

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 02/09/2026
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of two sampled residents (Resident 1)'s care plan was implemented after a fall incident. This failure had the potential for Resident 1 to experience subsequent falls. Findings: During a review of Resident 1's IDT (interdisciplinary team-group of professionals who work together to provide comprehensive, patient-centered care)-Post Fall Review (IDTPFR) dated 2/3/26, the IDTPFR indicated, 2/3/2026 1:50 p.m. fall was unwitnessed. Approx (approximately) 1347 (1:47 p.m.) writer heard shouting from staff member that resident is found on the floor, noted to be bleeding. upon arrival residentis [sic] laying on right side in cradle positioning. Indicate all intervention recommendations and IDT Referrals. nonskid tape (adhesive tape with a textured, abrasive surface designed to increase traction and prevent slips and falls on slippery or hazardous surfaces) at bedside. During a review of Resident 1's Care Plan (CP) dated 2/4/26, the CP indicated, The resident is at risk for falls related to her poor balance. Interventions. nonskid tape at bedside. Date initiated. 2/4/2026. During a concurrent observation and interview on 2/9/26 at 11:43 a.m., with Director of Nursing (DON), in Resident 1's room, Resident 1 was lying on the bed covered with a blanket. There was no nonskid tape at the bedside. DON stated the nonskid tape should have been placed at the bedside right away. During a review of the facility policy and procedure (P&P) titled Developing and Implementing Care Plans with the Interdisciplinary Team undated, the P&P indicated, Interventions. These are the specific actions or services that each discipline will provide to help the resident meet their goals.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 055448
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