STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055191	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Golden Madera Care Center	1700 Howard Road Madera, CA 93637

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44708 Based on observation, interview, and record review, the facility failed to ensure each resident received adequate supervision and assistance to prevent accidents for one of three residents (Resident 1), when Resident 1 required two person assist for transfer but was transferred from wheelchair to bed by Certified Nursing Assistant (CNA) 1 without another person to assist on [DATE]. This failure resulted in Resident 1 falling out of bed and onto the floor on [DATE] and the potential for Resident 1 to be injured. Findings: During a concurrent observation and interview on [DATE] at 9:41 a.m. with Resident 1 in Resident 1's room, Resident 1 was sitting in a wheelchair. Resident 1's left arm and left leg was contracted (a medical condition where muscles, tendons, or other tissues become permanently shortened and tight, resulting in limited range of motion and joint stiffness). Resident 1 stated he fell off the bed a few days ago. Resident 1 was unable to recall the date. Resident 1 stated one staff member was transferring him from his wheelchair to his bed when he fell . Resident 1 stated he required assistance with transfers. During a review of Resident 1's Admission Record (AR), dated [DATE], the AR indicated, Resident 1 was admitted on [DATE] with a history of Hemiplegia (paralysis of one side of the body) and Hemiparesis (weakness on one side of the body) affecting left non-dominant side and Contracture of the left knee, left ankle and left upper arm. During a review of Resident 1's Minimum Data Set (MDS; process for clinical assessment of all residents of long term care nursing facilities), dated [DATE], the MDS indicated, Resident 1's Brief Interview for Mental Status (BIMS; an assessment of a resident's cognitive status; the ability to remember, concentrate, learn new things, and/or make decisions that affect their everyday life) score was 6 (a score of 0 to 7 indicated severe impairment, 8 to 12 indicated moderate impairment, and 13 to 15 indicated minimal to no impairment). The MDS indicated, Resident 1 was dependent (relying on others) on toileting hygiene (the ability to maintain cleanliness after voiding or bowel movement) and dependent on transfer to and from bed to chair. (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

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the Resident 1's IDT (Interdisciplinary Team; a group of staff members consisting of nursing, dietary, rehabilitation, social services, activities, and administration who meet regularly to discuss incidents that occurred involving the well-being of residents and staff) Post Incident Meeting (IDT), dated [DATE], the IDT indicated, Resident had an unwitnessed fall (on [DATE]) at 1:30 p.m., resident was found by CNA 1. Per CN (Charge Nurse) resident was found on the floor by the L (left) bedside floor fall mat, lying on his R (right) side. Per CN resident stated he wanted to get up, CN reports resident has discoloration with no drainage on the Right top parietal (side of head), Right posterior (the back or rear part of the body) ribcage, and right knee . During an interview on [DATE] at 9:46 a.m. with CNA 1, CNA 1 stated on [DATE], he transferred Resident 1 from the wheelchair to the bed. CNA 1 stated he sat Resident 1 down on the bed, and with CNA 1's left arm, CNA 1 moved the wheelchair away. CNA 1 stated while he moved the wheelchair, Resident 1 slipped off the bed and fell on to the floor and landed on Resident 1's right shoulder. CNA 1 stated Resident 1 had a bump on the right side of his head. CNA 1 stated he put a pillow under Resident 1's head and notified the Charge Nurse. CNA 1 stated Resident 1 required two staff members for transfer but stated he has been transferring Resident 1 without an assistant and thought it was safe. CNA 1 stated he was provided in-service (education) after the incident to transfer Resident 1 with an assistant to ensure safe transfer and was instructed to refer to Resident 1's Kardex (a communication tool used to provide the type of care and assistance a resident required). During an interview on [DATE] at 1:37 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated Resident 1 had left sided weakness and required two staff members to transfer to ensure safe transfer. LVN 1 stated CNA 1 should have had another staff member to assist when transferring Resident 1 from wheelchair to bed on [DATE] to avoid falling. During a review of Resident 1's Morse Fall Scale (MFS; a tool that assesses a patient's risk of falling), dated [DATE], the MFS indicated, Score: 45 (High Risk: Total Score greater than 45, Moderate Risk: Total Score , d+[DATE] and Low Risk: Total Score less than 25). During a review of Resident 1's Care Plan Report (CPR), dated [DATE], the CPR indicated, [Resident 1] has an ADL (Activities of Daily Living; basic self-care tasks that are necessary for maintaining personal hygiene, health, and overall well-being) Self Care Performance Deficit r/t (related to) muscle weakness, hemiplegia left side . Interventions/Tasks: . Transfer: [Resident 1] requires total assistance of (2) staff for transferring . During an interview on [DATE] at 10:40 a.m. with the Director of Staff Development (DSD), the DSD stated CNA 1 was provided in-service on the use of the facility's Kardex to identify Resident 1's care plan. The DSD stated instructing employees with the use of the Kardex was completed during orientation (training) upon hire and as needed. The DSD stated the information on the Kardex was needed to provide safe care to the residents. The DSD stated Resident 1's Kardex indicated two staff members were required for transfer. During an interview on [DATE] at 10:45 a.m. with the Director of Nursing (DON), the DON stated Resident 1 had left sided weakness, had impaired mobility (a disability that limits a person's ability to move freely) and was a high fall risk. The DON stated Resident 1's care plan indicated two staff members were required to assist during transfer on [DATE]. The DON stated two staff members were required to ensure safe transfer and to avoid falling. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on [DATE] at 10:52 a.m. with the Administrator (ADM), the ADM stated Resident 1 had left sided weakness and contracture in his left arm. The ADM stated Resident 1's care plan indicated two staff members were required to assist with transfer due to Resident 1's impaired mobility. The ADM stated two staff members were required to assist Resident 1 with transfer on [DATE] to ensure safe transfer. During a review of the facility's policy and procedure (P&P) titled, Fall Management and Neurological Check, dated ,d+[DATE], the P&P indicated, Policy Statement: The center implements a fall management plan based on medical history review and resident evaluation . Procedure: . 5. The LN (Licensed Nurse) updates care plans reflecting individualized intervention in an attempt to reduce or prevent falls . During a review of the facility's P&P titled, Safety and Supervision of Residents, dated ,d+[DATE], the P&P indicated, Policy Statement: Our facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities . Policy Interpretation and Implementation. Facility-Oriented Approach to Safety. 1. Our facility-oriented approach to safety addresses risks for groups of residents . 4. Employees shall be trained on potential accident hazards and demonstrate competency on how to identify and report accident hazards, and try to prevent avoidable accidents . Individualized, Resident-Centered Approach to Safety. 1. Our individualized, resident-centered approach to safety addresses safety and accident hazards for individual residents . 3. The care team shall target interventions to reduce individual risks related to hazards in the environment, including adequate supervision and assistive devices .