

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055423	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER Manning Gardens Care Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 2113 E. Manning Avenue Fresno, CA 93725	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44708</p> <p>Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases (illnesses that can be spread from one person, animal, or object to another) and infections for five of seven residents (Resident 2, 3, 4, 5, and 6) when:</p> <ol style="list-style-type: none"> 1. Resident 2, 3, 4, 5, and 6's personal trash bins (a metal or plastic container used for discarding garbage) without lids located at the bedside contained used blue rubber gloves (protective coverings for the hands designed to shield against chemicals, contamination, and other harmful substances). 2. Two of six large yellow barrels (a cylindrical container) with lids labeled soiled linen (gowns, bedsheets, drawsheets, towels etc. which were exposed to fluids from the human body such as stool; fecal matter, urine, and vomit) located in the east hall contained used blue rubber gloves. <p>These failures had the potential to expose Resident 2, 3, 4, 5, and 6, and staff to the transmission of communicable diseases and infections.</p> <p>Findings:</p> <p>During an interview on 4/9/25 at 2:34 p.m. with Resident 1, Resident 1 stated she was admitted on [DATE] after having back surgery. Resident 1 stated she was transferred to the hospital with an infection on her back on 3/26/25. Resident 1 stated the Certified Nursing Assistant (CNA) changed the roommate's briefs (adult diaper) and Resident 1 witnessed the CNA discard a pair of used blue rubber gloves into the trash bin by her bed after the care was provided. Resident 1 was unable to recall the CNA's name and the date. Resident 1 stated the trash bin did not have a lid. Resident 1 stated the trash bin had a foul odor when she went to inspect the trash bin and she found the used blue rubber gloves with stool on it. Resident 1 stated she tied the trash liner (a plastic bag covering a container) and the stool got on her hands. Resident 1 stated she reported the incident to a staff member and the facility installed a large trash bin in the room with a lid.</p> <p>During a review of Resident 1's Admission Record (AR) , dated 4/16/25, the AR indicated Resident 1 was admitted on [DATE] with a history of Intervertebral Disc Displacement, Lumbar Region (protrusion or herniation of the cushion-like disc resting between any two of the five lumbar vertebrae; vertebrae L1 through L5 in the lower spine).</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of 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) , dated 3/8/25, the BIMS score was 14 (a score of 0 to 7 indicated severe impairment, 8 to 12 indicated moderate impairment, and 13 to 15 indicated minimal to no impairment).</p> <p>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 3/26/25, the MDS indicated Resident 1 required setup assistance (helper sets up or cleans up and resident completes activity) with toileting hygiene (the ability to maintain cleanliness after voiding or bowel movement).</p> <p>During a review of Resident 1's Progress Notes (PN) , dated 3/26/25, the PN indicated, . resident wants to go to hospital for her pain . resident state I have pain 10:10 (ten out of ten- pain scale used to measure the level of pain a person is experiencing with a score of zero indicating no pain up to a score of ten indicating worse pain imaginable) and I want to go to hospital. MD (Medical Doctor) notified via phone call and MD gave phone order to transfer the resident to acute care facility for further evaluation . resident transferred to [name of hospital] at 2:15 p.m.</p> <p>During a concurrent observation and interview on 4/16/25 at 9:45 a.m. in Resident 2's room with CNA 1, the small trash bin without a lid located next to Resident 2's bed contained a pair of used blue rubber gloves. CNA 1 stated staff were required to don (the act of putting on personal protective equipment [PPE] such as gloves, gowns, and face mask in the healthcare setting) blue rubber gloves when providing care to the residents. CNA 1 stated after the care was provided, staff were required to discard the used blue rubber gloves in a bin with a lid or in the yellow barrels labeled soiled linen in the hallway. CNA 1 stated used blue rubber gloves may contain urine and stool. CNA 1 stated the used blue rubber gloves should not have been discarded in the small trash bin by Resident 2's bed. CNA 1 stated the small trash bin next to Resident 2's bed was for Resident 2's personal use. CNA 1 stated the used blue rubber gloves should have been discarded in a trash bin with a lid to prevent cross contamination and infection.</p> <p>During an interview on 4/16/25 at 10:00 a.m. with the Infection Preventionist (IP), the IP stated used blue rubber gloves should be discarded in trash bins with a lid in the residents' room and soiled linen should be discarded in the yellow barrel labeled soiled linen outside the residents' room. The IP stated waste product such as urine and stool should be contained in a plastic bag and discarded in trash bins with lids. The IP stated staff were permitted to use the yellow barrels labeled soiled linen to transport waste product to the trash bins located outside the facility. The IP stated if staff discarded wasted products in the yellow barrels, it must be contained in a separate plastic bag and discarded immediately. The IP stated discarding used blue rubber gloves in the trash bins by the resident's bed and in the yellow barrels uncontained was unacceptable and can increase the transmission of diseases and the spread infection.</p> <p>During a concurrent observation and interview on 4/16/25 at 10:05 a.m. in the east hall with the IP, six yellow barrels labeled soiled linen with lids were lined up next to one another. One yellow barrel contained used blue rubber gloves and linen mixed together. The IP stated the soiled linen should be contained in a separate plastic bag and the used blue rubber gloves should be contained in a separate plastic bag. The IP stated it was unacceptable to mix used blue rubber gloves and soiled linen together.</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 - Some</p>	<p>During a concurrent observation and interview on 4/16/25 at 10:10 a.m. in Resident 3's room with the IP and CNA 2, the small trash bin without a lid located next to Resident 3's bed contained a pair of used blue rubber gloves. CNA 2 stated used blue rubber gloves should not be discarded in Resident 3's personal trash bin and should be discarded in trash bins with lids to minimize the transmission of diseases and prevent the spread infection. The IP stated discarding the used blue rubber gloves in Resident 3's personal trash bin was unacceptable.</p> <p>During a concurrent observation and interview on 4/16/25 at 10:15 a.m. in Resident 4's room with the IP, the small trash bin without a lid located next to Resident 4's bed contained a pair of used blue rubber gloves. The IP stated discarding the used blue rubber gloves in Resident 4's personal trash bin was unacceptable.</p> <p>During a concurrent observation and interview on 4/16/25 at 10:20 a.m. in Resident 5's room with Resident 5 and the IP, the small trash bin without a lid located next to Resident 5's bed contained a pair of used blue rubber gloves. Resident 5 stated staff provided care in the morning for him with the blue rubber gloves and staff discarded the used blue rubber gloves in the trash bin after the care. The IP stated discarding the used blue rubber gloves in Resident 5's personal trash bin was unacceptable.</p> <p>During a concurrent observation and interview on 4/16/25 at 10:25 a.m. in Resident 6's room with the IP, the small trash bin without a lid located next to Resident 6's bed contained a pair of used blue rubber gloves. The IP stated discarding the used blue rubber gloves in Resident 6's personal trash bin was unacceptable.</p> <p>During a concurrent observation and interview on 4/16/25 at 10:31 a.m. Resident 7's room with CNA 3 and the IP, there was a plastic bag tied at the top with used wipes containing stool. The plastic bag was placed on the floor by the door. CNA 3 stated she had just finished providing care to Resident 7 and was going to transport the plastic bag with the used wipes in a yellow barrel labeled soiled linen to discard the plastic bag into the trash bins located outside the facility. When CNA 3 obtained the yellow barrel labeled soiled linen, there was no plastic liner inside the barrel and two pairs of used blue rubber gloves were at the bottom of the barrel. CNA 3 stated the used blue rubber gloves should have been contained in a plastic bag and discarded in the trash waste bin outside the facility to minimize the transmission of diseases and prevent the spread infection. The IP stated discarding the used blue rubber gloves in the yellow barrel uncontained was unacceptable.</p> <p>During an interview on 4/16/25 at 12:07 p.m. with the Laundry Staff (LS), the LS stated the laundry staff were responsible to collect the soiled linen from the yellow barrels labeled soiled linen to be washed. The LS stated there was trash and soiled linen in the barrels. The LS stated the laundry staff would have to separate the trash from the soiled linen. The LS stated she would find used blue rubber gloves in the soiled linen barrel but was contained in a plastic bag and were discarded in the gray trash bins outside the facility. The LS stated used blue rubber gloves were required to be contained in a plastic bag because they were considered dirty and could possibly have germs on them. The LS stated containing the used blue rubber gloves was required for the prevention of infection and cross contamination.</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 - Some</p>	<p>During an interview on 4/16/25 at 11:00 a.m. with the Director of Maintenance (DM), the DM stated staff were required to discard used blue rubber gloves in trash bins with lids. The DM stated soiled linen barrels were dedicated for soiled linen only and gray barrels with lids will be provided in the hallway for staff to discard waste products such as used PPEs. The DM stated each room had large bins with lids and were being washed outside the facility and will be returned to each room for staff to discard waste products into. The DM stated the small trash bins located next to the residents' bedside were for residents' personal use and staff should not be discarding used blue rubber gloves or other waste products in it. The DM stated the Infection Prevention Program was required to minimize cross contamination to prevent spread of infections.</p> <p>During an interview on 4/16/25 at 11:10 a.m. with the IP, the IP stated Infection Prevention In-services (training and education) were provided to staff every month. The IP stated staff were in-serviced on the use of the yellow soiled linen barrels and staff were in-serviced on discarding used PPEs. The IP stated soiled linen barrels were dedicated for soiled linen only. The IP stated waste products such as used PPEs and wipes should be contained in plastic bags and discarded in a gray bin with a lid. The IP stated waste products and soiled linen should not be mixed in the soiled linen barrels without containment. The IP stated the small trash bins without a lid located next to the residents' bed were for residents' personal use and staff should not be discarding waste products and used PPEs in it. The IP stated once a blue rubber glove was used, the glove was considered contaminated and should be discarded in a gray trash bin with a lid. The IP stated the Infection Prevention Program was required to prevent infection and ensure a safe and sanitary environment for residents and staff.</p> <p>During an interview on 4/16/25 at 11:46 a.m. with the Director of Nursing (DON), the DON stated staff should not be mixing uncontained waste products and soiled linen together. The DON stated laundry staff could be exposed to contamination when separating linen for laundry services. The DON stated the gray bin with a lid were provided in each resident's room for dedicated waste products such as used blue rubber gloves and other used PPEs. The DON stated if staff discarded waste products in the resident's bins, the liner in the bin should be contained and emptied right away into a trash bin with a lid and the liner replaced. The DON stated all used PPEs should be discarded in a gray trash bin with a lid. The DON stated the Infection Control Program was required to prevent cross contamination and prevent spread of infection.</p> <p>During an interview on 4/16/25 at 12:03 p.m. with the Administrator (ADM), the ADM stated staff discarding used blue rubber gloves in the residents' personal trash bins was unacceptable and staff should be discarding the used blue rubber gloves in the proper bin with a lid for containment. The ADM stated soiled linen should be discarded in the soiled linen barrel only. The ADM stated waste products and used PPEs should be discarded in gray waste bins with lids. The ADM stated staff discarding used blue rubber gloves in the soiled linen barrel exposed laundry staff to waste product contamination and was unacceptable. The ADM stated proper bins were dedicated to discard proper waste to minimize cross contamination and minimize spread of infection.</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 - Some</p>	<p>During a review of the facility's policy and procedure (P&P) titled, Policies and Practices - Infection Control , dated 10/2023, the P&P indicated, Policy Statement: This facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections. Policy Interpretation and Implementation: 1. This facility infection control policies and practices apply equally to all personnel, consultants, contractors, residents, visitors, volunteer workers, and the general public alike . 2. The objectives of our infection control policies and practices are to: a. prevent, detect, investigate, and control infections in the facility; b. maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public; c. establish guidelines for implementing isolation precautions, including standard and transmission-based precautions . 4. All personnel will be trained on our infection control policies and practices upon hire and periodically thereafter, including where and how to find and use pertinent procedures and equipment related to infection control .</p> <p>During a review of the facility's P&P titled, Waste Disposal , dated 1/2012, the P&P indicated, Policy Statement: All infectious and regulated waste shall be handled and disposed of in a safe and appropriate manner. Policy Interpretation and Implementation: 1. All infectious and regulated waste destined for disposal shall be placed in a closable leak-proof containers or bags that are color-coded or labeled as herein described. The Infection Preventionist and Environmental Services Director will ensure that waste is properly disposed of and the following rules are observed: a. If outside contamination of the container or bag is likely to occur, a second leak-proof container or bag which is closable and labeled (or color-coded) shall be placed over the outside of the first container or bag and closed to prevent leakage during handling, storage, and transport. b. Disposal of all infectious and regulated waste shall be in accordance with applicable federal, state, and local regulations .</p> <p>During a review of the facility's P&P titled, Laundry and Bedding, Soiled , dated 9/2022, the P&P indicated, Policy Statement: Soiled laundry/bedding shall be handled, transported and processed according to best practices for infection prevention and control. Policy Interpretation and Implementation: Handling. 1. All used laundry is handled as potentially contaminated using standard precautions (e.g., gloves and gowns when sorting). 2. Contaminated laundry is bagged or contained at the point of collection (i.e., location where it was used). 3. Leak-resistant containers or bags are used for linens or textiles contaminated with blood or body substances. 4. Sorting and rinsing of contaminated laundry at the point of use, hallways, or other open resident care spaces is prohibited. 5. Staff handle soiled textiles/linens with minimum agitation to avoid the contamination of air, surfaces, and persons. Transport: Contaminated linen and laundry bags/containers are not held close to the body or squeezed during transport. 2. There are no additional requirements (e.g., double bagging or categorizing as biohazard [any biological agent that can cause death, injury, or illness to a person]) for transporting linen from rooms where transmission-based precautions are in effect .</p> <p>(continued on next page)</p>		

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