

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 03/26/2025
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<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** 44708</p> <p>Based on observation, interview, and record review the facility failed to provide a safe, clean, comfortable and homelike environment for one of five residents (Resident 1) when the supply ventilation duct (an opening which allow cool or warm air to pass through supplied by a HVAC; Heating, Ventilation, and Air Conditioning system) in Resident 1's room was covered with three pieces of rubber material and two pieces of the rubber material were loose (hanging from the ceiling).</p> <p>This failure posed as a fire hazard endangering the lives of Resident 1, other residents and staff members.</p> <p>Findings:</p> <p>During an observation and interview on 3/26/25 at 11:30 a.m. with Resident 1 in Resident 1's room, the supply ventilation duct on Resident 1's ceiling was covered with three pieces of material with screws and one screw was missing leaving two pieces of the material loose and hanging from the ceiling. Resident 1 stated cold air came through the supply ventilation duct and the facility covered it with the material three years ago.</p> <p>During a concurrent observation and interview on 3/26/25 at 11:35 a.m. with the Maintenance Assistant (MA) in Resident 1's room, the MA stood on a chair and inspected the material covering the supply ventilation duct. The MA stated the material was made of rubber. The MA stated he was not aware if the rubber material was a fire hazard.</p> <p>During a review of Resident 1's Admission Record (AR), dated 3/26/25, the AR indicated, Resident 1 was admitted on [DATE] with a history of Rheumatoid Arthritis, Functional Quadriplegia (the complete inability to move due to severe disability or frailty, without physical injury or damage to the brain or spinal cord), Colostomy (a surgical procedure that creates an opening in the abdominal wall to divert fecal matter from the large intestine to an external bag), Unspecified acquired deformity of hand, left hand, Muscle Wasting and Atrophy (a decrease in size of an organ or tissue) right and left thigh, and Atrial Fibrillation (a condition where the upper chambers of the heart beat irregularly and rapidly).</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 - Few</p>	<p>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 12/24/24, 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 15 (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 had upper and lower extremities impairments on both sides and was dependent with ADLs (Activities of Daily Living such as dressing, toileting, washing, feeding, mobility, and transferring).</p> <p>During an interview on 3/26/24 at 11:45 a.m. with the Director of Maintenance (DM), the DM stated the rubber material covering the supply ventilation duct in Resident 1's room was a fire hazard and unacceptable. The DM stated Resident 1's room should be safe and comfortable for Resident 1. The DM stated the rubber material would be removed and a permanent air deflector (a device made of plastic or metal, that redirects airflow from a ceiling vent, preventing drafts or hot/cold air from blowing directly on someone or something) will be installed to ensure a safe homelike environment for Resident 1.</p> <p>During an interview on 3/26/24 at 11:50 a.m. with the Administrator (ADM), the ADM stated rubber material covering the supply ventilation duct in Resident 1's room was a fire hazard and unacceptable. The DM stated Resident 1's room should be safe and comfortable for Resident 1. The DM stated the rubber material would be removed and a permanent air deflector will be installed to ensure a safe homelike environment for Resident 1.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Homelike Environment, dated 2/2021, the P&P indicated, Policy Statement: Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible . Policy Interpretation and Implementation: 1. Staff provides person-centered care that emphasizes the resident's comfort, independence and personal needs and preferences. 2. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: a. clean, sanitary and orderly environment .</p> <p>During a professional reference review retrieved from https://ac-control.com/2023/07/28/the-dangers-of-blocking-hvac-vents/#:~:text=Blocking%20HVAC%20vents%20can%20lead,hazards%2C%20and%20increased%20humidity%20levels titled The Dangers of Blocking HVAC Vents, dated 7/28/23, the professional reference indicated, . Blocked HVAC vents can also pose a significant fire hazard. When vents are obstructed, heat can build up in the ductwork, increasing the risk of a fire. Additionally, if flammable materials are placed near blocked vents, the chances of a fire spreading rapidly are heightened. It is crucial to keep your vents clear of any obstructions to minimize the risk of fire accidents. Blocking HVAC vents can lead to a range of dangers, including reduced energy efficiency, uneven temperature distribution, strain on HVAC equipment, decreased indoor air quality, fire hazards, and increased humidity levels .</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44708</p> <p>Based on observation, interview, and record review the facility failed to meet professional standards of quality for one of five residents (Resident 1) when Resident 1 had an appointment on [DATE] for a CT scan (Computed Tomography; a medical imaging procedure used to create detailed pictures of the inside of the body) of the right lower leg due to a history of DVT (Deep Vein Thrombosis; a condition where a blood clot forms in a deep vein, typically in the legs) at [name of outside agency; a facility that provides a certain type of service the facility did not] and the CT scan was canceled because the outside agency was not informed that Resident 1 required a mechanical lift (a mechanical device used by caregivers to safely transfer individuals with limited mobility, such as those who are bedbound or unable to bear their own weight) for transfer. The outside agency did not have a mechanical lift and staff trained to use a mechanical lift.</p> <p>These failures resulted in the cancellation of Resident 1's CT scan on [DATE] and delayed care in the management of Resident 1's DVT in the right leg and the potential for problems related to DVT to go unidentified.</p> <p>Findings:</p> <p>During an observation and interview on [DATE] at 11:30 a.m. with Resident 1, in Resident 1's room, Resident 1 was in bed. Resident 1's left and right fingers were deformed (abnormal shapes or positions of the fingers, which can affect their function and appearance). Resident 1 stated she had a history of Rheumatoid Arthritis (a chronic autoimmune disease that primarily affects the joints). Resident 1 stated she was unable to walk, bear weight, and transfer herself. Resident 1 stated she required a mechanical lift for transfer. Resident 1 stated she had Atrial Fibrillation (a condition where the upper chambers of the heartbeat irregularly and rapidly) and a blood clot in her right thigh for [AGE] years. Resident 1 stated she had an appointment on [DATE] at the hospital for a CT scan of her right leg to see if the blood clot increased in size. Resident 1 stated when she was at the appointment, the hospital staff informed her they did not have a mechanical lift to transfer her out of her Geri Chair (a specialized, often reclining chair designed for use by elderly or disabled individuals) to complete the CT scan and Resident 1 was sent back to the facility.</p> <p>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 Rheumatoid Arthritis, Functional Quadriplegia (the complete inability to move due to severe disability or frailty, without physical injury or damage to the brain or spinal cord), Colostomy (a surgical procedure that creates an opening in the abdominal wall to divert fecal matter from the large intestine to an external bag), Unspecified acquired deformity of left hand, Muscle Wasting and Atrophy (a decrease in size of an organ or tissue) right and left thigh, Supraventricular Tachycardia (a type of heart rhythm disorder characterized by a rapid, regular heartbeat that originates above the lower chambers of the heart), and Atrial Fibrillation.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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 15 (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 had upper and lower extremities impairments on both sides and was dependent (Helper does all the effort. Resident does none of the effort to complete the activity) with ADLs (Activities of Daily Living; dressing, toileting, washing, feeding, mobility, and transferring).</p> <p>During a review of Resident 1's Care Plan Report (CPR), dated [DATE], the CPR indicated, I have an ADL Self Care Performance Deficit limited mobility r/t (related to) rheumatoid arthritis with multiple hand and lower extremities contractures and deformities . Interventions: Transfer: The resident required 2 (two) staff assistance with transfers, [brand name] mechanical lift .</p> <p>During a concurrent interview on [DATE] at 8:45 a.m. with the Unit Manager (UM) 1, the UM 1 stated Resident 1 had an appointment on [DATE] to check the DVT to Resident 1's right lower leg. The UM 1 stated a referral was sent to the outside agency and the outside agency was informed that Resident 1 was arriving by Geri Chair and required total assistance (Helper does all the effort. Resident does none of the effort to complete the activity). The UM 1 stated the appointment was not completed on [DATE] because the outside agency did not have a mechanical to safely transfer Resident 1 out of the Geri Chair. The UM 1 stated she should have communicated in the referral that a mechanical lift was required for transferring Resident 1. The UM 1 stated moving forward, she will specify the type of device a resident required so the outside agency can accommodate the resident. The UM 1 stated it was standard of practice to communicate pertinent information with the outside agency so Resident 1 could receive the care she required.</p> <p>During a review of the facility's Appointment Calendar (AC), dated ,d+[DATE], the AC indicated, Resident 1 had an appointment (with name of outside agency) on [DATE] at 3:00 p.m.</p> <p>During a review of Resident 1's [name of outside agency] Result Encounter Note (RES), dated [DATE], the RES indicated, CT ABDOMEN AND PELVIS WO (without) CONTRAST (Canceled) on [DATE].</p> <p>During a review of Resident 1's Progress Notes (PN), dated [DATE], the PN indicated, Abdominal CT rescheduled at [name of outside agency] [DATE] at 1630 (4:30 p.m.) with arrival time of 1600 (4:00 p.m.)</p> <p>During a review of Resident 1's [name of outside agency] CT Abdomen and Pelvis (CT scan), dated [DATE], the CT scan indicated, . 3. There is abnormal distention of the right external iliac vein (a large vein in the pelvis) into the right common femoral vein (a major vein in the thigh) with mild perivesical stranding (increased density and a wavy appearance of the fat tissue surrounding the bladder). These findings are atypical (not typical) and concerning for presence of deep vein thrombus. Recommend correlation with venous duplex (an imaging test that uses high-frequency sound waves to visualize blood flow and structures within veins) .</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's [name of outside agency] US (ultrasound; an imaging test that uses high-frequency sound waves to visualize blood flow and structures within veins) DVT Extremity Lower Right (US), dated [DATE], the US indicated, . FINDINGS: Sonographic evaluation of the right lower extremity performed. There is occlusive thrombus noted within the right external iliac vein, right common iliac vein and superior right superficial femoral vein corresponding to the filling defect within the deep vein seen on comparison CT of [DATE]. This was not clearly identified on the CT of [DATE]. There is incomplete compressibility consistent with non-occlusive thrombus within the right mid and inferior superficial femoral vein. Minimal blood flow demonstrated within the mid and inferior superficial femoral vein on color Doppler imaging (ultrasound) with venous waveforms noted. No filling defects noted within the IVC (Inferior Vena Cava; a large vein that carries deoxygenated blood from the lower body to the right atrium of the heart) . NOTE: Case discussed with ordering provider, [name physician] who requested patient to return to [name of facility] and he will arrange for follow-up with vascular surgery (a surgical specialty that focuses on the diagnosis and treatment of disorders affecting the blood vessels) .</p> <p>During an interview on [DATE] at 11:26 a.m. with the Director of Social Services (DSS), the DSS stated referrals were ordered by the physician. The DSS stated it was standard of practice to communicate relevant and pertinent medical information about the resident and what type of device the resident required with outside agencies when referrals were made. The DSS stated referrals were sent via (by) fax (an image of a document made by electronic scanning and transmitted as data) and the resident's medical information should be on the referral as well as verbal confirmation with the outside agency that they received the information. The DSS stated it was important to communicate the information so the facility can clarify questions the outside agency may have, and the outside agency can complete the referral, and residents can receive the service required.</p> <p>During an interview on [DATE] at 1:40 p.m. with the Director of Nursing (DON), the DON stated it was required to inform the outside agency Resident 1 required a mechanical lift to complete the CT scan on [DATE]. The DON stated it was standard of practice to communicate effectively to ensure residents were accommodated to meet their needs and to receive the care they required on time.</p> <p>During an interview on [DATE] at 1:45 p.m. with the Administrator (ADM), the ADM stated it was required to inform the outside agency Resident 1 required a mechanical lift to complete the CT scan on [DATE]. The ADM stated it was standard of practice to communicate effectively to ensure residents were accommodated to meet their needs and to receive the care they required on time.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Referrals, Social Services, dated , d+[DATE], the P&P indicated, Referral, Social Services. Policy Statement: Social services personnel shall coordinate most resident referrals with outside agencies. Policy Interpretation and Implementation: 1. Social services shall coordinate most resident referrals. Exceptions might include emergency or specialized services that are arranged directly by a physician or the nursing staff . 3. Social services will collaborate with the nursing staff or other pertinent disciplines to arrange for services that have been order by the physician .</p>		