

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555736	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/18/2024
NAME OF PROVIDER OR SUPPLIER  Golden Sonora Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  19929 Greenley Road Sonora, CA 95370	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43496</p> <p>Based on interview and record review, the facility failed to develop and implement a person-centered care plan to address resident-specific care needs for one of three sampled residents (Resident 3) when, there was no care plan with interventions developed to address Resident 3's dysphagia (difficulty swallowing foods or liquids).</p> <p>This failure had the potential to result in staff being unaware of Resident 3's aspiration [accidentally inhaling your food or liquid through your vocal cords into your airway, which increases your risk of developing pneumonia (infection in the lungs)] risk and not knowing interventions to reduce possible physical harm and/or death.</p> <p>Findings:</p> <p>Review of Resident 3's admission record indicated Resident 3 was admitted to the facility with diagnoses of, but not limited to; dementia (a general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life), generalized muscle weakness, and dysphagia (difficulty swallowing foods or liquids).</p> <p>During a concurrent interview and record review on 7/18/24, at 3:47 p.m., Resident 3's Electronic Medical Record (EMR) and Resident 3's Speech Therapy SLP [Speech Language Pathologist] Discharge Summary, dated 3/18/24 -7/10/24, was reviewed with the Assistant Director of Nursing (ADON). The ADON confirmed Resident 3's EMR showed she was picked up by speech therapy on 3/15/24 and discharged on [DATE]. The ADON stated Resident 3's speech therapy discharge summary indicated that Resident 3 was placed on regular thin liquids and should continue with no straws as Resident 3 was having difficulty swallowing. The ADON confirmed there was no aspiration (to address risks of dysphagia) care plan in the medical record for Resident 3. The ADON stated there should be an aspiration care plan for Resident 3 so all staff (nurses and certified nursing assistants) were aware of a resident's diet and limitations, interventions to prevent aspiration, and so staff would know the needs of the resident they are giving care to, for resident safety.</p> <p>During an interview on 7/19/24 at 8:25 a.m., SLP 1 stated she completed in-services with staff on an ongoing basis about aspiration precautions and other dietary needs for Resident 3 because of continued staff noncompliance with the speech therapy recommendations. SLP 1 stated she posted a sign above Resident 3's bed to communicate with staff regarding the aspiration precautions.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/19/24, at 3:54 p.m., the Administrator (ADM) stated the speech therapist (SLP) would tell the nursing staff of the recommended interventions and nursing staff would enter the conveyed information into the care plan.</p> <p>During a review of a facility policy titled, Care Plans, Comprehensive Person-Centered, revised 3/2022, indicated, . Assessments of the residents are ongoing and care plans are revised as information about the residents and the residents' conditions change .</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>43496</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of three sampled residents (Resident 3) received care in accordance with professional standards when, speech therapy placed a sign above Resident 3's bed which indicated no straws and Resident 3 had a straw in her milk for the lunch meal on 7/18/24.</p> <p>This failure had the potential to result in Resident 3 aspirating (aspirate; accidentally inhaling your food or liquid through your vocal cords into your airway, which increases your risk of developing pneumonia (infection in the lungs)) on liquids, which could result in physical harm and/or death.</p> <p>Findings:</p> <p>Review of Resident 3's admission record indicated Resident 3 was admitted to the facility with diagnosis of, but not limited to; dementia (a general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life), generalized muscle weakness, and dysphagia (difficulty swallowing foods or liquids).</p> <p>During a concurrent observation and interview, on 7/18/24, at 2:42 p.m., with the Director of Nursing (DON) and Resident 3, the DON confirmed there was a sign posted above Resident 3's head of bed that stated no straws and there was a straw in Resident 3's milk located on her bedside table. Resident 3 stated she liked straws because it was easier for her to drink from a straw. The DON stated Resident 3 was not to have straws because it was likely that Resident 3 could not swallow well. The DON stated the risk to Resident 3 when given a straw to drink would be aspiration.</p> <p>During an interview on 7/19/24, at 8:25 a.m., Speech Language Pathologist (SLP) 1 stated Resident 3 was coughing with the use of a straw. SLP 1 stated she posted the sign above Resident 3's bed which indicated no straws because of continued non compliance from staff. SLP 1 stated she provided inservices to staff about Resident 3's aspiration precautions on an ongoing basis. SLP 1 stated the use of a straw with liquids could cause the liquid to come up to fast which could result in liquid entering the airway and could result in the aspiration of liquids. SLP 1 stated aspiration of liquids could lead to pneumonia which could be life threatening. SLP 1 stated straws could cause coughing and choking so we should mitigate the risk when at all possible.</p> <p>Review of Resident 3's Speech Therapy SLP [Speech Language Pathologist] Evaluation and Plan of Treatment, dated 3/18/24 - 5/16/24, in the section, Plan of Treatment, indicated, .Treatment of swallowing dysfunction and/or oral function for feeding . In the section Chart Review / Patient Interview, indicated, . Medical Factors Precautions / Contraindications: Aspiration . In the section titled Clinical Bedside Assessment of Swallowing, indicated, .Thin Liquids Straw = Mild; Clinical S/S [signs and symptoms] Dysphagia; Dry coughing noted on serial sips and large straw sips .</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 3's Speech Therapy Treatment Encounter Note(s), dated 4/18/24, .Thin liquid water pitcher found at pt's [patient] bedside with straw inserted. Sign, posted above pt's HOB [head of bed], stating pt is not to have straws and outlines pt's modified diet, including placement on nectar/mildly thick liquids. CNA [certified nursing assistant] education provided on pt's aspiration precautions [sic] .</p> <p>Review of Resident 3's Speech Therapy Treatment Encounter Note(s), dated 5/6/24, indicated, .Full, thin liquid water pitcher (with straw) found at pt's bedside. NSG [nursing] education provided (with AM CNA and charge nurse) p/t [pertaining to] pt's modified diet needs and aspiration precautions [sic] (posted above pt's HOB) .</p> <p>Review of Resident 3's Speech Therapy Treatment Encounter Note(s), dated 5/20/24, indicated, .Pt found with straw on bedside table by water cup. Aspiration precautions [sic], posted above pt's HOB, stating pt is not to have straws. Straw removed .</p> <p>Review of Resident 3's Speech Therapy SLP Discharge Summary, dated 3/18/24 -7/10/24, in the section Discharge Recommendations, indicated, .To facilitate safety and efficiency, it is recommended the patient use the following strategies and/or maneuvers during oral intake: no straws .</p>