndle cleaning of the possible /n items and "used my I 2 acknowledged that "we v to handle the illicit drug | | | | | |
| | in the PMS unit, on 9 stated during recent of | vith Registered Nurse (RN) 4 /13/21 at 2:35 PM, RN 4 clinical searches "we found | | | | | |
| | table". RN 4 acknowlespecialized training o | of Resident 2's bedside edged she did not have n how to do the clinical d she was instructed if they | | | | | |
| | Manager or to the Sh RN 4 stated as a nurs | unusual, show it to the eriff, if they were present. se she was not trained how | | | | | |
| | had to cross profession Sheriff had limitation | llicit drug use and at times onal boundaries since to address issues in the | | | | | |
| | | resent all the times. vith Nurse Manager (NM) 2, 5/21 at 4:07 PM, NM 2 | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIF | PLE CONSTRUCTION G | | (X3) DATE SURVEY COMPLETED | |
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| | | 555020 | B. WING | | | C 0/14/2021 |
| | ROVIDER OR SUPPLIER HONDA HOSPITAL & F | REHABILITATION CTR D/P SNF | | STREET ADDRESS, CITY, STATE, ZIP CODE 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | • | |
| (X4) ID PREFIX TAG | (EACH DEFICIEI | STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE | (X5) COMPLETION DATE |
| F 726 | discharged from the belonging had to be the search a half-op that contained syrir with white powdery and big syringes th 2 stated the illicit paphotographed and During a concurren with NM 2, in the fa 3:59 PM, NM 2 stat have illicit drugs in During an interview facility, on 8/5/21 a stated, in general, the illicit drug in posterior the reside these illicit substanthe illicit drug in posterior the residenthese illicit drug in posterior the illicit drug in posterior the residenthese. Review of Residenthese Review of Residenthese and the Illicit drug in posterior the residenthese illicit states and the Illicit drug in posterior the residenthese illicit drug in posterior the residenthese illicit drug in posterior the residenthese illicit drug in posterior disposed. He noted rules. Review of Residenthese and the Illicit drug in interview and the Illicit drug in posterior disposed in the Illicit drug in posterior disposed. He noted rules. During an interview and inte | after Resident 3 was e facility, Resident 3's personal e gathered for storage. During ben makeup bag was found nges, needles, tiny Ziploc bags substances, small cotton balls at contained a clear liquid. NM araphernalia were were given to Sheriff on site. t observation and interview ncility's PMS unit, on 8/5/21 at ted Resident 5 was found to | F 72 | 26 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING | | ONSTRUCTION | (X3) DATE SURVEY COMPLETED | | | | |
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| | | 555020 | B. WING | | | | C 1 14/2021 |
| | ROVIDER OR SUPPLIER | EHABILITATION CTR D/P SNF | | 375 | EET ADDRESS, CITY, STATE, ZIP CODE LAGUNA HONDA BLVD. I FRANCISCO, CA 94116 | 1 10 | 1-112021 |
| (X4) ID PREFIX TAG | | | ID PREFI TAG | x | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | | (X5) COMPLETION DATE |
| F 726 | stated, she was grat the facility, however, proactive role in deadestruction. NM 1 st the illicit drugs, then the illicit drugs in the with a substance that and illicit material under the illicit drug under the | reful that they had a Sheriff in they needed to have a more ling with illicit drugs and its ated, if Sheriff refused to take the nursing had to destroy concatus Sink" (a container at rendered medication waste dusable/non-recoverable). The shade of the | F | 726 | | | |
| | 9/21/21, at 11:11 PM donewith the Sup | 4's "Nursing Note" dated I, indicated, "Clinical search pervision of Cadet (name a rolled paper burned | | | | | |

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULT A. BUILDII | FIPLE CONSTRUCTION NG | (X: | 3) DATE SURVEY COMPLETED |
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| | | 555020 | B. WING _ | | | C 10/14/2021 |
| | ROVIDER OR SUPPLIER HONDA HOSPITAL & RE | EHABILITATION CTR D/P SNF | | STREET ADDRESS, CITY, STATE, ZII 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | P CODE | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN (X (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE | ACTION SHOULD BE O THE APPROPRIATE | (X5) COMPLETION DATE |
| F 726 | showed it to Cadet (instructed me to flust) During an interview of 19 stated, Resident a searched done. RN contraband confiscat paper and brand new (marijuana) because like but bearable." R the confiscated "wee endorsed it to the nig Manager "as an evid there was an incident in the toilet as instruct further stated she did clinical search. RN 1 comfortable doing it especially if the resident in the toilet as instruct further stated she did clinical search. RN 1 comfortable doing it especially if the resident in the toilet as instruct further stated she did clinical search. RN 1 comfortable doing it especially if the resident in the series of Resident 1/3/21, at 10:38 PM, was performed along drop vial (with blackit towel. Resident in the his "cake"Possessendorse next shift to tomorrow" Review of Resident 1/4/21, at 8:37 AM, it interviewed resident sic) "drugs" when as Review of Resident and Review o | esidue and smelled weed and name redacted) and ned in the toilet" on 10/12/21, at 3:54 PM, RN 4 had multiple clinical 19 added, the most recent ted was a "weeds rolled in vicigarette. It's MJ it has a distinct smell, skunk N 19 explained that she put ds" in a "Ziploc" and ght shift to show the Nurse ence." RN 19 shared that that she "flushed (the MJ) cted by the Sheriff." RN 19 d not received training to do 9 added, "I'm not (clinical search). I'm scared lents are aggressive. They iff doesn't even help. They're 11's "Nursing Note", dated indicated, "Clinical search g with primary LN. Found eye sh liquid) wrapped in white the beginning stated it was for ion was put aside, will | F | 726 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULT A. BUILDIN | TIPLE CONSTRUCTION NG | | (X3) DATE SURVEY COMPLETED | |
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| | | 555020 | B. WING _ | | | C 10/14/2021 |
| | ROVIDER OR SUPPLIER HONDA HOSPITAL & RE | EHABILITATION CTR D/P SNF | • | STREET ADDRESS, CITY, STATE, ZIP O 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | ODE | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFI) TAG | PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE | TION SHOULD BE THE APPROPRIA | |
| F 726 | another license and igreen loose leaves, sin one of the paper be and explaining to him then he suddenly graback but keep insisting give it back that he is Review of Resident 3/11/21, indicated, " to find a nickel size gleaves inside his ciga confiscated" Review of Resident 3/29/21, at 12:36 PM conducted after resident some of the conducted in resident 19/10/21, at 5:18 PM, conducted in resident table found an empty marijuana" Review of Resident 2/1/30/21, at 5:38 PM, unit-wide clinical sea unopened jars of CB small sharp scissors. Review of Resident 1/28/21, at 1:19 PM, with charge nurse on rolled joint of marijual bandResident recession some todayWe some of the conducted some todayWe some todayVe s | found a small amount of dry, some are shaped like a ball ag I was holding the bag in that I need to confiscate it ab it from me. Tried to take it ing that he doesn't need to a allowed to smoke it" 15's "Nursing Note" dated clinical search done Able preen leaves with some loose arette boxSubstance 16's "Nursing Notes" dated I, indicated, "Clinical search dent observed with ana" 16's "Nursing Notes" dated indicated, "Clinical search t's roomIn the bedside of package of "Pacific Stone" 23's "Nursing Note" dated indicated, "S2 (South 2) rich conducted. Found: three D supplement products and indicated, "Clinical search in (Resident 12) uncovered a na under her waist | F7 | 726 | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | ` ′ | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED C | | |
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| | | 555020 | B. WING | | 10/14/2021 | |
| | ND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | STREET ADDRESS, CITY, STATE, ZIP CODE 875 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | 1 IVITAVA1 | |
| PRÉFIX | (EACH DEFICIEN | NCY MUST BE PRECEDED BY FULL | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE COMPLETION | |
| F 726 | infused caramel bite cannabis infused manabis | es, 50g zip lock container of ango, and a Vape pen" Document titled, "Clinical so Found" received on M, for Resident 18, indicated, M, "Clinical safety search (Intermittent Catheterization I plastic container with one was not able to ID the pill as not legible" 1, on 10/14/21, at 1200 NN, ND documentation of the onfiscated "white pill" from 133's "Nursing Note" dated I, indicated, "S2 (South 2) arch conducted. Found: small dozens small ends of 150 cument titled, "Clinical so Found" received on M, indicated the following: M, in the North 1 unit, "3 empty bound in the garbage can in the 150 cm. The conducted was each "hand rolling paper and 150 cument and rolling paper and 150 cument was each "hand rolling pape | F 726 | | | |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULT A. BUILDI | | ISTRUCTION | (X3) DATE COMP | SURVEY |
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| | | 555020 | B. WING | | | | C 14/2021 |
| | ROVIDER OR SUPPLIER | HABILITATION CTR D/P SNF | | 375 L | T ADDRESS, CITY, STATE, ZIP CODE AGUNA HONDA BLVD. FRANCISCO, CA 94116 | 1 10/ | 14/2021 |
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| F 726 | on the document relations on the document relations of the safe and at the same privacy and rights required and care they not be safe and at the same privacy and rights required and care they not be safe and at the same privacy and rights required and care they not be safe and at the same privacy and rights required and care they not be safe and care they not consider the safe and safe a | th ND 1 and NM 1, on , in the North 3 unit, they he multiple responsibilities ave to keep the residents time respect the resident's garding illicit substance use. needed to maintain a nip with residents to hold the eeded to provide. In 10/12/21, at 12:39 PM, Nurse (LVN) 1 stated she ng for clinical search in the nager. LVN 1 explained a nipleted when a resident rom an appointment but not ment. In 10/12/21, at 12:40 PM, no formal training or hands cal search." In 10/12/21, at 12:42 PM, RN is not comfortable doing 0 added, "It depends if eary coz it's a safety issue. orker and doctors are doing 0." RN 20 could not recall in in-service for clinical | F | 726 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ' | IPLE CONSTRUCTION | \ , , | (X3) DATE SURVEY COMPLETED | |
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| | | 555020 | B. WING _ | | | C 0/14/2021 | |
| | ROVIDER OR SUPPLIER | HABILITATION CTR D/P SNF | | STREET ADDRESS, CITY, STATE, ZIP (375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | | 0/14/2021 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFI) TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETION DATE | |
| F 726 | search." During an interview of 2 stated "I do not have search. It would be not | ave a training to do clinical on 10/12/21, at 1:10 PM, PCA ve a training to do clinical ice to have one." on 10/12/21, at 1:15 PM, PCA member having a training to on 10/12/21, at 1:33 PM, PCA member if we had a training I participated on a clinical issors and screwdriver in the on 10/12/21, at 1:35 PM, PCA member having a training on on 10/12/21, at 3:05 PM, PCA member having a training on on 10/12/21, at 3:30 PM, form clinical search of ooms, if needed. CNA1 id not receive any training on al search. CNA1 stated she tillicit drugs (cannabis, ne) and drug paraphernalia | F 7 | 726 | | | |
| | | nas no training related to nat he was not aware of what | | | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPL A. BUILDING | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED C | | |
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| | | 555020 | B. WING | | 10/14/2021 | | |
| NAME OF PROVIDER OR SUPPLIER LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF | | | ; | STREET ADDRESS, CITY, STATE, ZIP CODE 875 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | | | |
| (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 CROSS-REFERENCED TO THE APPROPRIED TO THE | D BE COMPLETION | | |
| F 726 | Continued From page 60 | | F 726 | | | | |
| | | on 10/12/21, at 3:45 PM, PCA ot have a training on clinical | | | | | |
| | | on 10/12/21, at 3:46 PM, RN experience nor training earch. | | | | | |
| | 3 acknowledged sh | on 10/12/21, at 3:50 PM, RN ne has no recent training on the latest training she had was | | | | | |
| | 18 stated "I have d have found cannab | on 10/12/21, at 3:55 PM, RN one a lot of clinical search. We ois. We dropped it off at the t have a training in clinical | | | | | |
| | 9 stated he experie | on 10/12/21, at 4:26 PM, CNA enced helping in clinical search. he did not received training search safely. | | | | | |
| | (CNO) on 10/13/21 clinical searches w and the peace office not do the search f stated "I cannot teasearches". CNO stexpected nursing subservation and for CNO stated the program itemizing contribute of the control of | with Chief Nursing Officer at 10:32 AM, the CNO stated, ere not a community standard ters through sheriff staff could for illicit substances. CNO ach them do the clinical ated, for clinical searches, she staff to call the onsite sheriff for allow basic safety procedures. Decess for disposition, handling that a community staff had not acknowledged the licy on illicit contraband arches needed to be updated robust nursing education. | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULT A. BUILDII | FIPLE CONSTRUCTION NG | (| (X3) DATE SURVEY COMPLETED | |
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| | | 555020 | B. WING _ | | | C 10/14/2021 | |
| NAME OF PROVIDER OR SUPPLIER LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF | | | | STREET ADDRESS, CITY, STATE, ZIP 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | CODE | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFI) TAG | X (EACH CORRECTIVE AC CROSS-REFERENCED TO | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | |
| F 726 | Continued From page 61 | | F7 | 726 | | | |
| | NM1 stated she perf nursing unit if neede did not have any trai clinical searches. Review of the facility SMART; Nursing Ed document's Clinical and the staff of residents, staff, veresidents, staff, veresident is suspected paraphernalia staff of property; admission; On Pass, means goi minimum of two staff times; Universal Precontact the Sheriff (ragitated); All confiscing cataloged then turned | on 10/13/21, at 4:55 PM, orm clinical search in her d. NM1 acknowledged she ning on how to perform 's document titled "2017 ucation" dated 2017, the Searches' slide, indicated "milieu throughout the facility olunteers, & visitors; When d to have contraband or nay search the room & return late from OOP [Out ng out of facility]; A is should be present at all cautions; Optional to ecommended if resident is ated substances shall be d into SFSD [San Francisco except: Cannabis, Alcohol; | | | | | |
| | Review of the facility Search Protocol", las Policy section indica use, drug dealing, ur dangerous objects e residents and staff a resident's well-being risk and/or reasonab possesses contraba searches of the resid personal belonging, packages brought by Procedure section, in Universal Precaution | 's policy 22-12, titled "Clinical st revised on 9/10/19, under ted,"Active substance insafe smoking and use of indangers the safety of ind does not promote a When there is a potential le suspicion that a resident ind, staff shall conduct dent, a resident's room, and as well as property and visitors" Under Search indicated " Staff shall take is [a standard set of the transmission and | | | | | |

| AND PLAN OF CORRECTION IDENTIFICATION NUM | | IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|--|--|------------------------|--------------------|---|--|------------------------|-------------------------------|--|
| | | 555020 | B. WING | | | C 10/14/2021 | | |
| NAME OF PROVIDER OR SUPPLIER LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF | | | | 375 LAGUI | DDRESS, CITY, STATE, ZIP CODE NA HONDA BLVD. NNCISCO, CA 94116 | 1 10 | 1-112021 | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | | (X5) COMPLETION DATE | |
| F 726 | | | F | 726 | | | | |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | ` ' | (X3) DATE SURVEY COMPLETED | |
|--|--|--|---|---|---------|-------------------------------|--|
| | | | | | | С | |
| 555020 | | | B. WING | | 11 | 0/14/2021 | |
| NAME OF PROVIDER OR SUPPLIER LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | PROVIDER'S PLAN OF CORRE IX (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE | (X5) COMPLETION DATE | |
| F 726 | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | F | 726 | | | |