

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 10/24/2024
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>47914</p> <p>Based on interview, record review, and facility policy review, the facility failed to refer the resident to the appropriate state-designated authority for Level II PASARR evaluation after the resident was identified to have a newly evident mental illness diagnosis for 2 (Resident #56 and Resident #86) of 7 sample residents reviewed for preadmission screening and resident review (PASARR).</p> <p>Findings included:</p> <p>An undated facility policy titled, Admissions Criteria, did not indicate the procedure staff should follow should a resident be diagnosed with a newly evidence or possible serious mental disability, intellectual disability, or a related condition.</p> <p>1. An Admission Record revealed the facility admitted Resident #56 on 05/03/2016. According to the Admission Record, the resident had a medical history that included diagnoses of gastro-esophageal reflux disease without esophagitis, constipation, and age-related osteoporosis. Per the Admission Record, the resident received a diagnosis of psychotic disorder with delusions on 11/15/2021.</p> <p>A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 09/08/2024, revealed Resident #56 had a Brief Interview for Mental Status (BIMS) score of 5, which indicated the resident had severe cognitive impairment. The MDS indicated the resident had an active diagnosis to include psychotic disorder.</p> <p>Resident #56's care plan included a focus area initiated 03/07/2024 that indicated the resident had a diagnosis of psychotic disorder with delusions.</p> <p>Resident #56's medical record revealed no evidence to indicate the resident was referred to the appropriate state-designated authority for a Level II PASARR after the resident received a diagnosis of psychotic disorder with delusions on 11/15/2021.</p> <p>37683</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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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. An Admission Record revealed the facility admitted Resident #86 on 08/16/2019. According to the Admission Record, the resident had a medical history to include diagnoses of anemia and unsteadiness on feet. Per the Admission Record, the resident received a diagnosis of psychotic disorder with hallucinations on 12/28/2021, psychosis on 07/12/2022, and adjustment disorder with anxiety on 07/20/2022.</p> <p>An annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/08/2024, revealed Resident #86 had a Staff Assessment for Mental Status (SAMS) that indicated the resident was severely impaired in cognitive skills for daily decision making, with long and short-term memory problems. According to the MDS, the resident had an active diagnoses to include psychotic disorder, adjustment disorder with anxiety.</p> <p>Resident #86's care plan, included a focus area initiated 08/22/2023, that indicated the resident used psychotropic medication due to a diagnosis of psychotic disorder with hallucinations.</p> <p>Resident #86's Order Summary Report, that contained active orders as of 10/23/2024, revealed an order dated 08/21/2024, for Zyprexa (an antipsychotic medication) tablet 5 milligrams, give one tablet by mouth at bedtime or psychosis.</p> <p>Resident #86's medical record revealed no evidence to indicate the resident was referred to the appropriate state-designated authority for a Level II PASARR after the resident received a diagnosis of psychotic disorder with hallucinations on 12/28/2021, psychosis on 07/12/2022, or adjustment disorder with anxiety on 07/20/2022.</p> <p>During an interview on 10/23/2024 at 2:52 PM, the Director of Nursing (DON) stated a new Level I would be done, if a resident received a new mental illness diagnosis.</p> <p>During a follow-up interview on 10/23/2024 at 3:39 PM, the DON stated a new PASARR would only be done if the resident's severe mental illness was the cause of the significant change with the resident. The DON indicated that since there was no significant change in function, along with the new mental illness diagnosis for Resident #56 and Resident #86, there was no need for a new Level I PASARR.</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>37683</p> <p>Based on interview, record review, and facility policy review, the facility failed to ensure a new Level I screening was completed for 1 (Resident #37) of 7 sampled residents reviewed for preadmission screening and resident review (PASARR).</p> <p>Findings included:</p> <p>An undated facility policy titled, Admission Criteria, specified, 9. All new admissions and readmissions are screened for mental disorders (MD), intellectual disabilities (ID), or related disorders (RD) per the Medicaid Pre-Admission Screening and Resident Review (PASARR) process. The policy specified, b. When/if the level I screen indicates that the individual may meet the criteria for a MD, ID, or RD, he or she is referred to the state PASARR representative by the system for the Level II (evaluation and determination) screening process.</p> <p>An Admission Record revealed the facility admitted Resident #37 on 06/21/2023. According to the Admission Record, the resident had a medical history to include a diagnosis of schizophrenia.</p> <p>A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 09/28/2024, revealed Resident #37 had a Brief Interview for Mental Status (BIMS) of 7, which indicated the resident had severe cognitive impairment. According to the MDS, the resident had active diagnosis to include schizophrenia.</p> <p>Resident #37's Order Summary Report, that contained active orders as of 10/23/2024, revealed an order dated 09/26/2024, for haloperidol (an antipsychotic medication) oral tablet 5 milligrams, give 1.5 tablet by mouth one time a day for schizophrenia.</p> <p>A letter from the California Department of Health Care Services (DHCS), dated 06/24/2024, indicated DHCS was unable to complete Resident #37's Level II evaluation due to the facility staff being unresponsive to two or more separate attempts of communication within 48 hours of the resident's Level I screening. Per the letter, to reopen the case, the facility must submit a new Level I screening for resident review.</p> <p>During an interview on 10/23/2024 at 3:39 PM, the Director of Nursing (DON) stated the facility missed the calls related to DHCS's follow-ups for Resident #37's Level II PASARR.</p> <p>During an interview on 10/24/2024 at 9:04 AM, the DON stated it was facility expectation that if DHCS contacted the facility and was unable to reach anyone, the facility should have called and sorted out the Level II PASARR or redid the Level I PASARR. Per the DON, the facility missed the telephone calls, and the instructions on the letter to redo the Level I PASARR.</p>		