

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER Sequoias San Francisco Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 Geary Blvd San Francisco, CA 94109	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43913</p> <p>Based on observation, interview and record review, the facility failed to complete medication self-administration assessment for one resident out of four residents (Resident 15) observed during medication administration of inhaler and nasal spray, when no documentation that Resident 15 can self-administer medication.</p> <p>This failure resulted in Resident 15 given the wrong dose of nasal spray.</p> <p>FINDINGS:</p> <p>During the medication administration observation on 11/19/24 at 9:20 a.m., for Resident 15, Licensed Nurse (LVN) 2 was observed preparing and administering (6) oral medications. LVN 2 pulled out Fluticasone propionate 50 mcg/ actuation nasal spray 1 spray both nares twice a day for postnasal drip, Trelegy Ellipta 100 mcg-62.5 mcg-25 powder for inhalation 1 puff inhalation once a day for Emphysema. LVN 2 handed Fluticasone bottle to resident, per LVN 2, resident does it herself.</p> <p>Resident shook the bottle and sprayed 2 sprays on the right nose and 2 sprays on the left nose. LVN 2 came out of the washroom and asked resident, how many sprays did you do Resident stated, 2 they don't work anyway.</p> <p>LVN 2 handed the inhaler to resident, reminded to take deep breath, resident pushed the inhaler button once, handed the inhaler back to LVN 2. Resident rinsed her mouth with water provided by LVN 2.</p> <p>A review of Resident 15's clinical record indicated, admitted on [DATE] with diagnoses including: Emphysema(a lung disease that makes it difficult to breathe), Atrial Fibrillation(irregular heartbeats).</p> <p>During an interview on 11/19/24 at 10: 30 a.m., with Resident 15, per Resident 14, I give it to myself, I gave 2 sprays they don't even work, maybe I don't need it. Resident stated she used to give this spray to herself.</p> <p>During an interview on 11/19/24 at 11 a.m., with LVN 2, per LVN 2, resident has been giving herself the inhaler and nasal spray since she has been admitted to the SNF. She came from the Independent Living floor. Don't remember completing the self-administration assessment form.</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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review with on 11/20/24 at 10:15 AM, NM, per NM, there is a process for self- administration of medication. Resident request to self administer and IDT will meet and document result from the assessment form, if the resident is capable of doing her own medication. MD will have to be involved and IDT will need to care plan. needs pharmacy approval. Per NM, there is no documentation in the record about self -administration, no care plan and no MD order.</p> <p>Review of BIMS (Brief Interview for Mental Status) score is 10, mild cognitive impairment.</p> <p>A review of facility Policy and Procedure, Medication: Self Administration dated 4/24, indicated: Policy: An individual resident may self-administer medications if the interdisciplinary team (IDT) had determined that this practice is safe, and the physician writes an order for self -administration of the specific medications. 2. If a resident wants to self-administer medications, the IDT shall assess the resident's cognitive, physical, and visual ability to carry out this responsibility. 3. A licensed nurse will perform an assessment of the resident's ability to self-administer medications and submit the results to the IDT .5. Residents requesting to self-administer handheld nebulizers shall be required to demonstrate the capability of safely and effectively using the hand-held nebulizers without assistance or oversight of a licensed nurse. 6. The self-administration assessment and any other information will be presented to the physician and the IDT for final determination of the resident's ability to self-administer medications. The assessment shall be documented in the resident's chart. 7. The resident may not begin self-administration prior to approval by the IDT and the resident's physician .</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43913</p> <p>Based on observation, interviews and record review, the facility had a medication error rate of 7.41 % when two medication errors occurred out of 27 opportunities during the medication administration for two of four (Resident 8) and (Resident 19).</p> <p>The failure resulted in the nursing staff not following the facility's policy and procedures (P&P) and had the potential for the resident not receiving full therapeutic effects or causing side effects for the residents.</p> <p>FINDINGS:</p> <p>1. During the medication administration observation on 11/19/24 at 8:03 AM, for Resident 19, Licensed Vocational Nurse (LVN) 1 was observed preparing and administering (5) oral medications and Thera Tears eyedrop eye 0.25% dropperette, 1 drop both eyes, 4x a day for dry eyes. Resident pulled right lower eyelid down, LVN instilled one drop, Resident pulled the left lower eyelid down, LVN instilled one drop. Resident closed eyes and LVN handed a tissue, resident wiped her eyes.</p> <p>2. During the medication administration observation on 11/19/24 at 8:59 AM for Resident 8, LVN 1 was observed preparing and administering six oral medications and one eyedrop, Timolol ophthalmic 0.5% one drop both eyes once a day. Resident pulled down lower lid of right eye, LVN instilled one drop and did the same for the left eye. Resident closed eyes and wiped her eyes right after.</p> <p>A review of Resident 19's clinical record indicated, admitted on [DATE] with diagnoses including: Anxiety Disorder(condition causing excessive fear feeling of fear that affects daily life),History of Falling.</p> <p>A review of Physician Order, indicated TheraTears 0.25% eye drops one drop both eyes 4times a day for dry eyes.</p> <p>A review of Resident 8's clinical record indicated admitted on [DATE] with diagnoses including Acute Kidney Failure(condition when kidney is not working properly),Type 2 Diabetes Mellitus (condition with high blood sugar).</p> <p>Review of Physician's Order, indicated, an order for Timolol maleate 0.5% eye drops-0.5% both eyes once daily for Glaucoma, (eye disease that can lead to blindness).</p> <p>During an interview on 11/19/24 at 10AM, with LVN1, per LVN1, how to give eyedrops, ask the permission of the resident, follow five R's of medication administration, read orders, wash hands before and after, tissue to wipe, let resident close eyes and hold it, some residents do what they want. LVN or resident did not hold the eyes.</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/19/24 at 10:15AM, with Nurse Manager, per NM, there is a process we follow when administering eye drops. Handwashing for infection control. Follow the policy and procedure. Looking at the P&P, per NM, the LVN did not press thumb over inner canthus to prevent systemic absorption. Per NM, inservices are given by DSD (director of Staff Development) on medication administration yearly. Per NM, will check with Pharmacist for inservices on medication administration.</p> <p>A review of facility Policy and Procedure, Medication Administration through Certain Routes of Administration, dated 4/1/22, indicated, Ophthalmic Drops: Eye drops, ointments are applied to the eye for diagnostic and therapeutic purposes .Procedure:</p> <p>Eyedrops: 13. Gently press thumb over inner canthus for 1 to 2 minutes after instilling Drops while resident closes eyes gently to prevent systemic absorption and allow medicine to distribute over surface of eye. Wipe off excess solution with tissue.</p>		