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| 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 05/05/2025 |
| 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.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38612</p> <p>Based on observation, interview, and record review, the facility failed to ensure self-administration of medications was clinically appropriate when one of four sampled residents (Resident 2) was allowed to do so without the assessment and approval of the interdisciplinary team (facility staff members who coordinate the care provided to the residents).</p> <p>This failure had the potential to result in unsafe medication administration or omission of medications.</p> <p>Findings:</p> <p>Review of Resident 2's admission record indicated, Resident 2 was admitted on [DATE] with diagnoses including hypertension (high blood pressure) and pulmonary embolism (occurs when a blood clot gets stuck in an artery in the lung, blocking blood flow to part of the lung).</p> <p>Review of Resident 2's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 3/15/25 indicated Resident 2 had moderate cognitive impairment (a noticeable decline in thinking and learning abilities that significantly impacts daily life).</p> <p>During a concurrent observation in Resident 2's room and interview on 5/5/25 at 11:35 AM, an unlabeled transparent medicine cup containing two medication tablets was on the overbed table next to Resident 2's right side of the bed. Resident 2 reached for the medication cup and administered the medications. Resident 2 stated, They're Eliquis (a blood thinner) and Metoprolol (used to treat high blood pressure). Resident 2 stated, The nurse brought them (medications) here early morning. I told her to leave them there (pointed at the overbed table) so I could take them later.</p> <p>During a concurrent interview and record review on 5/5/25 at 2:46 PM, with the Director of Nursing (DON), DON stated Resident 2 is allowed to self-administer medications if she has been evaluated by the physician and a care plan for self-administration has been created. The DON stated, We check with the doctor that the resident is capable of taking medications for themselves . to ensure that the residents understand what they're taking. They might take medications incorrectly. The DON reviewed Resident 2's clinical records and stated, There's none. I don't see the self-administration evaluation and care plan for self-administration).</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of Resident 2's physician's orders for May 2025 indicated Eliquis Oral Tablet 2.5 mg (milligrams) . Give 1 (one) tablet by mouth two times a day for hx (history) of pulmonary embolism), last order date: 4/23/25 and Metoprolol Tartrate Oral Tablet 25 mg . Give 1 tablet by mouth two times a day for HTN (hypertension). Take with food. Hold for SBP (systolic blood pressure - the top number in a blood pressure reading) < (less than) 100, HR (heart rate <60), last order date: 9/24/24.</p> <p>Review of facility's policy and procedure, titled Administering Medications, dated April 2019, indicated Policy statement - Medications are administered in a safe and timely manner, and as prescribed. Policy Interpretation and Implementation .27. Residents may self-administer their own medications only if the attending physician, in conjunction with the interdisciplinary care planning team, has determined that they have the decision-making capacity to do so safely.</p> |

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| <p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>38612</p> <p>Based on observation, interview, and record review, the facility failed to provide necessary care and services to one of four sampled residents (Resident 1) when Resident 1's fingernails were not kept clean.</p> <p>This failure had the potential for Resident 1's fingernails to harbor germs and bacteria that could contribute to spread of infection.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 5/5/25 at 1:35 PM, Resident 1 was lying in bed, awake, with her hands placed on her chest. Resident 1 stated, You see my nails. They're nasty. No one comes here to clean my nails. I have been asking them to do it, no one does it. The underside of all of Resident 1's fingernails had black-colored matter. Resident 1 stated, I don't want my nails dirty.</p> <p>During a concurrent observation of Resident 1's fingernails and interview on 5/5/25 at 1:47 PM, Licensed Vocational Nurse (LVN) 1 stated, They're dirty. That's dirt under the nails. LVN 1 added, That could be an infection issue. We need to keep them clean to prevent infection.</p> <p>During an interview on 5/5/25 at 4:02 PM, The Director of Nursing (DON) stated the Certified Nursing Assistants (CNA) are responsible for the daily cleaning of the residents' fingernails to ensure their (residents) nails are cleaned .to prevent infection.</p> <p>Review of the facility's policy and procedure (P&P), titled Fingernails/Toenails, Care of, dated 2/2018, indicated, Purpose - The purposes of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections . General Guidelines 1. Nail care includes daily cleaning and regular trimming. 2. Proper nail care can aid in the prevention of skin problems around the nail bed .</p> |