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	03/23/2026

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to timely review and revise residents' comprehensive, personˆcentered care plans after significant changes in condition and or behavior following a residentˆtoˆresident aggression on 3/13/2026 for two of four sampled residents ((Res) 1, and Res 2), when Res 1 was verbally aggressive towards Res 2 and LVN 1, Res 1 moved Res 2 while he was in his wheel chair, and Res 2 kicked Res 1's wheel chair. Res 1's care plan was not updated in accordance with facility policy to address the incident when Res 1's wheelchair was kicked by Res 2 and significant verbal aggression by Res 1 towards other residents and staff, and Res 2 did not have any documented assessment, care plan updates or any interdisciplinary team (IDT-a collaborative group of professionals including nurses, doctors, therapists, social workers, and dietitians who meet regularly to plan and manage a resident's care) documentation indicating the resident was assessed for safety after the incident, and interventions were placed to keep all residents safe.These failures to timely reassess and revise care plans placed Res 1 and Res 2 at risk for psychosocial distress (emotional suffering that may include fear, anxiety, agitation or decrease sense of safety resulting from unaddressed stressful events) and Res 1 and Res 2 were not comprehensively reassessed for appropriate individualized services to assure highest practical physical, mental and phycological well-being following the incidents.During a review of Resident 1's History and Physical (H&P), dated 7/17/25, the H&P indicated Res 1 was a [AGE] year-old female with past medical history of chronic kidney disease stage 3 (kidneys are moderately damaged and cannot do their job properly, leading to a buildup of waste in the blood and other health issues), hypertension (condition where blood vessels experience consistently high pressure), heart failure (condition where the heart cannot pump blood efficiently to meet the body's needs), type 2 diabetes (condition where the body cannot effectively use insulin (hormone produce by body to move sugar from blood to cells for energy) to move sugar from the blood into cells for energy, causing blood sugar to rise too high), atrial fibrillation (a common heart condition causing an irregular, often fast, heart rate), malignant pleural effusion (accumulation of fluid between the lung and chest wall caused by cancer), anxiety disorder (mental health conditions characterized by excessive, persistent, and uncontrollable fear or worry that interferes with daily life), depression (a serious, common mood disorder causing persistent sadness, loss of interest, and physical symptoms like fatigue or sleep changes that interfere with daily life), hypothyroidism (a common condition where the butterfly-shaped gland in the neck doesn't produce enough thyroid hormones), generalized muscle weakness, and difficulty walking. During a review of Res 2's Progress Note - Acute Care, dated 3/4/26, the Progress Note - Acute Care indicated Res 2 was a 61-year- old male with primary diagnosis of hemiplegia (a form of paralysis that causes severe or complete loss of muscle function, weakness, or stiffness on only one side of the body) and hemiparesis (condition characterized by weakness or reduced motor function on one side of the body affecting daily activities) following cerebral infarction (serious medical emergency where blood flow to part of the brain is blocked, causing tissue death (necrosis) due to lack of oxygen) affecting the left side, dysphagia (difficulty swallowing), generalized muscle weakness, difficulty in walking, fracture (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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