

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055968	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/04/2025
NAME OF PROVIDER OR SUPPLIER Golden Heights Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 35 Escuela Drive Daly City, CA 94015	

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>Based on interview and record review, the facility failed to monitor two (Residents 1 and Resident 2) of 12 sample residents for signs and symptoms of emotional harm after alleged abuse.This failure had the potential for lack of and/or delayed provision of emotional support for Residents 1 and 2.Findings:Review of a facility's document titled REPORT OF SUSPECTED DEPENDENT ADUTL/ELDER ABUSE, dated 06/10/2025, indicated Resident 1 .delivered a letter to the Administrator .alleging abuse on the part of her CNA (Certified Nursing Assistant) .During a concurrent interview and record review on 07/23/2025 at 2:10 PM with the DON (Director of Nursing), DON stated her expectations were that nurses would monitor victims of alleged abuse every shift for 72 hours. The DON stated even if the allegations were not substantiated, staff were still expected to monitor these alleged victims for evidence of emotional harm such as: Mood changes (sad, tearful, depressed, anxious etc.), whether the resident feel safe/threatened. The DON searched Resident 1's medical records regarding the allegation on 06/10/2025 and was unable to find documented evidence that nursing staff were monitoring Resident 1 for signs and symptoms of emotional harm.Review of a facility's document titled REPORT OF SUSPECTED DEPENDENT ADUTL/ELDER ABUSE, dated 06/18/2025, indicated Nurse reported seeing [CNA] slapping [Resident 2] on the arm.During a concurrent interview and record review on 07/23/2025 at 2:10 PM with the DON, the DON was asked to search Resident 2's records for evidence nurses were monitoring Resident 2 for signs and symptoms of emotional harm for 72 hours after the alleged incident. The DON searched Resident 2's medical records regarding the allegation on 06/10/2025. The DON was unable to find documented evidence that nursing staff were monitoring Resident 2 for signs and symptoms of emotional harm.Review of the facility's policy titled Abuse and Neglect- Clinical Protocol, revised on March 2018, indicated .The staff and physician will monitor individuals who have been abused to address any issues regarding their medical condition, mood, and function.</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
---	-------	-----------