Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055249	A. Building B. Wing	02/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Merced Nursing & Rehabilitation Ctr	510 West 26th Street Merced, CA 95340

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 two of four residents (Residents 1 and 2) when Certified Nursing Assistant (CNA) 3 left Residents 1 and 2 unattended in the dining room of the Memory Unit (a specialized care facility designed specifically for individuals experiencing memory loss due to conditions like Alzheimer's disease; a brain disorder that gradually destroys memory and thinking skills or Dementia; a loss of brain function that affects thinking, memory, and reasoning, providing a secure environment with tailored activities and ,d+[DATE]; 24 hours/seven days a week supervision to support their needs) on [DATE]. This failure resulted in Resident 1 striking Resident 2 in the face and the potential for Resident 2 to be injured. Findings: During a concurrent observation and interview on [DATE] at 9:25 a.m. with Resident 1, in the Memory Unit dining room, Resident 1 was sitting in a chair eating graham crackers. Resident 1 was oriented (a person's state of awareness and cognitive function) to self only and was unable to answer simple questions. During a concurrent observation and interview on [DATE] at 9:30 a.m. with Resident 2, in the Memory Unit dining room, Resident 2 was sitting in a chair. Resident 2 was oriented to self only and was unable to answer simple questions. During a concurrent observation and interview on [DATE] at 9:35 a.m. with License Vocational Nurse (LVN) 1, in the Memory Unit dining room, LVN 1 was sitting in a chair watching six residents. LVN 1 stated one licensed staff member (an individual who is trained and authorized to work in a specialty area) was required to be in the dining room when residents were present. LVN 1 stated residents in the Memory Unit had a history of Alzheimer and Dementia and required supervision. LVN 1 stated some of the residents had a history of altercation (a heated argument or noisy dispute) and their behaviors were unpredictable (likely to change suddenly and without reason). 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 Other Specified Disorders of the Brain (disorders that are caused by brain damage and physical disease). (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

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 4 (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 independent (no assistance required) of ADL (activities of daily living, such as eating, dressing, walking). During a review of Resident 1 ' s Care Plan Report (CPR), dated [DATE], the CPR indicated, Resident 1 has displayed behaviors of agitation, striking out at staff, using vulgar language and refusing care. At risk for injury to self & others. Interventions: Frequently monitor resident ' s whereabouts. Staff to attempt activities that will distract him from others . During a review of Resident 2 ' s AR, dated [DATE], the AR indicated, Resident 2 was admitted on [DATE] with a history of Dementia. During a review of Resident 2's MDS, dated [DATE], the MDS indicated, Resident 2's BIMS score was 0. The MDS indicated Resident 2 required substantial assistance (helper does more than half the effort) of ADL. During a review of Resident 2 ' s CPR, dated [DATE], the CPR indicated, Resident 2 has increased agitation, aggression, and combative behaviors toward staff and other resident at times. Interventions: 1:1 (one staff member to one resident) as needed. Redirect Resident 1 as needed . During a review of Resident 2 ' s CPR, dated [DATE], the CPR indicated, At risk for elopement/wandering r/t (related to) cognitive loss, impaired decision making, Dementia, wanders into other resident ' s rooms. Interventions: Frequent visual checks of resident ' s whereabouts . During a review of Resident 1 and Resident 2 ' s Post-Event Review ([NAME]), dated [DATE], the [NAME] indicated, 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) met to review resident to resident altercation that occurred on [DATE]. Per interview with staff, (Resident 2) was walking around the dining room and stopped near (Resident 1) and started touching his shoulder. (Resident 1) became upset and hit (Resident 2) on the forehead with an open hand and stated, [NAME] ' t touch me. Residents were separated immediately, and body assessment (gathering of information) completed. No injuries noted . During an interview on [DATE] at 10:18 a.m. with the Housekeeper (HK), the HK stated on [DATE] she was in the Memory Unit dining room mopping the floor when Resident 2 went and stood by Resident 1 and touched Resident 2 ' s shoulder and leg. The HK stated Resident 1 hit Resident 2 with his hand between the eyes. The HK stated she separated Resident 1 and Resident 2 and escorted Resident 2 to the nursing station. The HK stated Resident 1 ' s cheek and eyes were red. The HK stated there was no licensed staff in the dining room when the incident occurred. The HK stated one licensed staff member was required to be in the dining room when residents were present to ensure their safety. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on [DATE] at 9:55 a.m. with CNA 1, CNA 1 stated one licensed staff member was required to be in the Memory Unit dining room when residents were present to ensure the safety of the residents. During an interview on [DATE] at 10:17 a.m. with CNA 2, CNA 2 stated one licensed staff member was required to be in the Memory Unit dining room when residents were present to ensure the safety of the residents. During an interview on [DATE] at 1:17 p.m. with CNA 3, CNA 3 stated on [DATE], CNA 3 was sitting in the Memory Unit dining room watching the residents when one of the residents had a bowel movement (defecated) all over himself. CNA 3 stated she escorted the resident to his room to clean him. CNA 3 stated there were two housekeepers in the dining room and CNA 3 thought it was safe to leave the dining room with the resident to clean him. CNA 3 stated, shortly after, there was an altercation between Resident 1 and Resident 2. CNA 3 stated one licensed staff member was required to be in the dining room when residents were present to ensure the safety of the residents. CNA 3 stated residents in the Memory Unit had a history of Dementia, were confused, and had unpredictable behaviors. CNA 3 stated she was provided education to alert licensed staff when stepping out of the dining room when residents were present. During an interview on [DATE] at 12:21 p.m. with the Director of Nursing (DON), the DON stated the standard of practice in the Memory Unit was that a trained and licensed staff was present in the dining room when residents were in the dining room to provide supervision to ensure the safety of the residents. DON stated licensed staff was required to complete the annual Alzheimer and Dementia in-service (education). The DON stated housekeeping staff were not trained to work in the Memory Unit and were not required to complete the annual Alzheimer and Dementia in-service. The DON stated residents in the Memory Unit had a history of Dementia, were confused and their behaviors were unpredictable which can lead to altercations. DON stated the residents should always be supervised by a licensed staff member in the Memory Unit dining room. During an interview on [DATE] at 12:30 p.m. with the Administrator (ADM), the ADM stated residents in the Memory Unit should always be supervised by trained and licensed staff to ensure the safety of the residents. The ADM stated it was unacceptable to leave the residents unattended even to assist another resident in another area. The ADM stated housekeeping staff were not trained to work in the Memory Unit and were not required to complete the annual Alzheimer and Dementia in-service. The ADM stated trained and licensed staff was required to alert another trained and licensed staff member when they were not able to supervise the residents in the Memory Unit dining room. During a review of the facility ' s Policy and Procedure (P&P) titled, Dementia - Clinical Protocol, dated , d+[DATE], the P&P indicted, Treatment/Management. 1. For the individual with confirmed dementia, the IDT will identify a resident-centered care plan to maximize remaining function and quality of life. 2. Nursing assistants will receive initial training in the care of residents with dementia and related behaviors . 4. Direct care staff will support the resident in the initiating and completing activities and tasks of daily living. a. Bathing, dressing, mealtimes, and therapeutic and recreational activities will be supervised and supported throughout the day as needed . (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility ' s P&P titled, Secure Unit, dated ,d+[DATE], the P&P indicated, The Secure Unit (SU) is designed to provide a holistic approach of care for ambulatory or non-ambulatory residents with dementia. Using a team approach, the staff can work collaboratively with families to manage the most severe behavioral problems associated with this type of disease. The overall objective of the SU is to provide a therapeutic environment that will maximize the resident ' s independent functioning for as long as possible and help ease the burden for families . During a professional reference review retrieved from https://www.nccdp.org/three-key-things-every-senior-living-memory-care-manager-should-know/#:~:text=Memory%20care%20managers%20should%20undergo,understanding%20in%20the%20caregiving%20team titled, Three Key Things Every Senior Living Memory Care Manager Should Know, undated, the professional reference review indicated, Memory care managers in senior living and nursing homes play a critical role in ensuring the well-being and quality of life for residents living with dementia. Here are three essential things every memory care manager should know: Comprehensive Understanding of Dementia: A memory care manager must possess a deep understanding of various types of dementia, including Alzheimer ' s disease . This knowledge enables effective management of residents ' unique needs and behaviors. Familiarity with the progression of dementia and its impact on cognitive function, behavior, and daily living activities is crucial for providing personalized care plans tailored to each resident ' s stage of the disease. Understanding the emotional and psychological aspects of dementia is essential for creating a supportive environment that promotes dignity, respect, and person-centered care for residents and their families. Specialized Training in Dementia Care: Memory care managers should undergo specialized training in dementia care, including certification programs or workshops focused on evidence-based practices and techniques. Training should encompass various aspects of dementia care, such as communication strategies, behavior management techniques, and creating dementia-friendly environments. Knowledge of best practices in dementia care ensures that memory care managers can effectively train and supervise staff members, fostering a culture of empathy, patience, and understanding in the caregiving team .