

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/20/2024
NAME OF PROVIDER OR SUPPLIER  City View Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49264</p> <p>Based on observation, interview, and record review, the facility failed to accurately reconcile post-discharge medications for one out of three sampled residents (Resident 1) when Resident 1 was discharged home with another resident's medication (Resident 2).</p> <p>This failure has the potential to result in a medication error after discharge if Resident 1 were to take medications that were not prescribed to them.</p> <p>Findings:</p> <p>A review of Resident 1's MDS, dated [DATE], indicated that Resident 1 had a Brief Interview for Mental Status (BIMS, a cognitive screening tool) score of 6 (scores of 0-7 suggests severe cognitive impairment, 9 to 12 suggests moderate cognitive impairment, and 13 to 15 suggest that cognition is intact).</p> <p>A review of Resident 1's discharge summary note, dated 09/11/24, indicated that that Resident 1 was discharged on [DATE] and Post Discharge Plan of Care form filled out and signed by patient. All medications and follow up appointments reviewed by patient.</p> <p>A review of Resident 1's Post-Discharge Plan of Care, dated 09/11/24, indicated that Licensed Vocational Nurse (LVN) 1 discharged Resident 1 with medications including Amlodipine (medication used to control blood pressure), Aripiprazole (medication used to treat mania), Atorvastatin (medication used to lower fat in blood), Calcitriol (medication use to treat low calcium), Clopidogrel (blood thinning medication), Jardiance (medication for blood sugar control), Latanoprost solution (eye drop medication to reduce eye pressure), Memantine (medication used to treat dementia), Metoprolol (medication used to control blood pressure), Mirtazapine (medication to treat depression), and Triamcinolone (a cream used to decrease redness and swelling).</p> <p>During an interview on 09/19/24 at 1:50 PM with LVN 1, LVN 1 recalled discharging Resident 1. LVN 1 stated that they went over the physician's discharge instructions, but they did not open the bag of medications that they handed to the resident prior to discharge.</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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NAME OF PROVIDER OR SUPPLIER  City View Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  1359 Pine Street San Francisco, CA 94109	
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<p>F 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 09/19/24 at 2:22 PM with Nurse Manager (NM) 1, NM 1 stated that the following day after Resident 1's discharge, Resident 1's sister returned to the facility with a whole bag of medications. NM 1 stated that the medications from Resident 1's sister was was a different patient's medication. NM 1 stated that the medication that was returned to the facility was labeled for Resident 2.</p> <p>During an interview on 09/19/24 at 2:58 PM with the Director of Nursing (DON), the DON stated she expected nursing staff to open up the bag [of medications] and compare it to the discharge medication list prior to the time of discharge.</p> <p>During a concurrent observation and interview on 09/20/24 at 12:00 PM with NM 1 at the 5th floor nurses' station, five blister packs (a package for medication where each dose is individually encased) of medication were observed labeled for Resident 2. The blister backs were dated 09/10/24 with Resident 2's name and were for the following medications: Quetiapine (medication for mania), Gabapentin (medication that affects the nerves), Eliquis (a blood thinning medication), Benzotropine (medication to help with muscle control), and Oxycodone (a strong pain reliver). NM 1 stated that these five medications were the returned by Resident 1's sister.</p>		