

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055147	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER Madera Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 517 South A Street Madera, CA 93638	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>44899</p> <p>Based on interview and record review, the facility failed to protect and promote resident rights to be free from abuse for one of three sampled residents (Resident 1) when Licensed Vocational Nurse (LVN) 1 and other facility staff left Resident 1 in her room during a verbal altercation between four facility visitors, in a manner that made Resident 1 felt threatened and fearful.</p> <p>This deficient practice resulted in the violation of Resident 1's right to be treated with respect and dignity, and free from emotional distress.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR- a document that provides resident contact details, a brief medical history, level of functioning, preferences, and wishes), dated 11/22/24, the AR indicated, Resident 1 was readmitted from acute hospital on 7/29/24 to the facility, with diagnoses that included Chronic Obstructive Pulmonary Disease (COPD - define), Congestive Heart Failure (CHF - weakness in the heart where fluid accumulates in the lungs), Major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), Anxiety Disorder (define), and Muscle Weakness.</p> <p>During a review of Resident 1's Minimum Data Set (MDS, an assessment tool which indicates physical, medical, and cognitive abilities), dated 9/17/24, the MDS indicated Resident 1's Brief Interview for Mental Status (BIMS) score was 15 out of 15 (0-7 indicated severe cognitive impairment - [memory loss, poor decision making-skills], 8-12 moderate cognitive impairment, 13-15 cognitively intact).</p> <p>During a concurrent observation and interview on 11/22/24, at 1:47 p.m., with Resident 1, inside Resident 1's room. Resident 1 was observed sitting in her wheelchair and stated she was experiencing emotional distress related to an incident that she witnessed in her room several weeks ago. Resident 1 stated, the incident happened on 11/6/24, approximately 1:00 p.m., she (Resident 1), her former roommate, and two visitors of her roommate were talking, when suddenly a male and female visitors slammed the door and started yelling and screaming towards her roommate and to the first two visitors, saying inappropriate words in front of her. Resident 1 stated, the four visitors continued their argument outside the room and she heard all of it. Resident 1 stated, the facility staff did not check on her after the incident and did not offer to transfer her to another room. Resident 1 stated, I was bothered by what I saw and heard. I cried a lot after the incident. My anxiety worsened after the incident. I'm still thinking about my former roommate. I hope she's OK.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/22/24, at 3:10 p.m., with Licensed Vocational Nurse (LVN) 1, LVN 1 stated she worked on 11/6/24 and was the nurse assigned to care for Resident 1 and her former roommate. LVN 1 stated, she heard a loud noise coming from Resident 1's room then followed by yelling and screaming. LVN 1 stated, the verbal altercation between four visitors started inside Resident 1's room and her former roommate. LVN 1 stated, the verbal altercation coming from the room was very loud and inappropriate words were used. LVN 1 stated, she did not check on Resident 1's emotional status after the incident and she should have. LVN 1 stated, Resident 1 was not offered to move temporarily to another room or facility area for her safety. LVN 1 stated, the incident that Resident 1 witnessed could be traumatizing and could cause emotional distress. LVN 1 stated, Resident 1's rights to be free from any form of abuse was not maintained by the facility. LVN 1 stated, Resident 1 has a diagnosis of Anxiety and Major Depression.</p> <p>During a concurrent interview and record review on 11/22/24 at 3:35 p.m., with the Director of Nursing (DON) , Resident 1's clinical record, dated 11/22/24 was reviewed. The DON stated, he expected the staff to protect facility residents from any form of abuse. The DON stated, Resident 1 should have been taken out of the room immediately for her safety and assessed for emotional distress and it was not done. The DON stated, Resident 1's rights to be free from any form of abuse was not upheld. The DON stated, Resident 1's anxiety and depression could be exacerbated by the verbal altercation that she witnessed on 11/6/24.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Resident Rights, dated 2/21, the P&P indicated, . 1. Federal and state laws guarantee certain basic rights to all residents of this facility . b. be treated with respect, kindness, and dignity; c. be free from abuse, neglect . h. be supported by the facility in exercising his or her rights .</p>		