STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056203	A. Building B. Wing	02/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
City View Post Acute	1359 Pine Street 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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. 40478 Based on observation, interview, and record review the facility failed to ensure the resident's care planning and implementation was communicated efficiently to the family when: 1.The son of Resident-A complained that the social worker (SW) did not return his calls on five different times. The complainant gave his telephone number, and texted the SW, but the SW never called back. 2. Resident -A's doctors' appointments were cancelled on 7/6/23 and 7/14/23 due to mismanagement of transportation arrangement by the facility. This failure resulted in the potential decline of Resident-A's clinical condition and psychosocial well-being. Findings: Resident A was admitted with diagnoses of cerebral infarction (also called an ischemic stroke - occurs as a disrupted blood flow to the brain due to problems with the blood vessels that supply it.), enterocolitis (an inflammation that occurs throughout the intestine) due to clostridium difficile (C-diff - is a germ that causes serious diarrhea and other problems. It can be caused by taking antibiotics), urinary tract infection (UTI- an illness in any part of the urinary tract, the system of organs that makes urine.), type 2 diabetes (A long-term condition in which the body has trouble controlling blood sugar and using it for energy.) and frequent falls among others. During a review of Resident A's clinical record the minimum data set (MDS - an assessment tool for nursing home residents. His brief interview for mental status (BIMS - an evaluation tool to assess cognitive status) score was 9 indicating he has moderately impaired cognitive skills. During a review of Resident A's intake, the son who was the complainant indicated, Resident-A was at the facility from 7/2/23 to 7/19/23. The facility is ridiculously unorganized The facility forgot to schedule transportation for the resident's appointment on 7/6/23 and 7/14/23. The Doctor had to reschedule his appointment. The social worker did not return my calls five times, and texts until my father's discharge. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056203	A. Building B. Wing	02/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
City View Post Acute	1359 Pine Street 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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and observation with a social worker (SW) on 1/24/24 at 12:29 PM, the SW stated, I was transferred here from another facility last week of August 2023. I was not here in July. I don't know who was here before me. Observed the SW check her cell phone, and stated, I was not here . We have four SW In the facility During an interview with the director of nursing (DON) on 1/25/24 at 12:15 PM in her office, the DON was informed about the complaint, the DON stated, my SW are easily to be contacted. When asked about cancelled doctor's appointments, the DON was quiet and stared blankly. Request placed with the DON a copy of the facility's transportation contract, and the contracted transportation's telephone number/s. After more than two requests for the transportation companies' information from the DON and the medical record director (MRD) received one invoice from a transportation company (Transpot1) with Resident A's name dated 7/12/23 and 7/14/23. During an interview with the manager of the Transpot1 on 2/26/24 at 3:34 PM, he stated, we are technically not the only one. We get calls from them (the facility) the last minute. We show up 100%. We don't miss schedule. I don't remember any trip missed by us. They use a plethora of other company. We are just a small transportation company. There's no way we are able to know that. We don't plan the schedule. No, we don't have that particular schedule (between July 2, 2023, to July 19, 2023). Every couple of months, four months or so we clean up our system. We don't keep old schedules. Review of the facility's invoice #033 from Transport1, dated 7/16/23. The service dates for Resident-A (as indicated on the invoice) was dated 7/12/23. destination: 9-- Stockton St. San Francisco. A round trip. On 7/14/23 the name on the Invoice indicated; Resident-A's name. The destination 92-- Clay Street San Francisco. Other needs indicated: Gurney No -show with a price of $2--.00. No reason of no-show. During an interview with the Operations Manager (OM) on 2/27/24 at 2:22 PM, the OM stated those two different SW last year between July 2 to July 19, 2023, are no longer here. SW-K is back from the(name of country), but she was not here in July. SW-TW was here in July, but she is gone. Requested for MD and SW documentations between July 2 to July 19, 2023, and policy and procedure for resident appointments. During a review of the progress notes, interdisciplinary team (IDT) notes and the IDT care plan notes, are all with the same statements dated 7/3/23 and 7/4/23. The statement indicated: Prior living environment. Resident-A lives with wife in a single level house with 10 stairs . On July 2, 2023, there was a Social History. On 7/16/23 at 1930 the SW note indicated, discharge to home with services on 7/19/23 at 1:30. Home health needs, registered nurse (RN), physical therapy (PT), occupational therapy (OT), SW and home health services (HHS), durable medical equipment (DME)-wheelchair. Resident may be discharged with his remaining medications in the facility During an interview with the MD on 2/28/24 at 12:42 PM, the doctor stated, will look at the discharge. I see, he (Resident-A) is supposed to see a urologist or oncologist. He came in with C-diff. He's already been treated with that. Regarding the cancelled schedule, the MD stated, my assumption, maybe That's the building issue. Informed the MD, there is no SW's note on this issue. Received the same documents I had on hand. The Social Services Department SSD/SW had no documentation on cancelled doctor's appointment on 7/14/23. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056203	A. Building B. Wing	02/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
City View Post Acute	1359 Pine Street 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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of progress notes by TL W from SSD dated 7/16/23 at 1930 indicated discharge to home with services on 7/19/23 at 1:30. Home health needs, registered nurse (RN), physical therapy (PT), occupational therapy (OT), SW and home health services (HHS), durable medical equipment (DME)-wheelchair. Resident may be discharged with his remaining medications in the facility During a review of the facility's policy and procedure titled; Transportation, Diagnostic Services with revised date of December 2008 indicated, policy statement, our facility will assist residents in arranging transportation to/from diagnostic appointments when necessary. Policy interpretation and implementation: 1. Should it become necessary to transport a resident to a diagnostic service outside the facility, the Social Service designee or Charge Nurse shall notify the resident's representative (sponsor) and inform them of the appointment. 3. Should it become necessary for the facility to provide transportation, the Social Service designee will be responsible for arranging the transportation through the business office. 5. Requests for transportation should be made as far in advance as possible. During a review of the facility's policy and procedure titled: Resident Rights, with revised date of December 2016, the policy statement indicated, employees shall treat all residents with kindness, respect and dignity. The policy and interpretation indicated: 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's rights to: f. communication with and access to people and services, both inside and outside the facility; p. be informed of, and participate in, his or her care planning and treatment; x. communicate with outside agencies (e.g. local, state, or federal officials, state and federal surveyors, .) regarding any matter; 5. Inquiries concerning residents' rights should be referred to the Social Services Director.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056203	A. Building B. Wing	02/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
City View Post Acute	1359 Pine Street 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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40478 Based on observation, interview and record review, the facility failed to ensure Resident 1's nutritional needs are met when: 1) Resident 1 was ordered CCHO Diet (Controlled Carbohydrate Diet) since admission when Resident 1 is not a diabetic 2) Resident 1 had a poor appetite and a significant weight loss of almost 10 lbs. from 9/24/23 to 11/17/23. This failure had the potential to result in decline of Resident 1's clinical health, poor appetite, and psychosocial well-being, including avoidable significant weight loss of 9.5 lbs. Findings: Resident 1 was admitted on [DATE] with diagnoses of: Burns involving 10-19% of body surface with 0% to 9% third degree burns (extend into the fat layer that lies beneath the dermis [third skin layer]), hyperkalemia (high potassium level in the blood), and dysphagia (difficulty swallowing) among others. The admission record or face sheet of Resident1 had no indication of diabetes mellitus as a diagnosis. During a review of Resident 1's clinical record, the minimum data set (MDS - an assessment tool for nursing home residents) dated Oct. 1, 2023, her brief interview for mental status (BIMS- an evaluation tool to assess the resident's cognitive status) score was 00. The BIMS interview score for Resident 1 are all zeroes (0). A 0 score indicate severe cognitive impairment, or the interview was not completed. During an interview with the unit manager (UM) on the 5th floor on 1/24/24 at 12:05 PM, the UM stated, I know she (Resident 1) was here on the 5th floor when I was the UM on the 4th floor. Interview with the social worker (SW) at 12:40 PM who stated, no I'm not aware of the resident. I just got transferred here. During a concurrent observation and interview with the UM on the 4th floor on 1/24/24 at 2:40 PM in the nurses' station, observed the UM looking at the computer. The UM stated Resident 1 had a weight loss. She came in this unit weighing 108.5 lbs. She was admitted here on September 24 and was transferred to the 5th floor on the 26th. Her last weight was 98.5 lbs. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056203	A. Building B. Wing	02/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
City View Post Acute	1359 Pine Street 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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and observation with the dietary manager (DM) on 1/25/24 at 11:04 AM in the meeting room, the DM stated, we follow [NAME] menu (personalized menus) based on the menu. Juices go on every tray and milk are standing order. For diabetics we give Diet cranberry, . My role is food ordering, handle the menus, handle the training, and interview the residents. I go over their likes and dislikes, their preferences. The registered dietitian does the weight loss and weight gain. If there are missing juice or milk the certified nurse assistant (CNA) will let us know. We have mandatory snacks in the red basket. Observed the DM stepped out and came back with a red plastic container full of snacks stating this is the red basket, it is in the medication room. It is filled up at 10 AM-2 PM, and 8 PM. During a concurrent observation and interview with the registered dietitian (RD) on 1/25/24 at 1:50 PM in her office, she stated, I'm new here. I started working here this month. While looking at her computer, the RD stated the resident had 10 lbs. weight loss. The November 8 dietary note here states resident is on regular diet, puree texture. Boost (a dietary supplement) 3 times a day. Her meal intake is about 51%. Resident1 has poor appetite. Written by the previous RD. The RD called the daughter, but the daughter did not pick-up. On November 2nd she was on CCHO ([Diabetic diet] Controlled Carb Diet). The RD discontinued the CCHO diet on November 2nd. She was on 1:1 feeding assistant on November 8 to promote PO (oral) intake. Observed the RD looked more at the computer and stated the CCHO order was from the hospital. Her admission diagnosis was burn from the hospital. It might cause fluid shift. The reasons for the weight loss might be: 1) poor intake, 2) scale error . She came here for wound care, physical therapy (PT) and occupational therapy (OT). Her meal ticket is being removed in the system after discharged . Her preference was updated. Juice, gravy with meals. During an interview with the complainant who is the daughter of Resident 1, on 2/7/24 at 8:48 AM she stated, they put my mom on a diabetic diet. She is not a diabetic. Review of Resident 1's clinical record dated 9/27/23 at 0844 indicated, order summary: CCHO (Controlled Carbohydrate) diet IDDS (Pureed foods) Level 4. Pureed texture. Thin Liquids consistency. Dietitian's consult on 11/19/23. On 11/19/23, the order summary indicated: Regular diet IDDSI Level 4 Pureed texture. Thin Liquids consistency. During an interview with the complainant on 2/7/24 at 9 AM, the complainant stated, my mom's weight now, it's hard to say. We don't have a wheelchair with scale. She is doing much better at home than their care. We cook our food and put it in the processor. Her appetite is good. I left my job to sit with my mom every day. During an interview with the facility's medical doctor (MD) on 2/13/24 at 11:13 AM, the MD stated let's see her hemoglobin A1C. I think she was borderline. Her A1C was 6 in the hospital. It came from the hospital. The discharge order hemoglobin A1C is 6. She was not really restricted in sugar. Hemoglobin A1C 6 is the definition of diabetes. We did not give her medication for diabetes. We give her mom calories. The MD was informed the resident had order for insulin. The MD stated, . she was on sliding scale. I discontinued it because she was well controlled. I'm just giving you the idea. I don't know who discontinued it. That's the right thing to do. During a consult interview with the district office Pharmacist Consultant on 2/15/24 at 12 noon, the pharmacist stated, I'm reading the American Diabetes Association (ADA) online and it stated here the diabetes criteria for A1C is 6.5 and above. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056203	A. Building B. Wing	02/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
City View Post Acute	1359 Pine Street 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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the clinical record for Resident 1, the care plan dated September 2023 the focus included: 1) Nutritional risk, 2) Nausea and vomiting, 3) Resident has dehydration or potential fluid deficit related to diagnosis, 4) Weight loss x one month, among others. Included in Resident 1's care plan was: Diabetes: Resident 1 has a diagnosis of diabetes and is at risk for complications manifested by hyperglycemia, skin breakdown. During a review of the facility's clinical record titled Facility Nutrition Program with revised date, April 2007, it indicated, Policy Statement: The facility will have an organized nutrition related program. The policy interpretation program indicated a specific assignment to the #1. direct care staff, #2. Physicians and related Health Care Practitioners #3. facility Dietitian, #4. the Food Service Manager, #5. the facility Administrator, and lastly #6. The statement indicated, as part of the facility's quality improvement program, the staff, Administrator, and Medical Director will review nutrition-related outcomes and address related problems. During a review of the facility's policy and procedure titled, Weight Assessment and Intervention with revised date March 2022 indicated, Policy statement: Residents weights are monitored for undesirable or unintended weight loss or gain. The policy and intervention included: Weight assessment 1) Residents are weight upon admission and at intervals ., 3) Any weight change of 5% or more since the last weight assessment is retaken the next day for confirmation. a) If the weight is verified, nursing will immediately notify the dietitian in writing. 4) Unless notified of significant weight change, the dietitian will review the unit weight record monthly to follow the individual weight trends overtime. 5) follow the criteria for weight loss. 6) Documentation. Evaluation: 1) Undesirable weight change is evaluated by the treatment team whether the criteria for significant weight change has been met. It includes , 2) the physician and the multidisciplinary team identify conditions and medications that may be causing anorexia, weight loss or increasing the risk of weight loss. Care Planning. 1) Care planning for weight loss or impaired nutrition is a multidisciplinary effort 1) Individualized care plans shall address, to the extent possible. Interventions: 1) Intervention s for undesirable weight loss are based on careful consideration of the following: a) Resident choice and preferences, b) nutrition and hydration needs, c) functional factors .d) environmental factors . e) chewing and swallowing ., f) Medications ., g) ., 2), 3) If a resident declines to participate in a weight loss goal, the dietitian will document the resident's wishes, and those wishes will be respected.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056203	A. Building B. Wing	02/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
City View Post Acute	1359 Pine Street 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)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40478 Based on observation, interview, and record review the facility failed to ensure Resident 1 who had no diagnosis of diabetes mellitus was free from unnecessary drugs and interventions when: 1. Resident 1 was admitted to the facility on [DATE]. The resident had an order for a sliding scale of insulin Lispro (a rapid acting human insulin analog that works parenterally to lower blood glucose by regulating the metabolism of carbohydrates, proteins, and fats.). Resident 1 received Lispro on 9/26/23 1 unit for blood glucose of 160, on 10/9/23 1 unit, on 10/10/3 1 unit, on 10/11/23 1 unit, . 2. Resident 1's blood glucose was checked three times a day from September 25 to October 20, 2023, with her blood glucose range from 112 to 188. This failure resulted in the mismanagement and monitoring of Resident1's drug/medication regimen that potentially caused the decline of the resident's highest practicable mental, physical, and psychosocial well-being. Findings: Resident 1 was admitted on [DATE] with diagnoses of: burns involving 10-19% of body surface with 0% to 9% third degree burns (extend into the fat layer that lies beneath the dermis [third skin layer]), hyperkalemia (high potassium level in the blood), and dysphagia (difficulty swallowing) among others. The admission record or face sheet of Resident1 with no indication of diabetes mellitus as a diagnosis. During a review of Resident 1's clinical record, the minimum data set (MDS - an assessment tool for nursing home residents) dated Oct. 1, 2023, her brief interview for mental status (BIMS- an evaluation tool to assess the resident's cognitive status) score was 00. The BIMS interview score for Resident 1 are all zeroes (0). A 0 score indicate severe cognitive impairment, or the interview was not completed. During a concurrent observation and interview with the registered dietitian (RD) on 1/25/24 at 1:50 PM in her office, she stated, I'm new here. I started working here this month. While looking at her computer, the RD stated the resident had 10 lbs. weight loss. November 8 dietary note here states resident is on regular diet, puree texture. Boost (a dietary supplement) 3 times a day. Her meal intake is about 51%. Resident1 has poor appetite. Written by the previous RD. On November 2nd she was on CCHO ([Diabetic diet] Controlled Carb Diet). The RD discontinued the CCHO diet on November 2nd. During an interview with the complainant who is the daughter of Resident 1, on 2/7/24 at 8:48 AM she stated, they put my mom on a diabetic diet. She is not a diabetic. They are checking her blood sugar, and I ask the nurse why they check her blood sugar when she is not a diabetic. Review of Resident 1's clinical record dated 9/27/23 at 0844 indicated, order summary: CCHO (Controlled Carbohydrate) diet IDDS (Pureed foods) Level 4. Pureed texture. Thin Liquids consistency. Dietitian's consult on 11/19/23. On 11/19/23, the order summary indicated: Regular diet IDDSI Level 4 Pureed texture. Thin Liquids consistency. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056203	A. Building B. Wing	02/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
City View Post Acute	1359 Pine Street 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)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with the facility's medical doctor (MD) on 2/13/24 at 11:13 AM, the MD stated let's see her hemoglobin A1C. I think she was borderline. Her A1C was 6 in the hospital. It came from the hospital. The discharge order hemoglobin A1C is 6. She was not really restricted in sugar. Hemoglobin A1C 6 is the definition of diabetes. We did not give her medication for diabetes. We give her mom calories. The MD was informed the resident had order for insulin. The MD stated, . she was on sliding scale. I discontinued it because she was well controlled. I'm just giving you the idea. I don't know who discontinued it. That's the right thing to do. During a consult interview with the district Office Pharmacist Consultant on 2/15/24 at 12 noon, the pharmacist stated, I'm reading the American Diabetes Association (ADA) online and it stated here the diabetes criteria for A1C is 6.5 and above. During a review of American Diabetes Association.org table for diagnosing diabetes titled Blood Glucose and A1C Diagnosis, it indicated, Diabetes is diagnosed at an A1C of greater than or equal to 6.5% Result A1C Normal Less than 5.7% Pre-Diabetes 5.7% to 6.4% Diabetes 6.5% or higher During a review of the clinical record for Resident 1, the care plan dated September 2023 the focus included: 1) Nutritional risk, 2) Nausea and vomiting, 3) Resident has dehydration or potential fluid deficit related to diagnosis, 4) Weight loss x one month, among others. Included in Resident 1's care plan was: Diabetes: Resident 1 has a diagnosis of diabetes and is at risk for complications manifested by hyperglycemia, skin breakdown. According to the daughter, Resident 1 is not a diabetic. During a review of the facility's policy and procedure titled, Administering Medications with revised date April 2019, the policy statement indicated, Medications are administered in a safe and timely manner, and as prescribed. The policy interpretation and implementation included: #2. The Director of Nursing Services supervises and directs all personnel who administer medications, and or have related functions. #6. Medication errors are documented, reported and reviewed by the Quality Assurance and Performance Improvement (QAPI) committee to inform process changes and or the need for additional staff training. #8. If the dosage is believed to be inappropriate or excessive for a resident, or a medication has been identified as having potential adverse consequences, the person preparing or administering the medication will contact the prescriber, the resident's Attending Physician or the facility's Medical Director to discuss the concerns. #28. If a resident uses PRN (as needed) medications frequently, the Attending Physician and Interdisciplinary Care Team with support from the Consultant Pharmacist as needed, shall re-evaluate the situation, examine the individual as needed, determine if there is a clinical reason for the frequent PRN use, and consider whether a standing dose of medication is clinically indicated.