

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  04/02/2025
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 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>44899</p> <p>Based on interview and record review, the facility failed to ensure services provided met professional standards of quality for one of 12 sampled residents (Resident 6) when Resident 6 ' s low air loss (LAL - a special mattress used to prevent skin injuries, often occurring in individuals who are bedbound) mattress setting was not used according to the manufacturer ' s recommendation.</p> <p>This failure had the potential to result in Resident 6 to develop pressure ulcer (injury to the skin and underlying tissues by prolonged pressure on the skin) and placed Resident 6 at an increased risk for falls and discomfort.</p> <p>Findings:</p> <p>During a review of Resident 6's Admission Record (AR- a document that provides resident contact details, a brief medical history, level of functioning, preferences, and wishes), dated 4/2/25, the AR indicated, Resident 6 was admitted from an acute care hospital on 2/12/25 to the facility, with diagnoses that included Squamous Cell Carcinoma of Skin (a type of skin cancer most commonly caused by long-term exposure from the sun), Open Wound to Left Cheek, Muscle Weakness, Protein-Calorie Malnutrition (a severe type of malnutrition due to disease progression or lack of food intake), Chronic Pain Syndrome (pain longer than six months and impacting daily life), and Anxiety Disorder (a mental health illness characterized by a sudden feeling of panic and fear, restlessness, and uneasiness).</p> <p>During a review of Resident 6's Physician Order Summary Report (POS), dated 4/2/25, the POS indicated, . May have Low air loss mattress R/T [related to] Redness to Coccyx area [tail bone] . Order Date 3/18/25 .</p> <p>During a review of Resident 6's Nursing Care Plan (CP), dated 2/12/25, the CP indicated, . Skin: Resident is at risk for skin breakdown related to open wound to left cheek (face) blanchable redness to Coccyx . Interventions . Air Mattress . Date Initiated: 3/18/25 .</p> <p>During a concurrent observation and interview on 4/1/25 at 2:08 p.m., with Registered Nurse (RN) 1, inside Resident 6 ' s room. RN 1 looked at Resident 6 ' s air mattress setting and stated it was set to 450 lbs (pounds, unit of measurement). RN 1 stated Resident ' s weight on 4/1/25 was 78 lbs. RN 1 stated the LAL mattress control clearly states the setting should be according to Resident ' s weight and it was not. RN 1 stated Resident 6 redness to the coccyx area could worsen and potentially develop to a pressure ulcer (bedsore) because of incorrect setting. RN 1 stated Resident 6 could potentially be uncomfortable lying in a firm LAL mattress and placed at increased risk for falls.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 4/1/25 at 3:27 p.m., with the Director of Staff Development (DSD), Resident 6 ' s photo of Low Air Loss (LAL) Mattress, dated 4/1/25, and Resident 6 ' s Monthly Weights, undated were reviewed. The DSD stated the photo showed Resident LAL mattress was set at 450 lbs. The DSD stated Resident ' s weight on 4/1/25 was 78 lbs. DSD stated the LAL mattress control clearly states the setting should be according to Resident ' s weight and it was not. DSD stated Resident 6 could potentially develop pressure ulcer because of incorrect setting. DSD stated Resident 6 could potentially be experiencing pain from lying in a firm LAL mattress.</p> <p>During an interview on 4/2/25 at 12:00 p.m., with the Director of Nursing (DON), the DON stated her expectation was for the licensed nurses to follow the manufacturer ' s recommendation for use of LAL mattress. The DON stated Resident 6 ' s incorrect LAL mattress setting was not effective in reducing pressure ulcer and could be uncomfortable.</p> <p>During a review of the facility's Policy and Procedure (P&amp;P) titled, Support Surface Guidelines, dated 9/13, the P&amp;P indicated, . The purpose of this procedure is to provide guidelines for the assessment of appropriate pressure reducing and relieving devices for residents at risk of skin breakdown . 14. Follow any air support surface mattress manufacture guidelines .</p> <p>During a review of the facility ' s document titled, Job Description: Registered Nurse (RN), dated 2/24, the document indicated, . Nursing Care Functions . Inspect the nursing service treatment areas daily to ensure that they are maintained in a clean and safe manner . Safety and Sanitation . Ensure that all nursing service personnel comply with established departmental policies and procedures .</p> <p>During a review of the facility ' s document titled, Job Description: Licensed Vocational Nurse, dated 2/24, the document indicated, . Nursing Care Functions . Review the resident ' s chart for specific treatments, medications . Implement and maintain established nursing objectives and standards .</p> <p>During a review of the manufacturer's instructions for use (IFUs) titled, USER MANUAL [brand name] ' , dated 2012, the document indicated, . 4.1 General operation . 5. According to the weight and height of the patient, adjust the pressure setting to the most comfortable level .</p> <p>Based on interview and record review, the facility failed to ensure services provided met professional standards of quality for one of 12 sampled residents (Resident 6) when Resident 6's low air loss (LAL - a special mattress used to prevent skin injuries, often occurring in individuals who are bedbound) mattress setting was not used according to the manufacturer's recommendation.</p> <p>This failure had the potential to result in Resident 6 to develop pressure ulcer (injury to the skin and underlying tissues by prolonged pressure on the skin) and placed Resident 6 at an increased risk for falls and discomfort.</p> <p>Findings:</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 6's Admission Record (AR- a document that provides resident contact details, a brief medical history, level of functioning, preferences, and wishes) , dated 4/2/25, the AR indicated, Resident 6 was admitted from an acute care hospital on 2/12/25 to the facility, with diagnoses that included Squamous Cell Carcinoma of Skin (a type of skin cancer most commonly caused by long-term exposure from the sun), Open Wound to Left Cheek, Muscle Weakness, Protein-Calorie Malnutrition (a severe type of malnutrition due to disease progression or lack of food intake), Chronic Pain Syndrome (pain longer than six months and impacting daily life), and Anxiety Disorder (a mental health illness characterized by a sudden feeling of panic and fear, restlessness, and uneasiness).</p> <p>During a review of Resident 6's Physician Order Summary Report (POS) , dated 4/2/25, the POS indicated, . May have Low air loss mattress R/T [related to] Redness to Coccyx area [tail bone] . Order Date 3/18/25 .</p> <p>During a review of Resident 6's Nursing Care Plan (CP) , dated 2/12/25, the CP indicated, . Skin: Resident is at risk for skin breakdown related to open wound to left cheek (face) blanchable redness to Coccyx . Interventions . Air Mattress . Date Initiated: 3/18/25 .</p> <p>During a concurrent observation and interview on 4/1/25 at 2:08 p.m., with Registered Nurse (RN) 1, inside Resident 6's room. RN 1 looked at Resident 6's air mattress setting and stated it was set to 450 lbs (pounds, unit of measurement). RN 1 stated Resident's weight on 4/1/25 was 78 lbs. RN 1 stated the LAL mattress control clearly states the setting should be according to Resident's weight and it was not. RN 1 stated Resident 6 redness to the coccyx area could worsen and potentially develop to a pressure ulcer (bedsore) because of incorrect setting. RN 1 stated Resident 6 could potentially be uncomfortable lying in a firm LAL mattress and placed at increased risk for falls.</p> <p>During a concurrent interview and record review on 4/1/25 at 3:27 p.m., with the Director of Staff Development (DSD), Resident 6's photo of Low Air Loss (LAL) Mattress , dated 4/1/25, and Resident 6's Monthly Weights , undated were reviewed. The DSD stated the photo showed Resident LAL mattress was set at 450 lbs. The DSD stated Resident's weight on 4/1/25 was 78 lbs. DSD stated the LAL mattress control clearly states the setting should be according to Resident's weight and it was not. DSD stated Resident 6 could potentially develop pressure ulcer because of incorrect setting. DSD stated Resident 6 could potentially be experiencing pain from lying in a firm LAL mattress.</p> <p>During an interview on 4/2/25 at 12:00 p.m., with the Director of Nursing (DON), the DON stated her expectation was for the licensed nurses to follow the manufacturer's recommendation for use of LAL mattress. The DON stated Resident 6's incorrect LAL mattress setting was not effective in reducing pressure ulcer and could be uncomfortable.</p> <p>During a review of the facility's Policy and Procedure (P&amp;P) titled, Support Surface Guidelines , dated 9/13, the P&amp;P indicated, . The purpose of this procedure is to provide guidelines for the assessment of appropriate pressure reducing and relieving devices for residents at risk of skin breakdown . 14. Follow any air support surface mattress manufacture guidelines .</p> <p>During a review of the facility's document titled, Job Description: Registered Nurse (RN), dated 2/24, the document indicated, . Nursing Care Functions . Inspect the nursing service treatment areas daily to ensure that they are maintained in a clean and safe manner . Safety and Sanitation . Ensure that all nursing service personnel comply with established departmental policies and procedures .</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 the facility's document titled, Job Description: Licensed Vocational Nurse, dated 2/24, the document indicated, . Nursing Care Functions . Review the resident's chart for specific treatments, medications . Implement and maintain established nursing objectives and standards .</p> <p>During a review of the manufacturer's instructions for use (IFUs) titled, USER MANUAL [brand name]', dated 2012, the document indicated, . 4.1 General operation . 5. According to the weight and height of the patient, adjust the pressure setting to the most comfortable level .</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>44899</p> <p>Based on observation, interview, and record review, the facility failed to maintain an effective infection control program when one of six sampled residents' (Resident 5) oxygen concentrator (a device that concentrates the oxygen from the ambient air) was being used without a filter.</p> <p>This failure placed Resident 5 at an increased risk to develop respiratory and healthcare-associated infections.</p> <p>Findings:</p> <p>During a review of Resident 5's Admission Record (AR, a document that provides resident contact details, a brief medical history, level of functioning, preferences, and wishes), dated 4/7/25, the AR indicated, Resident 5 was admitted from an acute care hospital on 2/19/25 to the facility, with diagnoses that included</p> <p>Interstitial Pulmonary Disease (a condition that causes inflammation and scarring in the lungs), Congestive Heart Failure (CHF- weakness in the heart where fluid accumulates in the lungs), Hypertension (high blood pressure), Anxiety Disorder (a mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities) and Generalized Muscle Weakness.</p> <p>During a review of Resident 5's Order Summary Report (OSR), dated 7/7/25, the OSR indicated, . Order Summary . Oxygen at 2 liters per minute [L- unit of measurement] via nasal cannula (a device used to deliver supplemental oxygen) . Order Date 2/19/25 .</p> <p>During a review of Resident 5's Nursing Care Plan (CP), dated 4/7/25, the CP indicated, . Resident requires oxygen therapy r/t [related to] INTERSTITIAL PULMONARY DISEASE . Interventions . Administer oxygen as per order . Date Initiated: 11/7/24 .</p> <p>During an observation on 4/1/25, at 2:05 p.m., in Resident 5's room. Resident 5 was lying in bed, asleep and had an oxygen cannula connected to an oxygen concentrator. The oxygen was being given at 2L/min continuously. The oxygen concentrator filter was operating without the filter installed.</p> <p>During a concurrent observation and interview, on 4/1/25, at 2:20 p.m., in Resident 5's room with Registered Nurse (RN) 1, RN 1 looked at Resident 5's oxygen concentrator and stated the oxygen concentrator was operating without a dust filter and it should. RN 1 stated Resident 5's respiratory condition could worsen. RN 1 stated maintaining the cleanliness of oxygen concentrator was the responsibility of the licensed nurses.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/2/25, at 11:54 a.m., with the Director of Nursing (DON), the DON stated using an oxygen concentrator without a filter was not acceptable and could potentially cause residents to become ill. The DON stated the purpose of the oxygen concentrator was to improve resident's oxygen level. The DON stated she expects the oxygen concentrator to be cleaned weekly and as needed for the safety and well-being of all residents receiving oxygen. The DON stated residents using dirty oxygen concentrators could have respiratory infection such as Pneumonia (lung infection caused by bacteria) and Bronchitis (inflammation of the airways).</p> <p>During a review of the facility's document titled, Job Description: Licensed Vocational Nurse, dated 2/24, the document indicated, . Essential Duties . Ensure that your unit's resident care rooms, treatment areas, etc., are maintained in a clean, safe, and sanitary manner . Participate in the development, implementation, and maintenance of infection control program .</p> <p>During a review of the facility's document titled, Job Description: Registered Nurse (RN), dated 2/24, the document indicated, . Nursing Care Functions . Inspect the nursing service treatment areas daily to ensure that they are maintained in a clean and safe manner . Safety and Sanitation . Ensure that all nursing service personnel comply with established departmental policies and procedures .</p> <p>Ensuring that all resident care rooms and treatment areas are clean, safe and sanitary manner . Ensure that nursing service personnel follow established infection control policies .</p> <p>During a review of the facility's P&amp;P titled, Oxygen Administration, dated 10/10, the P&amp;P stated, . Preparation . 3. Assemble the equipment and supplies as needed . Steps in the Procedure . Check the mask, tank, humidifier, etc., to be sure they are in good working order and are securely fastened .</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Infection Prevention and Control Program, dated 12/23, the P&amp;P indicated, . An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections . 3. Surveillance and reporting . monitoring adherence to infection and control practices .</p> <p>During a review of the facility's P&amp;P titled, Maintenance Service, dated 12/09, the P&amp;P stated, . 1. The maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times . 5. Maintenance personnel shall follow the manufacturer's recommended maintenance schedule .</p> <p>During a review of the oxygen concentrator manual titled, [Brand X] Oxygen Concentrator User Manual, dated 2009, the manual indicated, . Routine Maintenance. Cleaning the Cabinet Filter. CAUTION. DO NOT operate the concentrator without the filter installed . 1. Remove each filter and clean at least once a week depending on environmental conditions . 2. Clean the cabinet filters with a vacuum cleaner or wash in warm soapy water and rinse thoroughly. 3. Dry the filters thoroughly before installation .</p>		