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 02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Horizon Health & Subacute Center	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)
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 to prevent accidents for one of three residents (Resident 1), when Resident 1 required two person assist for turning and repositioning but was turned by Certified Nursing Assistant (CNA) 1 during briefs (adult diaper) change alone (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 review of Resident 1's Admission Record (AR), dated [DATE], the AR indicated, Resident 1 was admitted on [DATE] with a history of Anoxic Brain Damage (when the brain is completely deprived of oxygen, which can lead to brain cell death), Persistent Vegetative State (a condition in which a person is awake but lacks awareness of themselves or their surroundings), Tracheostomy (an opening surgically created through the neck into the windpipe to allow air to fill the lungs), and Gastrostomy (a surgical opening through the skin of the abdomen to the stomach). 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 0 (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 rolling left and right while in bed. (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: 055199	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Horizon Health & Subacute Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility'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 Accident/Fall, dated [DATE], the IDT indicated, 1. IDT Review & Recommendations. Accident/Fall. 1. Date and Time: [DATE] (no time indicated) . Root Cause Analysis. 3. CNA (CNA 1) when changing brief the blusters (bolsters; a device that supports or cushions tissue) were loose and resident (Resident 1) legs were hanging off bed and he started to slip out of bed and lowered him slowly to floor placing pillow on his head . Long-term Care Plan. 6. 1:1 (one to one) Education to CNA. Cares in pairs (2 staff members to provide care to one resident) . During a review of Resident 1's Emergency Department Notes (EDN), dated [DATE], the EDN indicated, History of Present Illness: (Resident 1) is a [AGE] year old male who presents to the ED (Emergency Department) for evaluation of fall from [name of facility] witnessed fall, assisted to the floor by staff . Medical Decision Making . On examination he (Resident 1) is hemodynamically stable (a patient's cardiovascular system being in a stable and functional state), there are no obvious signs of fracture (broken bones) on physical examination . At this point there is no acute medical emergency requiring further treatment or evaluation. Patient will be discharged back to his care facility . During an observation on [DATE] at 9:15 a.m. in Resident 1's room, in the subacute unit (a type of specialized care for patients who need more intensive care than a nursing facility but less than an acute hospital), Resident 1 was in bed with eyes open but unresponsive to verbal stimulation. Resident 1 had a tracheostomy tube and gastrostomy tube. Resident 1's arms and legs were contracted (a medical condition where muscles, tendons, ligaments, or skin become abnormally tight and shortened, restricting movement and causing joint stiffness). During an interview on [DATE] at 9:16 a.m. with CNA 2, CNA 2 stated Resident 1 required two staff members to assist when turning and repositioning during ADL (activities of daily living) care and required to be turned and repositioned every two hours. CNA 2 stated all the residents in the subacute unit were dependent and required two staff members to assist. During an interview on [DATE] at 9:17 a.m. with the Unit Manager (UM), the UM stated CNA 1 changed Resident 1's briefs without assistance on [DATE] and Resident 1 fell out of bed. The UM stated Resident 1 was in a persistent vegetative state and required total care. The UM stated all the residents in the subacute unit required two staff members to assist when turning and repositioning because all the residents were at risk (likelihood) of falling. During a review of Resident 1's Fall Risk Evaluation (FRE), dated [DATE], the FRE indicated, Score 18. Moderate Risk (being greater than minimal but is not considered high). During a review of Resident 1's Care Plan Report (CPR), dated [DATE], the CPR indicated, .ADL Self Care Performance Deficit . Interventions/Tasks: . Bathing: The resident is totally dependent on staff to provide a partial bed bath daily as necessary . Bed mobility: The resident is unable to reposition self; 2 person assist for turning and repositioning . During a review of Resident 1's CPR, dated [DATE], the CPR indicated, . Moderate Risk for Falls . Intervention/Tasks: . 1:1 staff education. Cares in pairs . (continued on next page)

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 02/20/2025
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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on [DATE] at 12:03 p.m. with CNA 1, CNA 1 stated on [DATE] he was changing Resident 1's briefs (adult diaper) and bed sheets. CNA 1 stated he provided care to Resident 1 without another assistant. CNA 1 stated Resident 1 required two staff members to provide care, but another staff member was unavailable. CNA 1 stated he turned Resident 1 over to his (Resident 1) left side and the bolster was loose. CNA 1 stated Resident 1 started to slip off the bed and CNA 1 assisted Resident 1 to the floor. CNA 1 stated he was provided education by the UM to have two staff members provide care to Resident 1 after the incident. During an interview on [DATE] at 11:14 a.m. with the Assistant Director of Nursing (ADON), the ADON stated Resident 1's care plan indicated two staff members were required to provide care when turning and repositioning. The ADON stated two staff members were required to provide care in the subacute unit since all the residents required total care (complete care from head to toe). The ADON stated two staff members were required to ensure safe care was provided so residents did not fall out of bed. During an interview on [DATE] at 11:15 a.m. with the Administrator (ADM), the ADM stated Resident 1's care plan indicated two staff members were required to provide care during turning and repositioning. The ADM stated residents in the subacute unit required extensive care (care that is thorough for people with chronic illnesses or disabilities). The ADM stated two staff members were required for the residents' safety in the subacute unit to prevent falling out of bed. During a review of the facility's policy and procedure (P&P) titled, Fall Program, dated [DATE], the P&P indicated, Purpose: To identify resident's who are at risk of falling and prevent accidents by providing an environment that is free from hazards. To enhance each resident's mobility by removing the risk of falls when possible and reduce the incidence of falls and injuries that may accompany falls. Policy: . The resident's care plan is to be developed by the interdisciplinary team to include the lease restrictive methods possible to keep the resident safe. The resident's environment is to remain as free of accident hazard as possible and all resident is to receive adequate supervision and assistive devices to prevent accidents . 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: . Individualized, Resident-Centered Approach to Safety . 2. The interdisciplinary care team shall analyze information obtained from assessments and observations to identify any specific accident hazards or risks 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 .