

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055204	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/17/2025
NAME OF PROVIDER OR SUPPLIER  Oakwood Gardens Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3510 East Shields Fresno, CA 93726	

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 - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38961</b></p> <p>Based on interview and record review, the facility failed to report two unwitnessed falls with injury to the California Department of Public Health (CDPH- State survey agency) within the required time frame for two of three sampled residents (Resident 1 and Resident 2) when Resident 1 was found on the floor in his room, and Resident 2 was found on the bathroom floor in his room. Resident 1 and Resident 2 required transportation to the emergency Department (ED) for higher level of care.</p> <p>This failure resulted in Resident 1 and Resident 2 falls not investigated timely within the required time frame and had the potential to result in Resident 1's and Resident 2's safety needs not being met.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR- a document containing resident medical and personal information), dated 03/17/25, the AR indicated, Resident 1 was admitted to the facility on [DATE] with diagnoses that included dementia (a progressive state of decline in mental abilities) . Alzheimer's (a disease characterized by a progressive decline in mental abilities) . and Chronic Respiratory Failure .</p> <p>During a review of Resident 1's Acute Care Hospital (ACH) document titled, ED Provider Notes, dated, 03/01/25 the note indicated, . patient is a 86 y.o. [year old] male . presents to the ED [emergency department] after ground level fall at a Skilled Nursing Facility (SNF) .Patient is unable to bear weight secondary to right hip pain .Emergency Medical Staff (EMS) noted the leg is shortened and extremely rotated (turned) .patient reports nine out of ten pain with any movement to right hip .</p> <p>During a review of Resident 1's Progress Notes (PN) dated 3/17/25 was reviewed. The PN indicated, . Resident 1 admitted to the facility on [DATE] PN indicated, Resident 1 had an unwitnessed fall on 3/1/25 at 1:39 a.m. in his room. PN indicated, staff heard Resident 1 yell and went into his room and found Resident 1 lying on the floor next to bed. PN indicated, Resident 1 complained of pain to his right leg and right hip. PN indicated Resident 1 was noted with abrasions (superficial skin injury caused by scrapping against a rough surface) to his right knee, right shoulder, back of right hand, and right-hand middle finger .</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 - Some</p>	<p>During a review of Resident 2's AR dated 03/17/25, the AR indicated, Resident 2 was admitted to the facility on [DATE] with diagnoses that included dementia (a progressive state of decline in mental abilities) . Muscle wasting and Atrophy (wasting away or decrease in size of a body part) .</p> <p>During a review of Residents 2's Minimum Data Set (MDS- a resident assessment tool used to identify resident cognitive and physical function) assessment dated [DATE], indicated, Resident 2's Brief Interview of Mental status assessment (BIMS - assessment of cognitive status for memory and judgement) scored 3 of 15 (a score of 13-15 indicates cognitively intact, 08-12 indicates moderately impaired, and 00-07 indicates severe impairment). The BIMS assessment indicated Resident 2's cognition was severely impaired.</p> <p>During a review of Resident 2's Acute Care Hospital (ACH) document titled, Acute Care Surgery Center Discharge Summary, dated, 2/22/25 the note indicated, . patient is a 77 y.o. [year old] male . presented after being found by SNF staff on ground in bathroom .injuries sustained, Laceration (cut in the skin caused by injury) to scalp . superior/inferior rami (arm or branch of bone) Fracture (Fx) of Pubis (forms the lower and anterior(front) part of each side of the hip) .</p> <p>During an interview on 3/17/25 at 9:30 a.m., with Administrator (ADM), the ADM stated, we do not report all falls. The ADM stated, when a resident was sent to the hospital after a fall, the facility does not know the extent of the injuries, so they did not report the fall incident.</p> <p>During an interview on 3/17/25 at 9:45 a.m., with Assistant Director of Nursing (ADON), the ADON stated, Resident 1 and Resident 2 sustained injuries after the fall. The ADON stated the falls of Resident 1 and Resident 2 should have been reported to the state agency.</p> <p>During a concurrent interview and record review on 3/17/25 at 11 a.m., with the ADON, Resident 2's Medical Records, (MR) dated 2/18/25 were reviewed. The MR indicated, . Resident 2, had an unwitnessed fall on 2/18/25 in his room. The ADON stated, Resident 2 was found on the floor on 2/18/25 at 10:08 p.m. and was sent to the hospital. The ADON stated, MR indicated Resident 2 sustained a Fx to his sacrum (large triangular bone at base of spine). The ADON stated, the fall should have been reported to CDPH.</p> <p>During an interview on 3/17/25 at 11:15 a.m., with ADM, the ADM stated, the Director of Nursing (DON) and I decides if a fall was a reportable event. The ADM stated, Resident 1 and Resident 2 falls were not reported to CDPH within the time frame. The ADM stated, the falls should have been reported to CDPH.</p> <p>During a review of the facility's document titled, Job Description: Administrator, undated, the document indicated . The primary purpose of your job position is to direct the day-to-day functions of the facility in accordance with current federal, state, and local standards, guidelines, and regulations that govern nursing facilities to assure that the highest degree of quality care can be provided to our residents at all times .</p> <p>(continued on next page)</p>		

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