

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055988	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/02/2024
NAME OF PROVIDER OR SUPPLIER  Golden Merced Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3170 M Street Merced, CA 95340	

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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>46659</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to ensure 1 (Resident #84) of 2 resident's food choices were provided per the resident's request. Specifically, the facility failed to honor Resident #84's preference for fried or poached eggs with their breakfast.</p> <p>Findings included:</p> <p>A facility policy titled, Food Preparation revised in 02/2023, revealed, 8. Only pasteurized egg products will be used for soft cooked egg items.</p> <p>An Admission Record revealed the facility admitted Resident #84 on 01/18/2023.</p> <p>A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/28/2024, revealed Resident #84 had a Brief Interview of Mental Status (BIMS) score of 15, indicating the resident was cognitively intact. The MDS indicated Resident #84 was on a therapeutic diet and had no signs or symptoms of a swallowing disorder.</p> <p>Resident #84's Diet Requisition Form, dated 12/28/2023, revealed Resident #84 was on a regular, fortified diet with thin liquids. The form revealed staff completed the diet form due to a diet change. The option for Food Preference Review (Dining Services Director) was not marked on the form, and the resident's preferences were not listed on the form.</p> <p>During an interview on 04/29/2024 at 10:51 AM, Resident #84 stated they asked for fried or poached eggs, but the facility never served them fried or poached eggs.</p> <p>An observation of Resident #84's breakfast meal on 04/30/2024 at 9:00 AM revealed Resident #84 was served scrambled eggs. Resident #84 stated they had talked to dietary staff, who told the resident they could not have fried eggs.</p> <p>During an interview on 05/01/2024 at 11:28 AM, Resident #84 stated they had mentioned receiving fried or poached eggs to staff before and had also requested fried or poached eggs in a resident council meeting.</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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/01/2024 at 2:12 PM, the Dietary Manager (DM) stated that because the facility was a skilled nursing facility, they could not serve poached or fried eggs to the residents. The DM said they had to utilize pasteurized eggs, which she said were liquid eggs that could not be poached or fried. After reviewing regulatory guidance, the DM said she now understood the facility could accommodate Resident #84's egg preference.</p> <p>During a follow-up interview on 05/01/2024 at 3:05 PM, the DM said she had reviewed the facility's policy and the regulations and acknowledged the facility should have honored Resident #84's preference for fried eggs. The DM said she would order the shelled eggs needed to accommodate the resident's food preference.</p> <p>During an interview on 05/02/2024 at 3:18 PM, the Director of Nursing (DON) stated she expected staff to notify nursing and dietary staff if a resident requested a specific food item, such as a fried egg, so dietary staff could follow-up with the resident and discuss their options.</p> <p>During an interview on 05/02/2024 at 3:22 PM, the Administrator stated she expected staff to honor residents' food preferences and choices.</p>

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<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>22445</p> <p>Based on interview, record review, and facility policy review, the facility failed to ensure the designated interdisciplinary team member obtained the hospice plan of care specific to 1 (Resident #27) of 2 sampled residents reviewed for hospice services.</p> <p>Findings included:</p> <p>A facility policy titled, Hospice Program, revised in 07/2017, indicated 1. Our facility has an agreement in place with at least one Medicare-certified hospice to ensure that residents who wish to participate in a hospice program may do so. The policy revealed, 9. In general, it is the responsibility of the hospice to manage the resident's care as it relates to the terminal illness and related conditions, including the following: a. Determining the appropriate hospice plan of care. The policy revealed, 12. Our facility has designated [the facility's Director of Nursing] to coordinate care provided to the resident by our facility staff and the hospice staff. (Note: this individual is a member of the IDT [interdisciplinary team] with clinical and assessment skills who is operating within the state scope of practice act). He or she is responsible for the following, d. Obtaining the following information from the hospice: (1) The most recent plan of care specific to each resident.</p> <p>An Admission Record revealed the facility admitted Resident #27 on 03/25/2016. According to the Admission Record, the resident had a medical history that included diagnoses of stage four pressure ulcers of the left buttock, right buttock, and sacral region; colostomy status; dementia; type two diabetes mellitus with unspecified complications; hypothyroidism; open wound of the lower back and pelvis; chronic ulcer of the right foot; unspecified heart failure; personal history of other malignant neoplasm (cancer) of the rectum at the rectosigmoid junction (colon) and anus; personal history of a malignant neoplasm of the breast; and adult failure to thrive.</p> <p>A significant change in status Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/09/2024, revealed Resident #27 had a Brief Interview for Mental Status (BIMS) score of 10, which indicated the resident had moderate cognitive impairment. The MDS indicated Resident #27 received hospice services.</p> <p>Resident #27's comprehensive care plan included a Focus area, revised on 04/17/2024, that indicated the resident was admitted to hospice on 04/03/2024.</p> <p>Resident #27's electronic medical record (EMR) revealed no documented evidence the facility had obtained the hospice plan of care specific to Resident #27.</p> <p>Licensed Vocational Nurse (LVN) #1 was interviewed on 05/01/2024 at 10:48 AM. LVN #1 stated all hospice information should be included in the resident's EMR.</p> <p>(continued on next page)</p>		

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<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Registered Nurse (RN) #2, who provided hospice services for Resident #27, was interviewed on 05/01/2024 at 3:22 PM. RN #2 stated the hospice plan of care was completed when a resident was admitted to hospice and given to the nurse prior to leaving the facility. RN #2 stated she had not admitted Resident #27 to hospice but provided the name of RN #3, who had completed Resident #27's hospice admission.</p> <p>A telephone interview was held with RN #3 on 05/02/2024 at 6:30 PM. RN #3 confirmed she completed admissions for the hospice agency but was unable to remember Resident #27 and was unable to verify if she admitted the resident. RN #3 stated when a resident was admitted to hospice, the hospice plan of care was left at the facility on the day of admission.</p> <p>The Medical Records Director (MRD) was interviewed on 05/02/2024 at 8:32 AM. The MRD stated the hospice agency brought her a packet of hospice records for Resident #27 the previous night (05/01/2024) and told her that the hospice plan of care for Resident #27 had already been left at the facility with a staff member; however, according to the MRD, the facility had no copy of Resident #27's hospice plan of care prior to 05/01/2024.</p> <p>RN #4, one of the facility's nurse supervisors, was interviewed on 05/02/2024 at 12:19 PM. RN #4 stated she had not received a hospice plan of care for Resident #27 from the hospice agency. RN #4 stated any information that she received from any outside source, including hospice, was given to the facility's medical records staff, who scanned the documents into the resident's EMR.</p> <p>The Director of Nursing (DON) was interviewed on 05/01/2024 at 2:37 PM. The DON stated hospice agencies provided the facility with a hospice plan of care, and those documents were maintained in the resident's EMR under the document sections. The DON said the hospice plan of care was usually provided to the facility on the day of the resident's admission to hospice services.</p> <p>During a follow-up interview on 05/02/2024 at 4:12 PM, the DON stated she was unaware until 05/01/2024, when informed by the Administrator, that her name was listed in the facility's policy as the person designated as responsible for the coordination of hospice services, including the responsibility of ensuring the facility received each resident's hospice plan of care.</p> <p>The Administrator was interviewed on 05/02/2024 at 1:47 PM. The Administrator stated she was unaware until 05/01/2024 that Resident #27's hospice plan of care was not in the resident's EMR.</p>