

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055848	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2024
NAME OF PROVIDER OR SUPPLIER Victorian Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 2121 Pine 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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>22069</p> <p>Based on interview and record review, the facility failed to ensure an appropriate pain management and assessment when a PRN (as needed) medication for pain was not administered when Resident 1 complained of pain. This failure resulted in Resident 1 not receiving appropriate pain management.</p> <p>Findings:</p> <p>During a review of the Nurse's Note dated 12/28/23 at 16:55 (4:55 p.m.), the Nurse's Notes indicated, Resident complained of pain on rectum area . Further review of the record indicated there was no documented evidence of pain rating scale and no pain medication administered for Resident 1.</p> <p>During a review of Resident 1's MAR (Medication Administration Record) for the month of December 2023, indicated, Acetaminophen (a pain medication) Tablet 325 MG (milligram) Give 2 tablet by mouth every 6 hours as needed for pain. The MAR did not have documented evidence that the pain medication was given on 12/28/23.</p> <p>During a concurrent interview and record review on 3/7/24 at 3 p.m. with the Director of Nursing (DON), the DON confirmed there was no pain assessment rating scale documented or pain medication given to Resident 1 on 12/28/23 the day Resident 1 complained of pain.</p> <p>During a review of the facility's policy and procedure titled, Pain Assessment and Management with a revision date of October 2022, indicated, 1. The pain management program is based on a facility-wide commitment to appropriate assessment and treatment of pain, based on professional standards of practice, the comprehensive care plan, and the resident's choices related to pain management. 5. Acute pain (or significant worsening of chronic pain) should be assessed every 30 to 60 minutes after the onset and reassessed as indicated until relief is obtained.</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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