

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 03/08/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22069</p> <p>Based on interview and record review, the facility failed to notify the physician when Resident 1 continued to have right knee swelling after a fall. This failure resulted in delay of care for Resident 1.</p> <p>Findings:</p> <p>The record for Resident 1 was reviewed on 3/6/24. Resident 1 was admitted to the facility on [DATE] with diagnosis that included Multiple Sclerosis (a disorder in which the body's immune system attacks the protective covering of the nerve cells in the brain) and history of leg fractures due to fall.</p> <p>During a review of the Nurse's Notes, the following was noted;</p> <p>5/1/23 at 12:07 p.m., the Nurse's Notes indicated, During assist from toilet to shower chair nurse had to assist with fall by slowly lowering resident to the ground. No visible injuries were noted. Resident c/o (complain of) pain on R LE (Right Lower Extremity). PA (Physician Assistant) notified. will provide pain management and continue to monitor.</p> <p>5/7/23 at 10:53 a.m., pt (Patient) R (Right) knee is swollen and pt feels pain to the slightest touch .</p> <p>5/8/23 at 10:54 a.m., pt still has swelling and c/o pain to the slightest touch .</p> <p>The physician was not notified until 3 days on 5/9/23 at 10:55 a.m., after Resident 1 continued to have swelling and pain to the right leg.</p> <p>During a review of the Physician Progress Note dated 5/9/23 at 11:48 a.m., the Physician Progress Note indicated, Informed by LVN (Licensed Vocational Nurse) that patient is c/o ongoing and worsening pain and swelling to R knee. Extremely tender to slightest touch. Pain medication ineffective. Sending out to ED (Emergency Department) for urgent evaluation.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/7/24 at 12:17 p.m. with MD 1 (Doctor of Medicine), MD 1 stated there was no evidence of receiving calls or notifications from the nursing staff on 5/7/23 or 5/8/23. MD 1 stated the facility had a 24/7 number for MD notification when there was residents change of condition. MD 1 stated the only notification received regarding Resident 1's knee swelling was on 5/9/23, at which time the PA evaluated the resident. MD 1 stated the nurses should have notified the MD when the knee continued to have swelling and pain on 5/7/23. MD 1 stated upon review of the right knee x-ray, there was no new fractures or soft tissue injury. MD 1 stated, Resident 1 returned back to the facility with right leg immobilizer.</p> <p>During a review of the facility's policy and procedure titled, Acute Condition Changes - Clinical Protocol, with a revision date of March 2018, indicated, 2. In addition, the nurse shall assess and document/report the following baseline information . c. Current level of pain, and any recent changes in pain level . g. Onset, duration, severity . Phone calls to attending or on-call physicians should be made by an adequately prepared nurse who has collected and organized pertinent information, including the resident/patient's current symptoms and status.</p>		