

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  06/11/2025
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 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p>Based on observation, interview, and record review, the facility failed to provide podiatry services (service provided by a podiatrist; a health professional trained to diagnose and treat diseases and other disorders of the feet) for one of three sampled residents (Resident 1) as ordered by the physician.</p> <p>This deficient practice had the potential to affect Resident 1 ' s foot health with a possibility to contribute to pain and podiatric complications.</p> <p>Findings:</p> <p>Review of Resident 1 ' s clinical record titled admission RECORD, indicated Resident 1 was admitted to the facility with diagnosis which included, dementia (loss of cognitive functioning, remembering, and reasoning to such an extent that it interferes with a person ' s daily life and activities), glaucoma (a group of eye conditions that damages the optic nerve leading to vision loss), hyperlipidemia (a condition in which there are high levels of fat particles (lipids) in the blood), and depression.</p> <p>Review of Resident 1 ' s skin/wound note, dated 12/31/24, the record indicated wound eval and treatment completed on resident's right toenail with mild exudate (a small amount of fluid produced by a wound or affected area) observed.</p> <p>Review of Resident 1 ' s physician order, dated 1/1/25, the record indicated there was an order for a podiatry consult for toenails.</p> <p>During a concurrent interview and record review on 6/11/15, at 11:34 a.m., with the Social Services Director (SSD), Resident 1 ' s physician order dated 1/1/25 was reviewed. The SSD confirmed there was a physician order for a podiatry consult for Resident 1 on 1/1/25. The SSD stated Resident 1 should be seen by a podiatrist. The SSD further added, she was unsure why it did not happen. The SSD stated there was a risk for pain that could affect Resident 1 ' s health and emotional well-being.</p> <p>During a concurrent interview and record review on 6/11/25, at 3:19 p.m., the Assistant Director of Nursing (ADON) confirmed the order for podiatry consult was ordered by physician on 1/1/25 after he visited Resident 1 for a right great toenail avulsion (partial or complete removal of the toenail). The ADON further confirmed that Resident 1 was not seen by a podiatrist. The ADON stated the physician's order needed to be carried out and followed up. The ADON further added this practice had potential to affect Resident 1 ' s 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
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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/11/25, at 4:15 p.m., the Administrator (ADMN) confirmed that Resident 1 ' s physician order for podiatry consult dated 1/1/25 was not carried out and Resident 1 was not seen by a podiatrist. The ADMN stated there was a risk for infection and pain that could affect Resident 1 ' s health and well-being.</p>		