

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/06/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555843	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Masonic Home		STREET ADDRESS, CITY, STATE, ZIP CODE 34400 Mission Blvd Union City, CA 94587	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>36593</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1), received treatment and care in accordance with professional standards of care when;</p> <p>Facility did not address Resident 1's continued weight loss and bilateral buttock redness on comprehensive care plan with appropriate interventions.</p> <p>Facility did not notify Resident 1's physician and representatives of continued weight loss.</p> <p>This failure had the potential to cause Resident 1 to not received appropriate care and services to meet care needs.</p> <p>Findings:</p> <p>During a review of Resident 1's Interdisciplinary Notes (IDT), dated 7/25/24, the IDT indicated, Resident 1 was sent to emergency room (ER) due to persistent nausea, vomiting and significant weight loss.</p> <p>During a review of Resident 1's Admission Minimum Data Set (MDS - Resident assessment and care guide tool), dated 7/10/24, the MDS indicated Resident 1 had no weight loss. MDS indicated Resident 1 was at risk of developing pressure ulcers/injuries. MDS indicated Resident 1 had one unhealed pressure ulcer (injury to skin and underlying tissue resulting from prolonged pressure on the skin). MDS indicated Resident 1 had diagnosis of Diabetes mellitus (a group of diseases that result in too much sugar in the blood).</p> <p>During a review of Resident 1's weight tracking system report, dated 7/3/24 through 7/24/24, the weight record indicated the followings:</p> <p>7/3/24 Resident 1 weighed 203.00 pounds (#)</p> <p>7/9/24 Resident 1 weighed 204.00#</p> <p>7/18/24 Resident 1 weighed 186.20#</p> <p>7/23/24 Resident 1 weighed 180.90#.</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555843	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Masonic Home		STREET ADDRESS, CITY, STATE, ZIP CODE 34400 Mission Blvd Union City, CA 94587	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 8/7/24 at 11:14 a.m. with Registered Dietician (RD) , Resident 1's IDT notes dated 7/19/2024 was reviewed. IDT notes indicated Resident 1 had a weight loss of 17.8# in one week . RD stated Resident 1 had a significant weight loss and redness on right and left buttocks. RD stated Resident 1 was at risk for weight loss related to poor appetite.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Clinical Protocols Nutrition impaired/unplanned weight loss, dated 11/14/17, the P&P indicated, The threshold for significant unplanned and undesired weight loss will be based on the followings criteria: a. 1 month- 5% weight loss is significant; greater that 5% is severe.</p> <p>During a concurrent interview and record review on 8/7/24 at 11:14 a.m., with RD, Resident 1's nutrition/hydration and skin integrity risk care plan dated 7/4/24 and 7/11/24 respectively were reviewed. Resident 1's nutrition at risk and skin integrity care plan did not address Resident 1's continued significant weight losses and buttocks redness with appropriate interventions. RD stated she did not revise Resident 1's care plan to address significant weight loss and bilateral redness on buttocks with interventions.</p> <p>During a concurrent interview and record review on 8/7/24 at 1:20 p.m., with MDS coordinator (MDS 1), Resident 1's MDS - Care Area Assessment (CAA) summary dated 7/15/24 was reviewed. The CAA indicated Resident 1's pressure injury care area was triggered and care planning decision was checked. MDS 1 stated she was responsible for the completion of CAA and did not know why Resident 1's care plans did not address right and left buttock redness. MDS 1 stated Resident 1's significant weight losses was not address on care plan.</p> <p>Further review of weight tracking system report indicated on 7/23/24 Resident 1 continued to lose weight of 5.3# in one week.</p> <p>During a concurrent interview and record review on 8/7/24 at 11:11 a.m. with Licensed Vocational Nurse (LVN 1), Resident 1's IDT notes dated 7/23/24 to 7/25/24 were reviewed. LVN 1 stated there was no documentation that Resident 1's family and physician was informed of 7/23/24 significant weight loss of 5.3# a week. LVN 1 stated licensed nurses are expected to notify residents, family representatives and physician with significant weight loss.</p> <p>During a concurrent interview and record review on 8/7/24 at 12:24 p.m. with Registered Nurse-Supervisor (RN 1), Resident 1's IDT notes dated 7/23/24 to 7/25/24 were reviewed. RN 1 stated facility's weight variance protocol included RD who notified nursing and nursing notify the family and physician of significant weight loss and documents in IDT notes nurses. RN 1 stated MDS update care plan. RN 1 could not provide documentation that physician and family representative were notified of Resident 1's 7/23/24 significant weight loss of 5.3# in a week.</p> <p>During an interview on 8/7/24 at 1:15 p.m., with Director of Nursing (DON), DON stated licensed nurses were expected to call family and notify Resident 1's physician of significant weight loss and update care plans.</p> <p>During a review of Resident 1's Skin Evaluation Form (SE), dated 7/3/24, the SE indicated, Resident 1 had persistent skin redness pressure injury type on right buttock and multiple reddened areas on left buttocks.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555843	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Masonic Home		STREET ADDRESS, CITY, STATE, ZIP CODE 34400 Mission Blvd Union City, CA 94587	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 8/27/24 at 12:03 p.m., DON stated Resident 1's comprehensive care plan did not address significant weight loss and redness bilateral buttocks. DON stated nurses were expected to notify family and physician of residents' significant weight loss. During a review of the facility's P&P titled, Resident Assessment & Care Planning Care Plans, Comprehensive Person-Centered date revised 11/2/17, indicated Assessments of residents are ongoing and care plans are revised as information about the residents' condition change.		