STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055147	A. Building B. Wing	02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Madera Rehabilitation & Nursing Center	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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain complete and accurate medical records for four of 15 sampled residents when the Infection Preventionist (IP) performed influenza (a highly contagious respiratory illness) tests and did not document the tests in Residents 5, 8, 12, and 14's electronic medical record (EMR).This failure resulted in an inaccurate and incomplete medical record for Residents 5, 8, 12, and 14.During a review of Resident 3's admission Record (AR), undated, the admission record indicated, Resident 3 was admitted to the facility on [DATE] with diagnoses that included dementia (decline in mental ability such as memory, thinking, reasoning and communication) and anxiety (feeling or fear, dread and uneasiness).During a review of Resident 3's Change in Condition (CIC), dated 1/30/26, the CIC indicated, . Positive for influenza A [acute viral respiratory infection], nasal congestion, nonproductive cough.During a review of Resident 5's AR, undated, the admission record indicated, Resident 5 was admitted to the facility on [DATE] with diagnoses that included malignant neoplasm (cancerous tumor-uncontrolled growth of abnormal cells in the body) of the lung and secondary neoplasm (cancer that has spread from the place where it first started) of the brain.During a review of resident 5's CIC, dated 1/30/26, the CIC indicated, . resident was noted to be shaking and weak, with altered level of responsiveness. O2 [oxygen level-amount of oxygen in the blood with a normal reading is 95-100% and anything below 92% is considered low requiring medical attention] 82% on room air.During a review of Resident 9's AR, undated, the admission record indicated, Resident 9 was admitted to the facility on [DATE] with diagnoses that included hemiplegia (paralysis of the arm, leg and trunk on the same side of the body) and hemiparesis (weakness or reduced motor function on one side of the body) following cerebral infarction (type of stroke where blood flow to part of the brain is blocked) and chronic kidney disease (progressive damage and loss of function in the kidneys).During a review of Resident 9's CIC, dated 1/30/26, the CIC indicated, . Resident tested positive for influenza A.During a review of Resident 10's AR, undated, the admission record indicated, Resident 10 was admitted to the facility on [DATE] with diagnoses that included end stage renal disease (kidneys have lost nearly all function) and hemiplegia and hemiparesis following cerebrovascular disease (group of condition that disrupt blood flow to the brain).During a review of Resident 10's CIC, dated 1/30/26, the CIC indicated, . started on 01/30/26. Resident observed to have an occasional non-productive cough. Resident tested + [positive] for influenza A.During a concurrent interview and record review on 2/11/26 at 3:02 p.m. with the IP, the IP stated Residents 3, 5, 9 and 10 tested positive for influenza on 1/30/26. The IP stated Resident 10's roommate (Resident 12) started showing respiratory symptoms with a nonproductive cough on 2/4/26. The IP stated she tested Resident 12 for influenza. The IP reviewed Resident 12's EMR and stated she did not document the test. The IP stated Resident 5 had shortness of breath and a low oxygen level on 1/30/26, so she tested him for influenza before he was transferred to the acute care (continued on next page)

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: 055147	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2026
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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	hospital (ACH). The IP reviewed Resident 5's CIC dated 1/30/26 and stated, I thought the nurse would put it [the flu test] in the change in condition. The IP stated she performed Resident 5's influenza test but did not document it. The IP stated she had tested Resident 5's roommate (Resident 8) but was unable to find documentation of the influenza test in his EMR. The IP stated she should have documented it in the EMR. The IP stated Resident 14 started to have a nonproductive cough on 2/4/26 and remembered testing him. The IP reviewed Resident 14's EMR and stated she did not document the test or results. The IP stated she should have documented the influenza tests she performed for an accurate medical record. During a review of Resident 12's AR, undated, the AR indicated Resident 12 was admitted to the facility on [DATE] with diagnoses that included Parkinsonism (progressive disease of the nervous system marked by tremor, muscle rigidity and slow imprecise movements), Type 2 diabetes mellitus (a disorder characterized by difficulty in blood sugar control and poor wound healing) and anxiety.During a review of 8's AR, undated, the AR indicated Resident 8 was admitted to the facility on [DATE] with diagnoses that included Type 2 diabetes mellitus, hypertension (high blood pressure) and muscle weakness.During a review of Resident 14's AR, undated, the AR indicated Resident 14 was admitted to the facility on [DATE] with diagnoses that included hemiplegia and hemiparesis following intracerebral hemorrhage (type of stroke with sudden bleeding into the tissues of the brain), respiratory failure (when lungs cannot get enough oxygen or fail to remove carbon dioxide) and hypoxia (low blood oxygen level). During a concurrent interview on 2/11/26 at 3:55 p.m. with the Director of Nursing (DON) and Assistant Director of Nursing (ADON), the DON stated she was present when the IP had tested the residents for influenza. The DON stated if the tests were not documented they were considered not done. The DON stated that the medical record was not complete without documentation of the influenza tests. The DON stated the IP performed the tests and the expectation was for her to document them accurately. The DON stated it was not the charge nurse's responsibility to document the influenza tests if they did not perform them. The DON stated Residents 12 and 14 had developed coughs and the IP had tested the residents, but because the tests were not documented there was no way to show they were done.During a review of the facility's job description titled Infection Preventionist, undated, the job description indicated, . Infection Preventionist is accountable for decreasing the incident and transmission of infectious diseases between patients, staff, visitors and the community. Accountable for surveillance of healthcare acquired and community acquired infections.During a review of the facility's policy and procedure (P&P) titled Charting and Documentation, dated 7/2017, the P&P indicated, . All services provided to the resident. shall be documented in the resident's medical record. The following information is to be documented in the resident medical record. Treatments or services performed. Documentation in the medical record will be objective. complete, and accurate. Documentation of procedures and treatments will include care-specific details . date and time the procedure/treatment was provided. name and title of the individual(s) who provided the care. how the resident tolerated the procedure/treatment. signature and title of the individual documenting.

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 02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Madera Rehabilitation & Nursing Center	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to implement an effective infection control program when 12 of 65 hand sanitizer dispensers tested were not dispensing alcohol-based hand rub (ABHR-an alcohol-containing preparation [liquid, gel or foam] designed for application to the hands to inactivate germs) when used. These failures had the potential for staff not performing hand hygiene and could have caused cross contamination (accidental transfer of harmful bacteria, viruses or allergens from one surface or person to another) spreading infections to residents and staff.During a concurrent observation and interview on 2/11/26 at 10:49 a.m. with the Infection Preventionist (IP), 65 hand sanitizer dispersers in the hallways and nurses' stations were tested for function. The dispensers in the following areas did not dispense ABHR: Rooms 2, 6, 17, 20, 30, 39, 52, 54, 56, 61, next to the Station 3 shower room and next to the maintenance office. The IP stated housekeeping was responsible for refilling or replacing the ABHR dispensers. The IP stated it was important for the dispensers to work properly to prevent spread of germs and infections to the residents and staff. The IP stated staff were expected to perform hand hygiene going in and coming out of resident rooms, before and after wearing gloves, using the restroom, eating and if the hands were soiled.During an interview on 2/11/26 at 12:46 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated she was aware there were hand sanitizer dispensers in the facility that did not work, so she kept ABHR gel on her medication cart to clean her hands. During an interview on 2/11/26 at 1:07 p.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated there were some ABHR dispensers that did not work in the hallways. CNA 1 stated it was important to have access to ABHR going in and out of the resident rooms to prevent spreading infection. CNA 1 stated when an ABHR dispenser not working as she came out of the room she would have to go down the hall and find another one to clean her hands.During an interview on 2/11/26 at 2:00 p.m. with CNA 2, CNA 2 stated ABHR stops the spread of germs and illness. CNA 2 stated ABHR needed to be used going in and coming out of the resident rooms, before and after resident care, before and after passing meal trays.During a concurrent interview on 2/11/26 at 3:55 p.m. with the Director of Nursing (DON) and Assistant Director of Nursing (ADON), the DON stated it was very important for the hand sanitizer dispensers to work properly to prevent the spread of infection and for personal hygiene. The DON stated staff should perform hand hygiene when they come on duty, before going home, in and out of resident rooms, between residents' care, after using the bathroom and before and after meals. The ADON stated the facility was aware there were issues with the sanitizer dispenser not working well and they would address the issue with the company who provides them.During a review of the facility's policy and procedure (P&P) titled Handwashing/Hand Hygiene, dated 10/2023, the P&P indicated, . This facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infections. Hand hygiene products and supplies. are readily accessible and convenient for staff use to encourage compliance with hand hygiene policies. Alcohol-based hand-rub (ABHR) dispensers are placed in areas of high visibility. Hand hygiene is indicated. immediately before touching a resident. after touching a resident . after touching a resident's environment. immediately after glove removal.