

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 06/10/2025
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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain a safe and comfortable environment for two of 13 sampled residents (Resident 1 and Resident 8) when Resident 1 and Resident 8 ' s wheelchairs were covered with black and brown unknown substances and were visible to passersby.</p> <p>This failure violated Residents 1 and Resident 8 ' s rights to a comfortable and homelike environment that would respect the residents' dignity and well-being.</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 6/11/25, the AR indicated, Resident 1 was admitted from an acute care hospital on [DATE] to the facility, with diagnoses that included Encephalopathy (a disorder caused by a buildup of toxins in the brain that can happen with advanced liver disease), Protein-Calorie Malnutrition (not consuming enough protein and calories, resulting to weight loss), Anxiety (a mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities) and Dysphagia (difficulty swallowing).</p> <p>During a review of Resident 1's Minimum Data Set (MDS-comprehensive, standardized assessment of residents' functional capabilities and health needs), dated 4/28/25, the MDS indicated, Resident 1 ' s BIMS (Brief Interview for Mental Status) score was 4 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 review of Resident 8's AR, dated 6/9/25, the AR indicated, Resident 8 was admitted from an acute care hospital on [DATE] to the facility, with diagnoses that included End Stage Renal Disease (ESRD- a medical condition in which a person's kidneys cease functioning on a permanent basis leading to the need for a regular course of long-term dialysis [the process of removing waste products and excess fluids from the body] or a kidney transplant to maintain life), Cerebral Infarction (stroke, bleeding inside the brain), and Congestive Heart Failure (CHF- weakness in the heart where fluid accumulates in the lungs).</p> <p>During a review of Resident 8's MDS, dated [DATE], the MDS indicated, Resident 8 ' s BIMS (Brief Interview for Mental Status) score was 13 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>(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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 6/9/25 at 2:38 p.m., with the Assistant Director of Nursing (ADON), inside Resident 1 and Resident 8 ' s room, Both residents were observed lying in bed and asleep. The ADON stated, Resident 1 and Resident 8 ' s wheelchairs ' metal frame and wheels were covered with black and brown substances and were visible to passersby. The ADON stated, the housekeeping staff were responsible in cleaning the wheelchairs weekly and it was not done. The ADON stated, the facility failed to provide a comfortable and homelike environment that would respect the residents' dignity and well-being. The ADON stated, the unknown black and brown substances attached to Resident 1 and Resident 8 ' s wheelchairs could be a source of bacterial growth and could potentially cause illness to both residents.</p> <p>During a concurrent interview and record review on 6/9/25, at 3:17 p.m., with Housekeeping (HK) 1, Resident 1 and Resident 8 ' s wheelchair photos, dated 6/9/25 were reviewed. HK 1 stated, Resident 1 and Resident 8 ' s wheelchairs were dirty and should be kept clean at all times. HK 1 stated, resident wheelchairs were not cleaned last week due to staffing problem. HK 1 stated, Residents could get ill from touching unclean equipment such as wheelchairs. HK 1 stated, the facility failed to provide a comfortable homelike environment to Resident 1 and Resident 8.</p> <p>During a concurrent interview and record review on 6/10/25, at 2:03 p.m., with the Director of Nursing (DON), Resident 1 and Resident 8 ' s wheelchair photos, dated 6/9/25 were reviewed. The DON stated, she expected the residents wheelchairs to be cleaned as scheduled and as needed for soilage. The DON stated, residents deserve a safe, clean, comfortable and homelike environment. The DON stated, the housekeeping department was responsible in cleaning wheelchairs weekly and as needed. The DON stated, she expected licensed nurses and CNAs to report sightings of dirty wheelchairs to the housekeeping department and follow-up, as needed.</p> <p>During a phone interview on 6/11/25, at 1:47 p.m., with the Administrator (ADM), the ADM stated he expected all wheelchairs to be cleaned weekly and as needed. The ADM stated, providing a clean, comfortable and homelike environment for all residents was the responsibility of all staff. ADM stated, the provision of safe, clean, comfortable and homelike environment, and free from source of infection was not met. ADM stated, he was responsible for overseeing the performance of the housekeeping department.</p> <p>During a review of the facility ' s document titled, Job Description: Housekeeper, undated, the document indicated, . The purpose of your job position is to maintain a clean and safe environment in accordance with current federal, state and local standards . Essential Duties and Responsibilities . Cleaning/polishing of furniture, fixtures, ledges, room heating/cooling units in residents rooms and throughout the facility .</p> <p>During a review of the facility's policy and procedure (P&P) titled, Quality of Life &ndash; Homelike Environment, dated 10/24 was reviewed. The P&P indicated, . Residents are provided with a safe, clean, comfortable and homelike environment .</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain an effective infection control program when two of ten sampled residents (Resident 1 and Resident 8) when Resident 1 and Resident 8 ' s wheelchairs were covered with black and brown unknown substances.</p> <p>This failure placed Resident 1 and Resident 8 at an increased risk to develop healthcare-associated infections.</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 6/11/25, the AR indicated, Resident 1 was admitted from an acute care hospital on [DATE] to the facility, with diagnoses that included Encephalopathy (a disorder caused by a buildup of toxins in the brain that can happen with advanced liver disease), Protein-Calorie Malnutrition (not consuming enough protein and calories, resulting to weight loss), Anxiety (a mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities) and Dysphagia (difficulty swallowing).</p> <p>During a review of Resident 1's Minimum Data Set (MDS-comprehensive, standardized assessment of residents' functional capabilities and health needs), dated 4/28/25, the MDS indicated, Resident 1 ' s BIMS (Brief Interview for Mental Status) score was 4 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 review of Resident 8's AR, dated 6/9/25, the AR indicated, Resident 8 was admitted from an acute care hospital on [DATE] to the facility, with diagnoses that included End Stage Renal Disease (ESRD- a medical condition in which a person's kidneys cease functioning on a permanent basis leading to the need for a regular course of long-term dialysis [the process of removing waste products and excess fluids from the body] or a kidney transplant to maintain life), Cerebral Infarction (stroke, bleeding inside the brain), and Congestive Heart Failure (CHF- weakness in the heart where fluid accumulates in the lungs).</p> <p>During a review of Resident 8's MDS, dated [DATE], the MDS indicated, Resident 8 ' s BIMS (Brief Interview for Mental Status) score was 13 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 6/9/25 at 2:38 p.m., with the Assistant Director of Nursing (ADON), inside Resident 1 and Resident 8 ' s room, Both residents were observed lying in bed and asleep. The ADON stated, Resident 1 and Resident 8 ' s wheelchairs ' metal frame and wheels were covered with black and brown unknown substances. The ADON stated, the housekeeping staff were responsible in cleaning the wheelchairs weekly and it was not done. The ADON stated, the facility failed to provide a comfortable and homelike environment that would respect the residents' dignity and well-being. The ADON stated, the unknown black and brown substances attached to Resident 1 and Resident 8 ' s wheelchairs could be a source of bacterial growth and could potentially cause illness to both residents.</p> <p>(continued on next page)</p>		

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