

| | | | |
|--|--|--|--|
| 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 05/16/2024 |
| 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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38612</p> <p>Based on interview and record review, the facility failed to ensure the result of its investigation of the abuse allegation involving two residents (Resident 1 and Resident 2) on 1/29/24 was reported within five working days of the occurrence of the alleged incident to the State Survey Agency.</p> <p>This failure violated the federal mandated reporting time frame.</p> <p>Findings:</p> <p>Resident 1's Admission Record indicated she was admitted on [DATE] and was discharged on [DATE].</p> <p>Review of Resident 1's Skilled Charting, dated 1/29/24 at 4:36 PM, indicated Pt (patient, also referred to a resident [referring to Resident 1]) called the police [NAME] (because) pt said she was verbally abused by roommate (referring to Resident 2) .</p> <p>Resident 2's Admission Record indicated she was admitted on [DATE] and discharged on [DATE].</p> <p>Review of Resident 2's Skilled Charting, dated 1/29/24 at 4:10 PM, indicated Pt (Resident 2) had an argument with roommate (referring to Resident 1). (Resident 1) called the police for being verbally abused by the pt (Resident 2) in the hallway .</p> <p>During an interview on 5/16/24 at 2:10 PM, the Assistant Director of Nursing (ADON) stated the new Administrator was looking for the investigative report and will provide it to the surveyor as soon as possible.</p> <p>During a follow up interview on 5/16/24 at 2:48 PM, the ADON was unable to provide evidence that facility submitted an investigative report within five working days of the alleged incident to the State Survey Agency which is the California Department of Public Health.</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 |
|---|-------|-----------|

| | | | |
|--|---|--|--|
| 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 05/16/2024 |
| 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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of the facility policy titled, Abuse Investigation and Reporting, last revised on 7/17, indicated Policy Statement - All reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and/or injuries of unknown source (abuse) shall be promptly reported to local, state, and federal agencies (as defined by current regulations) and thoroughly investigated by facility management. Findings of abuse investigations will also be reported . Reporting - 1. All alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of an unknown source and misappropriation of property will be reported by the facility Administrator, or his/her designee, to the following persons or agencies: a. State licensing/certification agency responsible for surveying/licensing the facility . 5. The Administrator, or his/her designee, will provide the appropriate agencies or individuals listed above with the written report of the findings of the investigation within five (5) working days of the occurrence of the incident .</p> | | |