

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Dinuba Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1730 South College Ave. Dinuba, CA 93618	

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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>51320</p> <p>Based on observation, interview, and record review, the facility failed to ensure the transportation for one of five sampled residents (Resident 1) was arranged for a dialysis (a treatment or people whose kidneys are failing, removing waste products and excess fluid from the blood) appointment. This failure resulted in Resident 1 crying waiting for almost five hours (5 p.m. until 9:51 p.m.) waiting for transportation, late medication administration, and potential for adverse health outcomes and emotional distress.</p> <p>Findings:</p> <p>During an observation on 10/18/24 at 2:10 p.m. in Resident 1's room, Resident 1 was lying in bed sleeping with a feeding tube (tube mainly inserted into the stomach to provide route for enteral nutrition) connected, and a floor mat on the floor.</p> <p>During a review of the facility ' s Dialysis Transportation Log (DTL), dated August 22, 2024, the DTL indicated, Resident [1] left the facility at 2:30 p.m. [to go to a dialysis appointment].</p> <p>During an interview on 10/1/24 at 2 p.m. with Social Services (SS), SS stated the facility had a problem with the transportation and there was no established communication system for both the dialysis center and the facility.</p> <p>During an interview on 10/1/24 at 2:35 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated she noticed Resident 1 was not in the facility at 8 p.m. (three hours overdue to be back to the facility).</p> <p>During an interview on 10/1/24 at 3:30 p.m. with Director of Nursing (DON), DON stated she got a call around 8:15 p.m. (three hours after dialysis) from Resident 1's husband that his wife (Resident 1) had not been picked up yet from the dialysis center to go back to the facility. DON stated, The expected time [for dialysis treatment] is 4 hours so she [Resident 1] should have been back around 5 p.m.</p> <p>During an interview on 10/1/24 at 3:43 p.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated Resident 1 looked tired when Resident 1 arrived at 9:51 p.m.</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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/1/24 at 3:46 p.m. with LVN 2, LVN 2 stated he had to call the physician to notify Resident 1's medication and feeding through the feeding tube was going to be administered late.</p> <p>During an interview on 10/03/24 at 10:52 a.m. with Dialysis Center Supervisor (DCS), DCS stated she tried to call the facility 12 times over a two-hour time frame. DS stated Resident 1 was emotionally stressed and crying.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Transportation, Social Services dated 2008, the P&P indicated, Social services will help the resident as needed to obtain transportation.</p>		