

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056182	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2020
NAME OF PROVIDER OF SUPPLIER GOLDEN HILL SUBACUTE & REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP 1201 34TH ST. SAN DIEGO, CA 92102	
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 0550 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure dignity and respect was maintained for two sampled residents (1, 2), during care. This failure had the potential to recognize the resident's self-worth and cause embarrassment. Findings: 1. Resident 1 was readmitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 1's clinical record was conducted. Resident 1's MDS (an assessment tool), dated 7/8/2020, indicated Resident 1's brief interview for mental status (BIMS) score was 15/15, (was cognitively intact). The same MDS assessment indicated bowel (gut) and bladder (the organ that stores urine) (B & B) indicated Resident 1 was incontinent to both B & B. The care plan, dated 6/8/2020, indicated Resident 1 required extensive staff assistance for pericare/ hygiene/ brief and clothing management. During an interview with Resident 1 on 8/26/2020 at 11:39 A.M., Resident 1 stated she had frequent bowel movement (BM) on 8/24/2020 and continued calling for assistance by pressing the call light to change her. Resident 1 stated she had another episode of BM (fourth times) and called again for assistance. Resident 1 stated CNA 1 came to her room and said she (CNA 1) will be back, but did not come back to change her. Resident 1 stated a text message was sent to the administrator (admin) and asked for her CNA. Resident 1 stated, . No matter how many times I had BMs, that's a part of their service. Resident 1 stated she had a long wait to get changed and felt disrespected. During an interview with CNA 1 on 8/26/2020 at 9:51 A.M., CNA 1 stated Resident 1 had frequent BM on 8/24/2020. CNA 1 stated Resident 1 had been changed three times within 10 minutes due to frequent BMs, however, Resident 1 constantly pressed her call light asking to be changed. CNA 1 stated, I felt pressured. CNA 1 acknowledged she should have asked help from other staff to change Resident 1. During an interview with LN 1 on 8/26/2020 at 10:59 A.M., LN 1 stated CNA 1 reported that Resident 1 had another BM and that CNA 1 had changed Resident 1 three times in a row. LN 1 stated CNA 1 should have not counted the times she changed Resident 1. LN 1 stated CNA 1 could have asked for help. LN 1 stated Resident 1 should have not waited and soiled. During a joint interview with the administrator (admin) and the Director of Nursing (DON) on 8/26/2020 at 10:50 A.M., the admin stated CNA 1 should have asked for assistance and not to count the number of times she changed Resident 1. The admin stated Resident 1 could have been changed even 100 times. A review of the facility's policy titled, Resident Care, Routine, revised 11/2012, indicated, Procedure .3. Assist residents requiring help with toileting . Provide incontinent care to each resident after each incontinent episode . A review of the facility's undated policy, titled, Your Rights and Protection as a Nursing Home Resident, indicated, .At a minimum . You have the right to be treated with dignity and respect, as well as make your own schedule . you choose . Be free from . neglect: .If you feel . the nursing home isn't meeting your needs (neglect), report this to the .State Survey Agency . 2. Resident 2 was readmitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 2's clinical record was conducted. Resident 1's MDS (an assessment tool), dated 7/29/2020, indicated Resident 2's brief interview for mental status (BIMS) score was 15/15, (was cognitively intact). Resident 2's activities of daily living (ADL) related to bathing indicated Resident 2 was total dependent and required one- person physical assist. During an interview with Resident 2 on 8/26/2020 at 10:16 A.M., Resident 2 stated on 8/24/2020, he requested assistance from certified nursing assistant (CNA) 2 to wash his hair because he had a trach. Resident 2 stated he did not get help that day to wash his hair. Resident 2 stated while he was in the hallway, CNA 3 approached him and made a fit because he asked for help. Resident 2 stated CNA 3 stated, I will knock you out. Resident 2 stated he felt furious and had an exchanged of words with CNA 3. Resident 2 stated CNA 3 was unprofessional. During a telephone interview with CNA 2 on 9/16/2020 at 10:02 A.M., CNA 2 stated Resident 2 had [MEDICAL CONDITION] asked for help to wash his hair. CNA 2 stated CNA 3 was not the assigned CNA for resident 2. CNA 2 stated CNA 3 approached her (CNA 2) and asked what Resident 2 wanted. CNA 2 stated CNA 3 went straight to Resident 2 at the end of the hallway, and CNA 3 stated to Resident 2, You were told about the policy, we already talked to you that you can shower yourself. CNA 2 stated Resident 2 and CNA 3 were both heard yelling at each other. CNA 2 stated the situation could have been handled differently and altercation could have been avoided. During a telephone interview with LN 2 on 9/16/2020 at 2:06 P.M., LN 2 stated CNA 3's behavior should have been more professional. LN 2 stated CNA 3's behavior was not acceptable. During a telephone interview with CNA 3 on 9/16/2020 at 2:15 P.M., CNA 3 stated she did not yell and curse Resident 2. CNA 3 stated Resident 2 was independent, can shower himself and did not need any assistance. During a telephone interview with LN 3 on 9/16/2020 at 2:46 P.M., LN 3 stated he received a voicemail from CNA 3. LN 3 stated CNA 3 was heard from the recorded voicemail cursing, yelling and threatening. During an interview with the the Director of Nursing (DON) on 8/26/2020 at 8:26 A.M., the DON stated the staff should have accommodated the resident's rights. During an interview with the administrator (admin) on 8/26/2020 at 9:16 A.M., the admin stated CNA 3 should absolutely not scream back at the resident, let the situation calm down, and handled it professionally. A review of the facility's policy titled, Resident Care, Routine, revised 11/2012, indicated, Policy: It is the policy . that basic nursing care tasks will be provided . Procedure: 1 . showers are . modified according to the resident's . preferences or desires . 2. Shampoo residents' hair on . shower days unless the resident expresses an alternate desire . A review of the facility's undated policy, titled, Your Rights and Protection as a Nursing Home Resident, indicated, .Be treated with respect: You have the right to be treated with dignity and respect, as well as make your own schedule . you choose . Be free from abuse and neglect: You have the right to be free from verbal . abuse .If you feel . the nursing home isn't meeting your needs (neglect), report this to the .State Survey Agency .</p>		

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.