

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055322	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  The Pavilion at Ocean Point		STREET ADDRESS, CITY, STATE, ZIP CODE 3202 Duke Street San Diego, CA 92110	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48263</b></p> <p>Based on observation, interview, and medical record review, the facility failed to develop and implement a baseline nutrition care plan within 48 hours of admission for one reviewed resident (Resident 1) during a complaint investigation.</p> <p>This had the potential for weight loss and a decline in health status due to poor meal intake.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses which included a history of chronic obstructive pulmonary disease (COPD: a lung disease causing restricted airflow and breathing problems).</p> <p>A record review of Resident 1's Minimum Data Set (MDS- a nursing assessment tool that is used to develop a plan of care) dated 5/20/24, indicated a Brief Interview for Mental Status (BIMS- developed by reviewing the resident's status during the prior seven-day period) score of 12 points out of 15 possible points which indicated Resident 1 had moderate cognitive (pertaining to memory, judgement and reasoning ability) deficits.</p> <p>On 5/30/24 at 1:03 P.M., an interview and record review with the dietary service supervisor (DSS) was conducted. The DSS reviewed Resident 1 ' s care plan on the facility ' s electronic health record (EHR). The DSS stated that Resident 1 ' s care plan was initiated on May 23, 2024. The DSS stated the care plan was not initiated within 48 hours. The DSS stated she did not know the timeframe of when a baseline care plan should have been initiated. The DSS stated that it was important to get Resident 1 ' s observations timely to update the care plan to prevent weight loss by knowing Resident 1 ' s meal preferences.</p> <p>On 5/30/24 at 1:49 P.M., an interview was conducted with the registered dietitian (RD). The RD stated that her expectations was for the DSS to gather information from regarding the facility residents ' food preference upon admission and to complete the care plan within 48 hours to note the dislikes and prevent weight loss from poor intake. The RD stated that Resident 1 disliked oatmeal and spinach according to the DSS ' s observation on 5/20/24 in the EHR titled Dietary Profile and that it was not in the care plan. The RD stated that it was important to get Resident 1 ' s food preferences timely to have in Resident 1 ' s plan of care to encourage meal intake and prevent weight loss.</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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of facility's policy and procedure dated November 2018 titled, Comprehensive Person-Centered Care Planning, indicated, .the baseline care plan must be completed within 48 hours from the resident's admission which each problem specific care plan dated and timed .</p>