

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/10/2024
NAME OF PROVIDER OR SUPPLIER  Gold Country Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4301 Golden Center Drive Placerville, CA 95667	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>47465</p> <p>Based on interview and record review the facility failed to follow the professional standards of practice for one of three sampled residents (Resident 1) when required documentation in the resident's chart was not completed timely.</p> <p>This failure decreased the facility's potential to provide complete and accurate nursing care for Resident 1.</p> <p>Findings:</p> <p>According to the Resident 1's face sheet, Resident 1 was admitted in late 2023, with diagnosis that include respiratory failure and coronavirus disease.</p> <p>During a record review on 9/10/24 at 10:36 a.m., progress notes in Resident 1's chart indicated that Resident 1 was transferred to the hospital due to a significant change in condition. Upon further review a COC (change of condition) form, a hospital transfer form and family notification were not found.</p> <p>During an interview on 9/10/24 at 12:44 p.m., with Licensed Nurse (LN), the LN stated that if a resident had a change of condition, she stated I would inform the doctor and family, fill out a COC form ., and transfer to the hospital form.</p> <p>During a concurrent interview and record review on 9/10/24 at 1:30 p.m., with the Director of Nursing (DON), the DON stated that she could not find a COC form, a hospital transfer form or family notification in the chart. Her expectations are that the nurses fill out those forms, and document the family was notified.</p> <p>During a review of the facility's policy and procedure titled, Change in a Resident's Condition or Status, dated February 2021, indicated, .a nurse will notify the resident's representative when . there is a significant change in the resident's physical, mental, or psychosocial status.</p> <p>During a review of the facility's policy and procedure titled, Charting and Documentation, dated July 2017, indicated, Documentation in the medical record will be . complete, and accurate.</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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