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	05/17/2024

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38612 Based on interview and record review, the facility failed to provide the necessary care and services to one of three sampled residents (Resident 1) when the physician's order for magnetic resonance imaging (MRI, a medical imaging procedure that uses a magnetic field and radio waves to take pictures of the body's internal parts) was not carried out timely. This failure caused a delay in provision of services and had the potential to negatively impact Resident 1's physical, mental, and psychosocial well-being. Findings: Resident 1 was admitted on [DATE] with diagnoses that include chronic pain syndrome (pain that lasts longer than three months). During an interview on 3/21/24 at 11:21 AM, Resident 1 stated, My legs hurt 24 hours a day. I'm in so much pain. I have had this (chronic pain) a long time, for several years . it burns, spasms from my ankles to my legs, to my hips. Resident 1 stated pain is severe most of the time. It starts from my feet, goes up to my legs, hits both knees. I have no idea what causes it. I want MRI for my pain. I just want to know if I have cancer. During an interview on 5/17/24 at 11:23 AM, Resident 1 stated, MRI not done yet. Apparently, (name of physician) asked for results, I guess they don't have it. Review of Resident 1's Order Summary Report, dated 11/1/23 to 4/30/24, indicated MRI without contrast (use of dye to highlight specific parts of the soft tissue of a body part) of lumbar spine (lower back) . Order date . 3/25/24. During an interview on 5/17/24 at 12:19 PM, Licensed Vocational Nurse (LVN) 1 stated, (Name of physician) came and asked if the MRI was scheduled. At that time, we were not aware that there was an order for her (Resident 1). We found out an order was placed on 3/25/24. LVN 1 stated, On 3/26/24, the MRI order was seen by the night nurse. At that time, she should have informed the SW, (who) takes care of outpatient referrals. During an interview on 5/17/24 at 2:07 PM, Social Worker (SW) 1 stated, I was not aware of MRI referral. At that time (referring to 3/26/24), it should have been referred to the SW for outpatient referrals. I was not informed until the re-order. (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	05/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
City View Post Acute	1359 Pine Street San Francisco, CA 94109

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident 1's Order Summary Report, dated 11/1/23 to 4/30/24, indicated MRI without contrast of lumbar spine, was re-ordered on 4/17/24. During an interview on 5/17/24 at 4:24 PM, the Director of Nursing (DON) stated regarding physician's orders, As soon as they (licensed nurses) are able to, they should follow up appropriately to appropriate staff if it is something they would not do per se. In this case, the SW is responsible for referral. Whoever sees it (physician's order) first should inform the appropriate staff. The DON verified the physician's order for MRI on 3/25/24 was not carried out and the physician had to re-order it on 4/17/24. The DON added, Doctor's (physician) orders should be carried out as soon as possible. It should have been communicated to the SW sooner. Staff should have followed up. It may cause delay in services (when physician's orders are not carried out timely.) Review of the facility policy, tiled Medication and Treatment Orders, last revised on 7/16, indicated Policy Interpretation and Implementation .7. Licensed nurses will carry out orders from the physician through verbal, telephone, or electronic and must be recorded immediately in the resident's chart by the licensed nurse receiving the order and must include prescriber's last name, credentials, the date and the time of the order.

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(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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38612 Based on interview and record review, the facility failed to ensure prescribed medication was available to administer to one of three sampled residents (Resident 1). This failure created a risk for poor health outcome to Resident 1. Finding: Resident 1 was admitted on [DATE] with diagnoses that include chronic obstructive pulmonary disease (COPD, a common lung disease causing restricted airflow and breathing problems). During an interview on 5/17/24 at 11:23 AM, Resident 1 stated, I get short of breath, this is chronic . I've always had this because of my COPD. They (facility staff) know that. That's why I have inhaler. Review of Resident 1's Order Summary Report, dated 11/1/23 to 4/30/24, indicated Trelegy Ellipta (also known as (fluticasone furoate, umeclidinium, & vilanterol) Inhaler Aerosol (a substance released in very fine mist) Powder breath activated 200-62.5-25 mcg(micrograms)/actuation (delivery of a dose of medicine as a mist with the use of an inhaler [a small handheld device that delivers medication directly to the lungs]) 1 puff inhale orally (by mouth) for COPD (start date: 11/8/23). During a concurrent interview with the DON and review of Resident 1's medical records, on 5/17/24 at 4:24 PM, the Medication Administration Record (MAR) for February 2024, indicated Trelegy Ellipta was not administered to Resident 1 on 2/9/24, 2/10/24, 2/12/24, 2/13/24, 2/15/24, 2/16/24, and 2/17/24. The DON stated Trelegy Ellipta was not given due to the medication was out of stock. The DON added, They (licensed nurses) should have re-ordered (from the pharmacy) it as soon as they noticed it's about to run out. Review of Resident 1's Progress Notes, dated 2/9/24, 2/10/24, 2/12/24, 2/13/24, 2/15/24, and 2/16/24 indicated Trelegy Ellipta was out of order (indicating medication was out of stock). LN (licensed nurse) re-ordered. The DON stated not having Trelegy Ellipta available for administration could worsen (Resident 1's) respiratory symptoms. They should have notified the doctor. Communication with the doctor is important. Review of the undated facility policy titled, Medication Orders and Receipt Record, indicated, Policy Interpretation and Implementation . Medications should be ordered in advance, based on the dispensing pharmacy's required lead time .