

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  12/04/2025
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)
F 0694  Level of Harm - Actual harm  Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed.  (continued on next page)

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  12/04/2025
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)		
F 0694  Level of Harm - Actual harm  Residents Affected - Few	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure one of four sampled residents (Resident 1) received tube feeding (a method of delivering liquid nutrition, fluids, and medication directly into the digestive system through a feeding tube when a person cannot eat or drink enough by mouth) in accordance with physician order, the comprehensive person-centered care plan, and the resident's goals when Resident 1's tube feeding rate was increased from 60 to 200 mL/hr (milliliters per hour, which is a unit of measurement for a flow or infusion rate). This failure resulted in Resident 1 transferring to a local acute care hospital and eventually passing away due to aspiration pneumonia (a lung infection. It happens when food, liquid, or vomit is breathed into the airways or lungs instead of being swallowed, leading to inflammation and a potential bacterial infection. Symptoms include cough, fever, shortness of breath, and chest pain). Review of Resident 1's clinical record indicated, Resident 1 was admitted to the facility on [DATE] with diagnoses including encounter for surgical aftercare following surgery on the digestive system (routine postoperative check-ups, wound care, suture removal, and other follow-up care related to digestive system surgery), pneumonitis due to inhalation of food and vomit (known as aspiration pneumonia), dysphagia (difficulty swallowing), and sepsis (a life-threatening blood infection). Review of Resident 1's Minimum Data Set (MDS, a federally mandated resident assessment tool) dated 10/30/25 indicated, Resident 1 was cognitively intact and on feeding tube. Review of Resident 1's Discharge Summary from the hospital upon admission to the facility, dated 10/27/25, the Discharge Summary indicated, . Date of admission: [DATE] Date of discharge: [DATE] . Titrate (the process of gradually adjusting a medication or feeding dosage to achieve the optimal therapeutic effect with minimal side effects) tube feeds as needed . Condition on discharge: stable . Review of Resident 1's comprehensive care plan regarding tube feeding initiated on 10/28/25, the care plan indicated, . Goal . The resident will be free of aspiration . Review of Resident 1's Order Summary Report, active orders as of 11/12/25, the Order Summary Report indicated, Formula: Jevity 1.5 (a high-calorie, fiber-fortified liquid nutrition formula for people who cannot get enough nutrients from oral intake) via PEG(Percutaneous Endoscopic Gastrostomy) tube (a feeding tube inserted through the abdominal wall directly into the stomach) @ (at) 60 mL/hour x (times) 20 hours . (Start 1700 (5 PM), Stop 1300 (1 PM)). Fluid water flush 200 mL Q6H (every 6 hours) . Start Date 10/31/2025 . Review of Resident 1's nursing progress notes titled, Daily Skilled dated 11/10/25 at 12:23 PM, the progress notes indicated, . jevity 1.5 @ 60 ml x 20 hrs, tolerating feedings . no nausea . abdomen soft . Review of Resident 1's Nursing Progress Note dated 11/12/25 at 7:27 AM entered by Registered Nurse (RN) 1, the Nursing Progress Notes indicated, . Writer started medication pass at 715am (7:15 AM on 11/12/25). Upon checking resident's BP (blood pressure), resident was spitting up saliva (the clear, watery fluid in the mouth made by the salivary glands) and complained of severe nausea . Writer checked resident's Kangaroo pump (a brand of medical device used for enteral feeding, delivering liquid nutrition, hydration, or medication directly into a resident's gastrointestinal tract via a feeding tube) and noticed that her feed was running at 200ml/hr rather than 60ml/hr as ordered. Writer stopped the feed and assessed the resident . Lung sounds (the noises made by the lungs during breathing) were clear . Resident was tachycardic (experiencing a fast heartbeat, defined as a resting heart rate greater than 100 beats per minute in adults) with pulse of 104 . Resident did not complain of any pain but was only experiencing nausea. Notified Medical Doctor (MD) of the situation . Review of Resident 1's Nursing Progress Note dated 11/12/25 at 2:36 PM, the Nursing Progress Notes indicated, . Resident requested cough medicine and Tylenol (a brand of medication) for her coughing. Upon assessing resident, resident seemed to sound more congested. Noted crackles (a sound like bubbling or popping which means abnormal lung sounds) bilaterally upon listening to lung sounds. Notified MD . MD assessed resident . MD ordered for resident to be sent out to ED for chest X-ray to rule out aspiration pneumonia . Transportation came to pick up resident and left around 1230pm (12:30 PM) . Review of Resident 1's Nursing Progress Note dated 11/12/25 at 3:06 PM, the nursing progress note indicated, . XXX (the hospital name) called to update that the resident was admitted . Dx (diagnosis): Aspiration PNA (pneumonia) and Sepsis (a life-threatening blood infection). During a concurrent record review and interview on 11/26/25 at 11:55 AM with Director of Nursing (DON), Resident 1's MEDICATION ADMINISTRATION RECORD (MAR) dated from 11/1/25 to 11/30/25 was reviewed. The MAR indicated, Resident 1 was on formula named Jevity 1.5 via PEG tube at 60 mL/hr for 20 hrs (Start at 5 PM and stop at 1 PM) with fluid water flush 200 ml every 6 hours. The MAR indicated, Licensed Vocational</p>		