

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056394	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Golden Pavilion Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 99 Escuela Drive Daly City, CA 94015	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26875</p> <p>Based on interview and record review, the facility failed to treat Resident 1, one of one sampled resident, with dignity and respect when resident waited on the nurse call light over one hour for pain medications on two successive evenings and failed to provide pain management relief, in a timely manner when resident waited over an hour for pain medication for his leg wound on two occasions during the evening shift.</p> <p>This failure caused the resident pain and suffering, violation of his rights and decreased feelings of well-being.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility on [DATE] with diagnoses including diabetes mellitus, urinary tract infection, urinary catheter, gait and mobility abnormalities, colostomy status (an opening in the intestine through the abdominal wall), and chronic pain syndrome. Review of Resident 1 ' s MDS (Minimum Data Set) an assessment tool, showed resident has clear speech, hearing, and adequate vision. Resident has a cognition score (thinking ability) of 15. The highest score achievable. Resident has lower extremity impairment of both feet and cannot walk.</p> <p>During an interview, in the facility, on 4/4/2024, at 2:15 PM, Resident 1 stated he waited over one hour on the nurse call light for a nurse to give him pain medications for right foot pain for two nights, 3/28/2024 and 3/29/2024, during the evening shift. He said he was in great pain.</p> <p>Review of the Resident Council Meeting notes for January 2024, with the Administrator in attendance, indicated, In general, the call light response time has improved but there are still times when no one answers your light for 25-30 minutes .</p> <p>Review of the Resident Council Meeting notes for March 2024, with Administrator, Director of Nurses, Ombudsman, and others, in attendance, indicated, The resident said that sometimes her call light is unplugged by a CNA (Certified Nurses Assistance). Regarding response to call lights: When a (call) light is on, sometimes someone who is not your CNA will respond. After hearing what the resident needs, the person will turn off the call light and say, ' I ' ll let your CNA know, ' but sometimes the CNA doesn ' t ever show up and the call light is off now. A resident said that several times when he pushes his call light, someone answers the call but if he has his eyes closed or is dozing, the person will just turn off the light without finding out what he needs and leaves.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident Council Meeting notes for April 2024, with Administrator, Director of Nurses (DON), Infection Control Nurse, new Maintenance Manager, and Dietician, present indicated, Regarding CNA checking on patients, they are supposed to check them every two hours and answer call lights. CNAs are not supposed to all go on their breaks at the same time. They have a schedule and there should always be other CNA ' s covering for them. Residents replied that the ones covering don ' t do the two-hour checks of patients who aren ' t their assignment and even if they answer a call light, they won ' t necessarily do whatever the resident needs unless it ' s very easy like getting some ice. If it ' s a bigger request then they ' ll either say, ' You ' re CNA is on break, ' or ' your CNA is with another patient ' , or ' I ' ll let them know and then they turn off your call light. ' The Resident Council president said that she usually tells them not to turn off her call light until someone actually comes to assist her. In response the DON reminded everyone that the CNA can get in trouble if the light is not answered so, if it ' s not urgent, be willing to give them 10 minutes to get back to you.</p> <p>Review of facility ' s policy on Call System, Resident, revised 9/2022, Residents are provided with a means to call staff for assistance through a communication system that directly calls a staff member or a centralized workstation .3. The resident call system remains functional at all times .The resident call system is routinely maintained and tested by the maintenance department .6. Calls for assistance are answered as soon as possible but no later than 5 minutes. Urgent requests for assistance are addressed immediately .7. Call light response times are reviewed as part of the QAPI program.</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26875</p> <p>Based on interview and record review, the facility failed to provide pain management relief, in a timely manner, for Resident 1, one of one sampled resident, when resident waited over an hour for pain medication for his leg wound on two occasions during the evening shift.</p> <p>This failure resulted in unnecessary pain and suffering and decreased feelings of well-being for the resident.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility on [DATE] with diagnoses including diabetes mellitus, urinary tract infection, urinary catheter, gait and mobility abnormalities, colostomy status (opening in the intestine through the abdominal wall), Right leg wound with graft, and chronic pain syndrome. Review of Resident 1 ' s MDS (Minimum Data Set) an assessment tool, showed resident has clear speech, good hearing, and adequate vision. Resident has a cognition score (thinking ability) of 15. The highest score achievable. Resident has lower extremity impairment of both feet and cannot walk.</p> <p>During an interview, in the facility, on 4/4/2024 at 2:15 pm, Resident 1 stated he waited more than one hour on his call light for pain medication, on 3/28/2024 and 3/29/2024, during the evening shift. He stated he had right leg wound pain and was very uncomfortable.</p> <p>Review of residents Care Plan for Pain, dated 12/26/2023 indicated: Administer medications as ordered, assess pain every shift and as needed .</p> <p>Review of Residents Pain Evaluation form dated 4/4/2024 indicated, F. Relief of Pain: 1. 2 out of 10, 3. Current pain medication regimen: Lidocaine patch to back, Oxycodone PO (by mouth), Dilaudid PO, Lyrica PO. 4. Pain is relieved by b. medication 6. Time elapsed until pain relief after above interventions implemented: 5-10 minutes. G. Conclusion: 1. Is current pain management regimen effective: a. Yes. 2. Care Plan: Focus: Resident at risk for pain secondary to diagnoses-Urinary Tract Infection-Diabetes Mellitus2 with neuropathy-DM2 with Peripheral Vascular Disease, Left Renal Stone, Right Hydronephrosis (excess fluid in kidney due to backup of urine). Focus: Resident at risk for pain secondary to Goal: Resident will have adequate relief of pain or ability to cope with incompletely relieved pain through review date. Intervention: Administer medications as ordered. Intervention: Assess pain every shift and as needed. Intervention: Assist with positioning for comfort. Intervention: Notify MD/RR with signs/symptoms of unmanaged pain .</p>		