

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555660	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2020
NAME OF PROVIDER OF SUPPLIER ZUCKERBERG SAN FRANCISCO GENERAL HOSP & TRAUMA SNF		STREET ADDRESS, CITY, STATE, ZIP 1001 POTRERO AVENUE SAN FRANCISCO, CA 94110	
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 0697 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure pain management was provided for three of 12 sampled residents (20, 4, 10) when reassessment of pain medication efficacy was not documented. This failure can potentially lead to pain inappropriately managed and can impact resident health and well-being. Findings: During a review of Resident 20's physician's orders [REDACTED]. During a concurrent interview and record review, on 3/10/2020 at 11:25 a.m., with the director of nursing (DON), Resident 20's pain was not reassessed after an hour on several occasions of providing a PRN topical pain medication. The DON confirmed she was not able to find documentation from the nurses related to pain reassessment after a PRN medication was administered on several occasions. During a concurrent interview and record review, on 3/10/2020 at 11:30 a.m., Resident 4's pain was not reassessed after an hour of providing Tylenol (used to relieve pain) 1000 mg (milligrams, a unit of measurement) every eight hours as needed for pain on 3/1/2020, 3/4/2020, 3/6/2020. The DON stated pain should be reassessed after an hour of administration of PRN medication. During a concurrent interview and record review, on 3/10/2020 at 11:51 a.m., with the DON, Resident 10's pain was not reassessed after an hour of providing [MEDICATION NAME] (a controlled substance used for moderate to severe pain) 5 mg as needed for pain on 3/1/2020, 3/3/2020, 3/5/2020, 3/8/2020, 3/9/2020, 3/10/2020. The DON stated pain should be reassessed after an hour of administration of PRN medication. During a review of the facility's policy and procedure, Pain Management, dated 1/05, indicated if as needed pain medications are given, the licensed staff will re-assess the resident within 1 hour after the dose is given and document the results in the MAR (Medication Administration Records).		
F 0758 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to monitor appropriate target behaviors for three of 12 sampled residents (20, 6, 22). This failure had a potential for unnecessary [MEDICAL CONDITION] (medications capable of affecting the mind, emotions, and behavior) use for the residents. Findings: During a concurrent interview and record review on 3/10/2020 at 10:56 a.m., with the director of nursing (DON), Resident 20's physician's orders [REDACTED]. The DON confirmed behavior being monitored was not specific enough for Resident 20. During a concurrent interview and record review, on 3/10/2020 at 11:07 a.m., with the DON, Resident 6's physician's orders [REDACTED]. The DON confirmed behavior being monitored was not specific enough for Resident 6. During a concurrent interview and record review on 3/10/2020 at 11:12 a.m., with the DON, Resident 22's physician's orders [REDACTED]. The DON confirmed behavior being monitored was not specific enough for Resident 22. During a review of the facility's policy and procedure, Therapeutic Use of Medications, dated 12/04, indicated each resident's drug regimen must be free from unnecessary drug. An unnecessary drug is any drug when used: c. without adequate monitoring.		
F 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to keep the ice machine in the kitchen free of foreign debris in the ice bin section. This failure had the potential of causing food-borne illness. Findings: During a concurrent observation and interview on 03/09/2020 at 11:54 a.m., with the senior food service supervisor (SFSS), during a tour of the main kitchen, the ice deflector in the ice bin of the ice machine had a pink substance on the bottom edge. The SFSS was asked to, and wiped the bottom of the ice deflector with a clean paper towel. There was a pink substance observed on the paper towel, which the SFSS acknowledged. The SFSS stated the ice deflector should have been cleaned by kitchen staff during daily cleanings. During a review of the facility's policy and procedure, Ice Machines, dated 4/24/19, indicated Ice machines will be kept clean and serviced according to manufacturers' instructions by Food & Nutrition Services and Facilities/Engineering.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.