

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055280	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/27/2024
NAME OF PROVIDER OR SUPPLIER  Central Gardens Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  1355 Ellis Street San Francisco, CA 94115	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 26875</p> <p>Based on interview, record review, and observation, the facility failed to provide needed care and assistance in accordance with professional standards of practice when Resident 1, one of one sampled residents, did not receive pain medication or bathroom assistance, throughout the entire night.</p> <p>This failure caused undue suffering and neglect to the resident.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility on [DATE], at 3:30 PM, for Physical Therapy and Occupational Therapy services after transfer from hospital. Resident 1's diagnoses included, lumbar fracture from fall, back surgery from fall fracture, back pain, high blood pressure, gout (inflammatory joint pain and swelling), urinary tract infection, and liver disease. Required assistance with toileting, transferring, bathing and dressing. Resident is not incontinent of urine (has control of her urine). Alert and oriented, denied pain upon admittance. Resident was medicated prior to transfer from hospital. Resident is [AGE] years old and does not speak English.</p> <p>During an interview and observation on 1/27/2024, at 11:28 AM, at nurses station, son of Resident 1 stated his mother has been waiting for pain medications since yesterday. She had back surgery a week ago and was transferred from hospital to facility yesterday. She has back pain. She has also needed to urinate and had the call light on all night long trying to get help. No one came. In resident's room, Resident looked anxious, distressed, face grimacing. Speaking in Cantonese to son, who translated, Resident stated she walked to bathroom with walker, without assistance, needing help, because she couldn't wait any longer to urinate. Last night her pain level was 8 out of 10. No one ever came to assist her. Later that night she had to go to the bathroom again. She wet her bed and laid in her wet bed until 7:30 AM this morning. Son stated there were no Cantonese speaking staff available and they did not use translator services. She received her first pain medication at 11:30 AM on 1/27/2024. And they never answered her call light all night.</p> <p>Record review of facility policy, revised March, 2018, Activities of Daily Living (ADLs), Supporting indicated, Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene .2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with:</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>a. Hygiene (bathing, dressing, grooming, and oral care);</p> <p>b. Mobility (transfer and ambulation, including walking);</p> <p>c. Elimination (toileting);</p> <p>d. Dining (meals and snacks); and</p> <p>e. Communication (speech, language and any functional communication systems).</p> <p>3. Care and services to prevent and/or minimize functional decline will include appropriate pain management .</p> <p>Review of Progress Notes dated 1/27/2024 at 4:44 PM, At 10:30 AM, Director of Nurses (DON) spoke with resident's son, he has some concern regarding the care of his mother, DON acknowledge and informed son he will look at it and address the situation .</p> <p>During a telephone interview on 4/9/2024 at 4 PM, son of resident stated his mother, had a pain scale of 9 out of 10 in the morning due to back pain. Nobody answered the light all night long. She got up by herself and walked to the bathroom by herself and should not have been walking at all, unassisted. (Resident) only speaks Cantonese. They had no one who spoke Cantonese and they did not use interpreter services. She came into facility at 3:30 PM on 1/26/2024 and had received pain medication at the hospital before transfer. When she needed pain medication later that night, they had none. She waited until the next day, 1/27/2024, before they were able to give her pain medications again and they never answered her call light that night .</p>		