

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 01/30/2025
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>45555</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to have a medication error rate of less than 5%. There were 2 medication errors out of 26 medication opportunities which resulted in a medication error rate of 7.69% affecting 1 (Resident #26) of 6 residents observed during medication administration.</p> <p>Findings included:</p> <p>A facility policy titled, Administering Medications, revised 04/2019, specified, 10. The individual administering the medication checks the label THREE (3) times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication.</p> <p>An Admission Record indicated the facility admitted Resident #26 on 06/26/2024. According to the Admission Record, the resident had a medical history that included a diagnosis of protein-calorie malnutrition.</p> <p>A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/24/2024, revealed Resident #26 had a Brief Interview for Mental Status (BIMS) score of 10, which indicated the resident had moderate cognitive impairment.</p> <p>Resident #26's Care Plan revealed a focus area initiated on 07/02/2024, that indicated the resident had a nutritional problem or potential nutritional problem. Interventions directed staff to administer medications as ordered and to provide and serve supplements as ordered. The Care Plan revealed a focus area initiated 01/06/2025, that indicated the resident was at risk for dehydration and/or electrolyte imbalance. Interventions instructed staff to administer nutrition related medications per physician order. The Care Plan revealed a focus area initiated on 06/26/2024, that indicated the resident was at risk for complications with bowel regimen due to constipation. Interventions directed staff to administer medications pr physician order.</p> <p>Resident #26's Order Summary Report for active orders as of 01/29/2025 revealed an order dated 06/26/2024 for multivitamin with minerals with instructions to give one tablet by mouth one time a day. The Order Summary Report revealed an order dated 08/01/2024 for senna 8.6 milligram (mg) with instructions to give two tablets by mouth two times a day.</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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observations on 01/29/2025 at 8:28 AM revealed Licensed Vocational Nurse (LVN) #1 preparing and administering medications for Resident #26. Medications included one multivitamin tablet that did not include minerals and two tablets of senna plus (senna with docusate sodium) 8.6-50 mg instead of the senna 8.6 mg ordered without the docusate sodium.</p> <p>During an interview on 01/29/2025 at 11:38 AM, LVN #1 confirmed that she gave a multivitamin tablet without minerals and a senna plus tablet instead of plain senna. She stated she should have checked the label against the order to verify it was the correct medication and then check it again.</p> <p>During an interview on 01/30/2025 at 8:13 AM, the Assistant Director of Nursing (ADON) stated the nurse should follow the seven rights of medication administration, including the right resident, right medication, right route, right time, right dose, right reason, and right documentation.</p> <p>During an interview on 01/30/2025 at 8:17 AM, the Director of Nursing (DON) stated that when the nurses were passing medications, they should be following the seven checks and a triple check against the medication administration record, orders, and medication label. The DON stated the seven checks included the right resident, right medication, right route, right dosage, right reason, right documentation, and right time. She stated the nurses should be following physician orders.</p> <p>During an interview on 01/30/2025 at 8:29 AM, the Administrator stated the nurses should follow the physician orders to ensure they were giving medications accurately.</p>		

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<p>F 0911</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure resident rooms hold no more than 4 residents; for new construction after November 28, 2016, rooms hold no more than 2 residents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31524</p> <p>Based on observation, interview, record review, facility document, and facility policy review, the facility failed to ensure 4 (adjoined rooms [ROOM NUMBERS], 27 and 29, 34 and 36, and 38 and 39) of 33 bedrooms accommodated no more than four residents. This deficient practice had the potential to result in inadequate space for the delivery of care to each of the residents in each room or for storage of the residents' belongings.</p> <p>Findings included:</p> <p>A facility policy titled, Bedrooms, dated 05/2017, indicated, All residents are provided with clean, comfortable and safe bedrooms that meet federal and state requirements. The policy revealed the section titled Policy Interpretation and Implementation, included, 3. Each room is designed to provide full visual privacy for each resident (in the form of ceiling-suspended curtains that extend around the bed) and equipped for adequate nursing care.</p> <p>A Client Accommodations Analysis, dated as signed by the Administrator on 01/28/2025, revealed the following:</p> <ul style="list-style-type: none"> - Adjoined rooms [ROOM NUMBERS] had a floor area of 784 square feet (sq ft) with eight resident beds. - Adjoined rooms [ROOM NUMBERS] had a floor area of 808 sq ft with eight resident beds. - Adjoined rooms [ROOM NUMBERS] had a floor area of 804 sq ft with eight resident beds. - Adjoined rooms [ROOM NUMBERS] had a floor area of 804 sq ft with eight resident beds <p>A facility Daily Census record, dated 01/27/2025, indicated the following:</p> <ul style="list-style-type: none"> - Adjoined rooms [ROOM NUMBERS] had eight residents residing in the room. - Adjoined rooms [ROOM NUMBERS] had eight residents residing in the room. - Adjoined rooms [ROOM NUMBERS] had eight residents residing in the room. - Adjoined rooms [ROOM NUMBERS] had eight residents residing in the room. <p>During the recertification survey dated 01/27/2025 through 01/30/2025, rooms [ROOM NUMBERS], rooms [ROOM NUMBERS], rooms [ROOM NUMBERS], and rooms [ROOM NUMBERS] were observed connected by wide walkways where resident space in one room was visible from the adjoining room. Observation of the care and services provided to the residents residing in the listed rooms was conducted. The number of beds in these four rooms was not observed to restrict the provision of care to the residents residing in them. The residents residing in the rooms in question offered no complaints regarding the number of beds in each room</p> <p>(continued on next page)</p>		

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<p>F 0911</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 01/29/2025 at 1:48 PM, the Director of Nursing (DON) stated she expected there to be no difference in the care provided to the eight residents in each of the four adjoined rooms. The DON further stated she expected her staff to utilize the privacy curtains during activities of daily living care.</p> <p>During an interview on 01/30/2025 at 8:16 AM, the Administrator stated the facility staff treated the rooms with eight residents as two separate rooms of four residents each even though the rooms were connected by a small hallway making it one big room. The Administrator further stated they ensured the facility was adequately staffed to meet the needs of the residents. The Administrator stated there was enough square footage for staff to provide care and a homelike environment for the residents. The Administrator stated all residents had their own privacy curtain, and he expected staff to use them to ensure privacy when providing care.</p> <p>Recommend waiver continue in effect</p> <p>Don [NAME], HFES</p> <p>Health Facilities Evaluator Supervisor Date</p> <p>Request waiver continue in effect.</p>		