

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555929	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Laguna Honda Hospital & Rehabilitation Ctr D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 375 Laguna Honda Blvd. San Francisco, CA 94116	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26875</p> <p>Based on observation, interview, and record review, the facility failed to provide foot care to one of two sampled residents (Resident 1), when Resident 1's toenails were long, crooked, and jagged. Resident had not had foot care or hand care for more than three months.</p> <p>This failure caused the resident pain, discomfort, and feelings of neglect.</p> <p>Findings:</p> <p>Resident 1 was admitted to facility on 5/14/2019 with diagnoses including Peripheral Vascular Disease (a circulatory condition of decreased blood flow to limbs), Left foot wound, severely contracted hip and knee joints, and dementia. Resident 1's Minimum Data Set (MDS - an assessment tool), indicated resident was hard of hearing, had clear speech, able to express herself, comprehends most conversation, and had adequate eyesight. Resident was unable to walk or sit due to lower limb impairments on both sides and requires two or more helpers for bathing, dressing, and repositioning in bed. Resident had a medically complex condition diagnosis.</p> <p>Record review of office visit dated 7/8/2024, at 2:51 PM, indicated residents' chief complaint was Left foot wound .Toenail Problem: All ten toenails are long .(Resident) states the left foot is painful and her toenails are long . Instructions: Follow up if symptoms worsen or fail to improve . Orders Performed: Ambulatory referral to Laguna [NAME] Podiatry .</p> <p>During an observation and interview on 10/2/2024, at 2:15 PM, in resident's room, Resident 1 was on left side, in bed, in curled up position, feet and legs were uncovered, and had no shoes on. Resident's fingernails were very long. Right thumb nail was approximately two inches long. Resident's toenails, on both feet, were long, crooked, and jagged. Resident stated she could not remember when her toenails or fingernails were last trimmed. Resident stated she is unable to travel to Podiatry and wanted her toe and fingernails cut down. She stated her toenails were uncomfortable and did not know she could get foot and fingernail care at this facility.</p> <p>During an interview on 10/2/2024, at 3 PM, with Manager of unit was asked about Resident 1's long toenails and fingernails. The Manager did not provide reason why resident's toenails and fingernails had not been trimmed.</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>Review of Foot Care policy, revised 12/13/2022, indicated, Foot Care Policy 1. Nursing assistants are responsible for inspection of feet/foot daily, routine nail and toenail trimming and reporting of any unusual findings to the licensed nurse. 2. Licensed Nurse is responsible for completing scheduled and as-needed skin assessments to identify residents at an increased risk of impaired skin integrity of the foot (i.e., impaired sensation, peripheral vascular disease) documenting and observing the unusual findings and informing the physician. Consider requesting wound care consult and/or podiatry referral . 4. Residents with , peripheral vascular disease ,immobility or other foot disorders (but not limited to such as corns ,calluses, bunions, hammertoes .) refer to physician for podiatry referral. Procedure: A. Routine Foot Care . B. Toenail trimming as needed, considering safety and resident preference: 1. Check with licensed nurse for any precautions before trimming nails. 2. Trim nails straight across .Inform Licensed Nurse if unable to trim nails. C. Documentation 1. Nursing Assistants will document on the electronic health record for any unusual foot issues and report to the licensed nurse. 2. Licensed Nurse will document any skin changes and physician notification in the integrated Progress Notes. 3. Nursing will document and update care plan.</p> <p>Resident 1 had a 7/8/2024 Podiatry order by the Orthopedic Surgeon which was not initiated.</p>