

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

Printed: 07/18/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>055448                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY<br>COMPLETED<br><br>01/08/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Dinuba Healthcare                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1730 South College Ave.<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                          |                                                 |
| F 0578<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to: Ensure their Advance Directive (legal document that specifies a person's medical care and end of life wishes, should the person become unable to communicate those wishes) questionnaire contained all the necessary regulatory requirements for five of eleven sampled residents (Resident 1, Resident 10, Resident 8, Resident 76, and Resident 3). 2. Ensure one of 22 sampled residents (Resident 13) had a signed and dated Advance Directive. These failures had the potential for residents' rights to formulate an advanced directive and for medical care wishes and/or end of life issues to not be honored. Findings:</p> <p>1. During a record review on 1/6/26 at 2:26 p.m., Resident 1's Advance Directive Questionnaire (ADQ) was reviewed. The ADQ did not have a question that asked if Resident 1 wanted more information on how to execute an advance directive.</p> <p>During a record review on 1/6/26 at 2:34 p.m. Resident 10's ADQ was reviewed. The ADQ did not have a question that asked if Resident 10 wanted more information on how to execute an advance directive.</p> <p>During a record review on 1/6/26 at 2:37 p.m. Resident 8's ADQ was reviewed. The ADQ did not have a question that asked if Resident 8 wanted more information on how to execute an advance directive.</p> <p>During a record review on 1/6/26 at 2:45 p.m. Resident 76's ADQ was reviewed. The ADQ did not have a question that asked if Resident 76 wanted more information on how to execute an advance directive.</p> <p>During a record review on 1/6/26 at 3 p.m. Resident 3's ADQ was reviewed. The ADQ did not have a question that asked if Resident 3 wanted more information on how to execute an advance directive.</p> <p>During a concurrent interview and record review, on 1/7/26 at 9:58 a.m. with the Director of Nursing (DON), Resident 1's ADQ was reviewed. The ADQ indicated Resident 1 did not have an advance directive. DON stated ADQ did not ask if Resident 1 wanted information on how to execute an advance directive.</p> <p>During a concurrent interview and record review, on 1/7/26 at 10:01 a.m. with the DON, Resident 76's ADQ was reviewed. The ADQ indicated Resident 76 did not have an advance directive. DON stated ADQ did not ask if Resident 76 wanted information on how to execute an advance directive.</p> <p>During a concurrent interview and record review, on 1/7/26 at 10:05 a.m. with the DON, Resident 10's ADQ was reviewed. The ADQ indicated Resident 10 did not have an advance directive. DON stated (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0578</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>ADQ did not ask if Resident 10 wanted information on how to execute an advance directive.</p> <p>During a concurrent interview and record review, on 1/7/26 at 10:08 a.m. with the DON, Resident 8's ADQ was reviewed. The ADQ indicated Resident 8 did not have an advance directive. DON stated ADQ did not ask if Resident 8 wanted information on how to execute an advance directive.</p> <p>During a concurrent interview and record review, on 1/7/26 at 10:11 a.m. with the DON, Resident 3's ADQ was reviewed. The ADQ indicated Resident 3 did not have an advance directive. DON stated ADQ did not ask if Resident 3 wanted information on how to execute an advance directive.</p> <p>2. During a concurrent interview and record review on 1/6/26 at 2:40 p.m. with DON, Resident 13's Medical Record (MR) was reviewed. DON stated Resident 13 was admitted on [DATE] and there was no ADQ in Resident 13's MR.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Advance Directives, dated 9/2022, the P&amp;P indicated, The resident has the right to formulate an advance directive, including the right to accept or refuse medical or surgical treatment.Determining Existence of Advance Directive 1. Prior to or upon admission of a resident, the social services director or designee inquires of the resident, his/her family members and/or his or her legal representatives, about the existence of any written advance directives. 2. The resident or representative is provided with written information concerning the right to refuse or accept medical or surgical treatment and to formulate an advance directive if he or she chooses to do so. 3. Written information about the right to accept or refuse medical or surgical treatment, and the right to formulate an advance directive is a provided in a manner that is easily understood by the resident or representative.</p> |                                                                                          |                                                 |

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| <p>F 0550</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observation, interview, and recorded review, the facility failed to follow its policy and procedure (P &amp; P) titled, Assistance with Meals, for three of four sampled Residents (Resident 11, Resident 32, Resident 22) when the Certified Nursing Assistant's (CNA)'s was standing while assisting Resident 11, Resident 32, and Resident 22 during lunch meal. This failure had the potential for Resident 11, Resident 32, and Resident 22 to negatively impact their dignity while being assisted with meals. Findings: During an interview on 1/5/26 at 12:25 p.m. with CNA 3, CNA 3 stated there was usually two staff members assisting in the dining room. CNA 3 stated today she was the only one assisting in the dining room. During an observation on 1/5/26 at 12:37 p.m. in the dining room, CNA 3 was standing over Resident 32 while assisting her with feeding. During an observation on 1/6/26 at 12:33 p.m. in the dining room, CNA 4 placed a spoonful of pureed food into Resident 22's mouth while standing over her. During an interview on 1/7/26 at 1:41 p.m. with CNA 5, CNA 5 stated the process for assisting residents with feeding was to get a chair, sit, and sanitize hands between each resident. During an interview on 1/7/26 at 1:44 p.m. with CNA 4, CNA 4 stated CNA's are to be sitting when feeding a resident. During a concurrent interview and record review on 1/7/26 at 2:15 p.m. with Assistant Director of Nursing (ADON), the facility's P&amp;P titled, Assistance with Meals, dated 3/2022 was reviewed. The P&amp;P indicated, 3. Residents who cannot feed themselves will be fed with attention to safety, comfort and dignity, for example: a not standing over residents while assisting them with meals. ADON stated she expected her staff not to stand over the residents while feeding.</p> |                                                                                          |                                                 |

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| F 0640<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.<br><br>Based on interview and record review, the facility failed to ensure Minimum Data Set (MDS- resident assessment tool) assessment was accurate for one of five sampled residents (Resident 76). This failure resulted in an inaccurate medical record. Findings: During an interview on 1/6/26 at 10:08 a.m. with Resident 76, Resident 76 stated a hospice (program that gives special care to people who are near the end of life and have stopped treatment to cure or control their disease) aide took her outside to smoke three times a week. Resident 76 stated she smoked two cigarettes each time she was taken outside to smoke. During an interview on 1/7/26 at 10:17 a.m. with Director of Nursing (DON), DON stated Resident 76 is on hospice care and is the only resident in the facility who has smoking privileges. During a concurrent interview and record review on 1/7/26 at 11:11 a.m. with DON, Resident 76's MDS was reviewed. MDS Section J- Health Conditions question J1300, dated 11/20/25 was reviewed. Question J1300 indicated, Current Tobacco Use. No. DON stated the tobacco use MDS assessment was inaccurate. |                                                                                          |                                                 |

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| <p>F 0676</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure communication services were available for one of 22 sampled residents (Resident 58) who did not speak English. This failure had the potential for Resident 58's needs go unmet. Findings: During a concurrent observation and interview on 1/5/26 at 10:30 a.m. with Certified Nursing Assistant (CNA) 2 in Resident 58's room, Resident 58 was speaking in her native language. CNA 2 stated Resident 58 speaks [NAME] (language spoken in [NAME]). CNA 2 stated there was no communication board or any picture board to know what Resident 58 was saying. CNA 2 stated she did not speak [NAME]. During an interview on 1/6/26 at 10:40 a.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated she was not aware of any translation services offered by the facility. LVN 1 stated one staff member, Registered Nurse (RN) 1, spoke [NAME] and could communicate with Resident 58, when she was working. During a review of the facility's current January schedule, RN 1 was scheduled on January 1,2,3,4,13,14,15,20,21,22,25,26,27,28, and 31. During an interview on 1/6/26 at 3:20 p.m. with Activities Director (AD), AD stated Resident 58 does not speak English. AD stated staff use internet search engine to translate to speak to Resident 58. AD stated she was only aware of two words to communicate with Resident 58. During a review of Resident 58's Minimum Data Set (MDS-Resident Assessment Tool) Section A, dated 10/30/25, the MDS indicated, Language A. What is your preferred language? [NAME]. B. Do you need or want an interpreter to communicate with a doctor or health care staff? Yes. During a concurrent interview and record review on 1/7/26 at 4:10 p.m. with Director of Nursing (DON), the Language Scientific, dated 1/6/2026 was reviewed. DON stated language scientific was started on 1/6/26 and there were no translation services prior to 1/6/26. During a review of the facility's policy and procedure (P&amp;P) titled, Translation and/or Interpretation of Facility Services, dated 11/2020, the P&amp;P indicated, This facility's language access program will ensure that individuals with limited English proficiency (LEP) shall have meaningful access to information and services provided by the facility.</p> |                                                                                          |                                                 |

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| <p>F 0679</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide activities to meet all resident's needs.</p> <p>Based on interview and record review, the facility failed to ensure an activity assessment and activity care plan was completed for one of five sampled residents (Resident 10). This failure resulted in Resident 10 not having the opportunity to discuss his activity preferences and have his preferences honored. Findings: During an interview on 1/6/26 at 9:07 a.m. with Resident 10, Resident 10 stated he had never been asked if he wanted to participate in any activities. During an interview on 1/6/26 at 9:41 a.m. with Resident 10, Resident 10 stated he cannot voluntarily move his arms or legs due to a motorcycle accident and can only shrug his shoulders. During a concurrent interview and record review on 1/8/26 at 9:36 a.m. with Director of Nursing (DON), Resident 10's medical record (MR) was reviewed. DON stated she was unable to find an activities assessment or activities care plan. DON stated Activities Director (AD) is responsible for completing the activities assessment and activities care plan. During an interview on 1/8/26 at 9:45 a.m. with AD, AD stated she had not completed an activities assessment or activities care plan. During a review of the facilities policy and procedure (P&amp;P), (undated), the P&amp;P indicated, Residents shall have the right to choose the types of activities and social events in which they wish to participate as long as such activities do not interfere with the rights of other residents in the facility. 1. Residents are encouraged to choose the types of recreational, cultural, and religious activities and social events in which they prefer to participate. 2 The Interdisciplinary Care Team will evaluate the individual's personal history and preferences, and will consider his/her medical condition and prognosis in identifying relevant recreational and cultural activities. 3. When the Care Planning Team develops the resident's activity and social care plans, the resident will be given the opportunity to choose when, where, and how he or she will participate in activities and social events. As much as possible, the facility will provide activities, social events, and schedules that are compatible with the resident's interests, physical and mental assessment, and overall plan of care.</p> |                                                                                          |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Dinuba Healthcare                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1730 South College Ave.<br>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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                          |                                                 |
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| <p>F 0689</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on interview and record review, the facility failed to: Complete a care plan for smoking for one of one sampled resident (Resident 76). 2. Ensure a smoking assessment was available to facility staff. 3. Conduct an Interdisciplinary Team (IDT- various healthcare staff meet to share information and updates, collaborate to solve problems, and develop and update the resident's care plan) meeting that included Resident 76's smoking. These failures had the potential to jeopardize Resident 76's safety. Findings: 1. During a concurrent observation and interview on 1/6/26 at 10:08 a.m. with Resident 76, in her room, Resident 76 stated a hospice (program that gives special care to people who are near the end of life and have stopped treatment to cure or control their disease) aide took her outside to smoke three times a week. Resident 76 was unable to stop moving both of her arms in a shaking, tremor (uncontrolled movement) -like manner. Resident 76 stated she does not have Parkinson's (disease which causes involuntary tremors of body parts). Resident 76 stated her tremors were caused by too much chemotherapy (cancer treatment). Resident 76 stated she smoked two cigarettes each time she was taken outside to smoke. During a concurrent interview and record review on 1/7/26 at 10:17 a.m. with Director of Nursing (DON), DON stated Resident 76 is on hospice care and is the only resident in the facility who had smoking privileges. DON stated the facility does not participate in any of Resident 76's smoking activities and that Resident 76's smoking activities are handled through the hospice agency contracted for her hospice care. Resident 76's facility care plan was reviewed, and DON was unable to find a care plan for smoking. 2. During a concurrent interview and record review on 1/7/26 at 10:17 a.m. with DON, Resident 76's hospice care binder was reviewed, and no smoking assessment was found. DON stated there was no smoking assessment in the binder. DON spoke with hospice agency and agency stated the completed smoking assessment would be sent to DON. During a concurrent interview and record review on 1/7/26 at 4:22 p.m. with DON, DON provided a copy of Resident 76's admission Smoking Assessment dated 10/16/25. DON stated the assessment had not been sent to them prior than today. 3. During a concurrent interview and record review on 1/7/26 at 10:57 a.m. with DON, Resident 76's Medical Record (MR) was reviewed. DON was unable to find IDT notes that addressed Resident 76's smoking. DON stated Resident 76's smoking should have been care planned by the facility and addressed in an IDT meeting. DON stated a smoking assessment should have been available to facility staff regardless of who completed the assessment. During a review of the facility's policy and procedure (P&amp;P) titled, Smoking Policy - Residents, dated 4/2012, the P&amp;P indicated, This facility shall establish and maintain safe resident smoking practices. 8. Any smoking-related privileges, restrictions, and concerns (for example, need for close monitoring) shall be noted on the care plan, and all personnel caring for the resident shall be alerted to these issues. During a review of the facility's P&amp;P titled, Care Plans, Comprehensive Person-Centered, (undated), the P&amp;P indicated, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. 1. The interdisciplinary team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident. 3. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment.</p> |                                                                                          |                                                 |

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| <p>F 0761</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure the safe administration of medications when:1. IV (Intravenous- method of delivering fluids, medicine or nutrition directly into a vein) Emergency Infusion Supply (E-kit- basic supplies for IV access, fluids, and antibiotics) was expired.2. Discontinued narcotics (a drug or substance that affects mood or behavior) were not stored safely.3. Medication was left unattended on top of the medication cart. These failures had the potential for medications to be administered incorrectly and unsafely. Findings: During a concurrent observation and interview on [DATE] at 3:10 p.m. with Assistant Director of Nursing (ADON), in medication storage cabinet in the hallway, there was an expired e-kit dated [DATE]. Upon reviewing the e-kit medications the following medications were expired: D5W (sterile IV solution contains 5% sugar in normal saline) 1000 ML (milliliters- unit of measure) expired on [DATE]. NACL (sodium chloride 0.9%) 250 ML expired on [DATE]. NACL 0.9% 1000ML expired on [DATE]. NACL 0.45% 1000ML expired on [DATE]. NACL 0.9% 100ML expired on [DATE]. D5W-1/2 NS (normal saline) 20 meq (milliequivalent- unit of measure) Potassium (supplement) 1000 ml expired on [DATE]. Ceftriaxone (to treat and prevent infection) 1 GM (gram) expired on [DATE]. Vancomycin (to treat and prevent infection) 1GM expired on [DATE]. Heparin Lock (method for keeping an IV open and flowing) 10U (unit) /ML 5 ml prefilled expired on [DATE]. SOD CHL (sodium chloride) 0.9% 10ml prefilled syringe expired on [DATE]. SOD CHL 0.9% 100ml expired on [DATE]. ADON stated e-kit was expired on [DATE]. During an interview on [DATE] at 3:40 p.m. with Pharmacist 1, Pharmacist 1 stated the facility should contact the pharmacy when the e-kit is close to expiring or when the e-kit was opened for any reason. Pharmacist 1 stated pharmacy never received any requests to replace the e-kit. 2. During a concurrent observation and interview on [DATE] at 11 a.m. with Director of Nursing (DON), the facility's discontinued narcotic medications were reviewed. Narcotic medications were stored in DON's office in single lock drawer. DON stated the lock of the door to her office was the second lock. DON stated she and ADON were the only two people who had access to the office. DON stated the office door was always closed when nobody was in the office. During a concurrent observation and interview on [DATE] at 3:55 p.m. with ADON, DON's office door was open and there was no one present in the office. ADON stated the DON just stepped out of office. ADON stated there is no second lock for narcotics. 3. During a concurrent observation and interview on [DATE] at 8:47 a.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 removed a Pro Stat (liquid protein for wound healing) bottle and placed it on top of the medication cart. LVN 1 then locked the medication cart and went into Resident 2's room. LVN 1 stated she should not have left the medication unattended and should have put the Pro Stat into the locked medication cart before walking away. During a review of the facility's policy and procedure (P&amp;P) titled, Storage of Medications, dated 11/2020, the P&amp;P indicated, The facility stores all drugs and biologicals in a safe, secure, and orderly manner. 6. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts and boxes) containing drugs and biologicals are locked when not in use. Unlocked medication carts are not left unattended. During a review of the facility's policy and procedure (P&amp;P) titled, Administering Medications, dated 4/2019, the P&amp;P indicated, 19. During administration of medications, the medication cart is kept closed and locked when out of sight of the medication nurse or aide. It may be kept in the doorway of the resident's room, with open drawers facing inward and all other sides closed. No medications are kept on top of the cart.</p> |                                                                                          |                                                 |

Department of Health & Human Services  
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| <p>F 0804</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, interview, and record review, the facility failed to ensure food was served according to the facility's policy and procedure for two of two sampled residents (Resident 84 and Resident 92). These failures had the potential to result in food borne illness to Resident 84 and Resident 92. Findings: During an observation on 1/5/26 at 12:24 pm, in the B-Wing hallway rehab dining room. Two residents' meal trays were seen on bed side tables, no staff or residents were present in the rehab dining room. The meal tray identification tickets indicated one of the meal trays belonged to Resident 84 and the second meal tray belonged to Resident 92. During a concurrent observation and interview on 1/5/26 at 12:27 pm, with Restorative Nurse Aide (RNA) 1, RNA 1 stated she had just taken a resident back to their room. RNA 1 stated, These two trays belonged to residents in their bedrooms, and I'm going to take them [resident meal trays] to them. During a concurrent observation and interview on 1/5/26 at 12:27 pm, with Dietary Manager (DM) 1, DM 1 arrived at the rehab dining room where the two resident meal trays were. DM 1 used a facility thermometer to check the temperatures of Resident 92's meal tray. The temperature of the pureed meat on the meal tray was 120 degrees Fahrenheit (F-unit of measuring temperature). During a review of the facility policy and procedure (P&amp;P), titled Proper Temperatures for All Meals and Services, dated 2018, the P&amp;P indicated, Holding Temperatures (Minimum Acceptable) . Ground Beef, Pork 140 F. Vegetables 140 F.</p> |                                                                                          |                                                 |

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| F 0921<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of one Oxygen e-tank (highly flammable, compressed gas cylinder) was transported in a safe and secure manner by staff. This failure had the potential to result in injury and death to residents, staff, and visitors. Findings: During an observation on 1/5/26 at 12:47 pm, on the B-wing hallway, Certified Nurse Assistant (CNA ) 1 was seen walking down the hallway carrying an Oxygen e-tank by the straps of the fabric wheelchair Oxygen e-tank holder. During a concurrent observation and interview on 1/5/26, at 12:48 pm, with CNA 1 and Social Service Director (SSD), CNA 1 stated, We have a metal stand we use [to transport oxygen e-tanks]. SSD stated, Both residents [present in the hallway at the time] were dependent assistance, and were unable to ambulate without assistive device [unable to move without staff assistance in the event of an emergency]. During a review of the facility policy and procedure (P&amp;P) titled Oxygen Administration, (undated), the P&amp;P indicated, Equipment and Supplies The following equipment and supplies will be necessary when performing this procedure. 1. Portable oxygen cylinder (strapped to the stand).</p> |                                                                                          |                                                 |