

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 09/01/2020
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 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to provide wound care as ordered for one of three sampled residents (1). As a result, Resident 1 was at risk of delayed wound healing. Findings: Per the facility's Admission Record, Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Per the facility's Treatment Administration Record, Resident 1 had an order for [REDACTED]. On 4/17/19 at 5:20 P.M., a telephone interview was conducted with LN 2. LN 2 stated, she did not remember the resident, but she usually documented on the Treatment Administration Record if she provided wound care to a resident. On 5/1/19 at 9:30 A.M., an interview was conducted with LN 1. LN 1 stated, she administered medication to the residents and the wound nurse provided all of the wound care. LN 1 further stated, if the wound nurse did not come to work, it would not have been possible for her to complete all of the wound care in addition to administering medications. LN 1 further stated she had never provided wound care to Resident 1 On 5/1/19 at 11:10 A.M., an interview was conducted with the DON (Director of Nursing). The DON stated, if the wound nurse did not come to work, they would try to find a replacement, but if they could not find one, then the medication nurse would have been responsible to provide the wound care. On 5/1/19 at 12:45 P.M., a concurrent interview and record review of the nursing schedule was conducted with the DON. The DON stated, there was not an assigned wound nurse on 10/14/18 or 10/20/18, so the medication nurses were responsible to provide the wound care. LN 1 was not available for a follow up interview. Per the facility's Wound Management Guidelines, revised June 2018, It is the philosophy of this facility to ensure that resident skin status is assessed and appropriate interventions are implemented . Comprehensive Approach: . Treatment as ordered		
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.