

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055199	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/07/2025
NAME OF PROVIDER OR SUPPLIER Horizon Health & Subacute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3034 E Herndon Fresno, CA 93720	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41187</p> <p>Based on interview and record review, the facility failed to implement their policy to ensure Injuries of Unknown Origin (any injury without a reason the injury could have or did occur) were reported to all Local and State Officials in the required time frame, as defined by law, for one of three sampled residents (Resident 1) when, the facility discovered Resident 1, a non-verbal and non-mobile resident, had a closed fracture of his left humerus (a brake in the bone of the upper left arm) and did not report it to the Police Department or Ombudsman.</p> <p>This failure resulted in the delay of investigation by outside agencies, assistance in the facility ' s investigation, and had the potential to result in resident abuse not being discovered, putting all residents at risk of abuse.</p> <p>Findings:</p> <p>During an interview on 2/7/25 at 8:30 a.m. with the Ombudsman (an advocate for residents of nursing homes, board and care centers, and assisted living facilities), the Ombudsman stated, he had not been informed of any injuries of unknown origin from the facility.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview, on 2/7/25 at 8:22 a.m. with Resident 1 and Registered Nurse (RN) 1, in Resident 1 ' s room, Resident 1 was reclined, lying on his back, in bed. Resident 1 was in a clean gown with clean sheets on his bed. Resident 1 was attached to monitors, a ventilator machine (a machine that breaths for the person), and a feeding tube (a tube going directly into the stomach). Resident 1 ' s left arm was resting on a pillow. RN 1 stated, Resident 1 could communicate by answering yes or no questions with his right index finger. RN 1 stated, Resident 1 moved his index finger up and down for yes, and side to side for no. RN 1 stated, Resident 1 mostly spoke Spanish and she could interpret. Multiple questions asked to Resident 1 regarding injury. Resident 1 moved his right index finger up and down (yes) when asked if he knew how his arm was injured. Resident 1 moved his right index finger side to side (no) if there were any staff in room when arm was injured. Resident 1 moved his right index finger up and down (yes) when asked if he was afraid of any staff. Resident 1 moved his right index finger side to side (no) when asked if there was a nurse or CNA he was afraid of. Resident 1 moved his right index finger up and down (yes) when asked if he was afraid of the Director of Nursing (DON). Resident 1 moved his right index finger side to side (no) when asked if the DON had hurt him physically. Resident 1 moved his right index finger up and down (yes) when asked if the DON yelled at him. Resident 1 moved his right index finger side to side (no) when asked if he knew how his arm became broken. Resident 1 moved his right index finger side to side (no) when asked again if he was afraid of DON. RN 1 stated he (Resident 1) isn ' t always consistent with his answers.</p> <p>During an interview on 2/7/25 at 1:06 p.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated, she had last cared for Resident 1 on 2/2/25 and that he understood English and Spanish but she could not rely on his answers. CNA 1 stated, Resident 1 ' s answers to the same questions could change from yes to no. CNA 1 stated, she had read the facility ' s policy and procedure (P&P) on abuse and been trained through the facility. CNA 1 stated, all abuse or suspected abuse of a resident that caused serious injury must be reported to the appropriate authorities within two hours of the discovery of the injury.</p> <p>(continued on next page)</p>		

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