STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056132	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Golden San Andreas Care Center	900 Mountain Ranch Road San Andreas, CA 95249

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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on interview and record review, the facility failed to document the administration of controlled drugs (medications that are tightly controlled by the government because they may be abused or cause addiction) for one of five (5) sampled Residents (Resident 5) when, Resident 5's controlled medication count sheet indicated three doses of hydrocodone/APAP (a controlled medication prescribed for pain management) had been signed out (taken out of the medication container) by a licensed nurse but had not been documented as administered to the resident on the medication administration record (MAR). These failures had the potential to cause medication errors and for Resident 5 to be inadvertently overmedicated.Findings: A review of Resident 5's admission RECORD, indicated Resident 5 had been admitted to the facility with diagnoses which included low back pain. During a concurrent interview and record review on 5/29/26 at 11:44 AM with Licensed Nurse (LN) 2, Resident 5's clinical document titled, ANTIBIOTIC OR CONTROLLED DRUG RECORD, dated 5/1/26 through 5/31/26, was compared with Resident 5's MAR, dated 5/1/26 through 5/31/26. The ANTIBIOTIC OR CONTROLLED DRUG RECORD indicated doses of hydrocodone/APAP were signed out by a licensed nurse on the following dates: 5/13/26 at 8 PM5/25/26 at 4 PM5/26/26 at 8 PM LN 2 confirmed the doses were signed out on the ANTIBIOTIC OR CONTROLLED DRUG RECORD, and not documented as administered on the MAR for the dates of 5/13/26, 5/25/26, and 5/26/26. During a concurrent interview and record review on 5/29/26 at 2:18 PM with LN 4, Resident 5's clinical document titled, ANTIBIOTIC OR CONTROLLED DRUG RECORD and the MAR, for the dates of 5/1/26 through 5/31/26 were reviewed. LN 4 confirmed she signed out hydrocodone/APAP on the ANTIBIOTIC OR CONTROLLED DRUG RECORD for Resident 5 on 5/13/26, 5/25/26, and 5/26/26 and did not document it on the MAR. LN 4 stated Resident 5 usually got anxious when he wanted his medication which probably distracted her (LN 4) from documenting the medication as administered in the MAR. LN 4 further stated she had not documented on the MAR that Resident 5 had been given the medication doses, and she should have, to ensure other LNs did not inadvertently administer another dose of medication. LN 4 stated if Resident 5 received an extra dose of hydrocodone/APAP he could experience respiratory depression (slow, shallow breathing pattern), lethargy, (feeling very tired) or experienced an overdose (too much medication given in too short of a time frame could lead to injury or death) of the medication. During an interview on 5/29/26 at 2:20 PM with the Director of Nurses (DON), the DON stated medications should be documented when given to prevent medication errors. The DON further stated there was a risk to Resident 5 of being overmedicated if he received extra doses of hydrocodone/APAP. A review of a facility policy and procedure titled, PREPARATION AND GENERAL GUIDELINES.CONTROLLED MEDICATIONS, dated 8/2014, indicated, .When a controlled medication is administered, the licensed nurse administering the medication immediately enters the following information on the accountability record and the medication administration record (MAR).Date and time of administration.amount administered.Signature of the nurse administering the dose on the accountability record at the time the medication is removed from the supply.Initials of the nurse administering the dose on the MAR after the medication is administered.

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