

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2026
NAME OF PROVIDER OR SUPPLIER Golden San Andreas Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. Based on interview and record review, the facility failed to report the facilities investigation findings to the appropriate parties for an allegation of abuse for two of four sampled residents (Resident 1 and Resident 2), when the results of the investigation for the alleged allegation of abuse that occurred on 4/1/26 was not reported to the Department. This failure had the potential to compromise the facility's ability to ensure that appropriate corrective action was taken as the result of the investigation and could have compromised Resident 1 and Resident 2's safety. Findings: A review of Resident 1's admission RECORD, indicated that Resident 1 was admitted to the facility with diagnoses including depression (a serious mood disorder that causes persistent feelings of sadness, emptiness, and a loss of interest in activities). A review of Resident 2's admission RECORD, indicated that Resident 2 was admitted to the facility with diagnoses including Alzheimer's disease (the most common form of dementia, a progressive and irreversible brain disorder that slowly destroys memory, thinking skills, and the ability to carry out simple tasks), unspecified psychosis (a clinical classification used when an individual experiences symptoms of a disconnect from reality, such as hallucinations or delusions, but the symptoms do not meet the full criteria for a specific psychotic disorder, or there is insufficient information to make a definitive diagnosis), and major depressive disorder (a serious, common mood disorder characterized by a persistent feeling of sadness, emptiness, and a significant loss of interest in activities). During a concurrent interview and record review on 6/4/26 at 11:55 AM with the Administrator (ADM), the facility reported incident folder between Resident 1 and Resident 2 was reviewed. The ADM confirmed that an altercation between Resident 1 and Resident 2 occurred on 4/1/26 and that there was no follow-up report that was submitted to the department. The ADM acknowledged that a report should have been submitted to the department within five days of the incident. The ADM stated that the purpose of conducting follow up investigations after an incident had occurred was to make sure that the facility could substantiate (to provide evidence or facts that prove the truth of a claim or statement) or unsubstantiate (to prove something to be false, invalid, or without evidentiary backing) that a potential abuse situation happened. The ADM also stated that Resident 1 and Resident 2's safety could have been at risk if the investigation was not fully completed. The ADM further stated that the administrator of the facility is the one who is ultimately responsible for carrying out investigations and reporting the findings to the department in accordance with the required timeframes. During a review of the facility's policy and procedure (P&P) titled, Freedom from Abuse, Neglect, Corporal Punishment, Involuntary Seclusion, Mistreatment, Misappropriation of Resident Property, and Exploitation, updated 3/25, the P&P indicated, .Resident to resident altercations are reviewed as potential abuse .The Center conducts a thorough investigation of potential, suspected and/or allegations of abuse, neglect, and exploitation of residents, misappropriation of resident property, mistreatment, and injuries of unknown source, in accordance with state and federal regulations .During a review of the facility's P&P titled, Abuse Investigation, updated 10/22, the P&P indicated, .The Executive Director is the designated abuse coordinator and is responsible for assigning and overseeing staff that are to assist with investigations .The Center maintains complete and thorough documentation of the investigation .		

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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