

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Main West Postacute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 812 West Main Street Turlock, CA 95380	

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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41119</p> <p>Based on observation, interview and record review, the facility failed to follow the policy and procedure titled, Hospice (care that focuses on the quality of life for people who are experiencing an advanced, life-limiting illness) Program for one of three sampled residents (Resident 1) when the facility failed to collaborate with the facility and hospice provider regarding Resident 1 ' s request to receive HIV (human immunodeficiency virus - virus that attacks cells that help the body fight infection) treatment.</p> <p>This failure resulted in Resident 1 not receiving HIV treatment and increasing his chances of weakened immunity (protecting the body against an infectious).</p> <p>Findings:</p> <p>During an interview on 5/7/24 at 2:00 p.m. with Family (FM 1), FM 1stated that the facility informed him that hospice was responsible to provide HIV medication. FM 1 stated when he spoke to hospice they informed him that the facility was responsible to provide the HIV medication and that there was no reason that he couldn ' t receive it.</p> <p>During a concurrent interview and record review on 5/7/24 at 2:52 p.m. with Registered Nurse (RN) 1 Resident 1 ' s Admission Record (document containing resident demographic information and medical diagnosis) undated was reviewed. The admission record indicated Resident 1 was admitted to the facility on [DATE] with a diagnosis included HIV. RN 1 stated Resident 1 has had the diagnosis of HIV since 2017. RN 1 stated that Resident 1 was currently not receiving any medication for HIV. RN 1 stated that Resident 1 ' s father had told him that Resident 1 wanted HIV treatment. RN 1 stated he had not called the primary physician to inform him of Resident 1 ' s request for HIV treatment. RN 1 stated the Director of Nurses (DON) told him that hospice needed to provide HIV treatment.</p> <p>During a telephone interview on 5/7/24 at 2:56 p.m. with hospice Director of Patient Care Services (DPS), DPS stated Resident 1 was eligible to receive HIV treatment. DPS stated the facility has not reached out to them regarding Resident 1 ' s request for HIV treatment.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/7/24 at 3:18 p.m. with the DON, the DON stated the hospice and the facility had to collaborate with each other when prescribing medications. The DON stated that a hospice nurse caring for Resident 1 informed the facility that Resident 1 was not able to receive HIV treatment unless he was taken off hospice care. The DON stated the facility has not collaborated with Resident 1 ' s primary physician and hospice physician in regard to Resident 1 ' s request to receive HIV treatment. The DON stated she has not called Resident 1 ' s primary physician because she assumed that he will instruct them to call the hospice physician since hospice would be the one to prescribe the medication.</p> <p>During a concurrent observation and interview on 5/7/23 at 3:47 p.m. with Resident 1, in Resident 1 ' s room, Resident 1 was seated his wheelchair. Resident 1 stated he would like treatment for HIV but the facility was not providing him medication.</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool used to identify resident cognitive and physical function) assessment dated [DATE], indicated Resident 1's Brief Interview for Mental Status (BIMS -assessment of memory and judgment) assessment scored was 15 (a score of 13-15 indicates cognitively intact, 08-12 indicates moderately impaired, 00-07 indicates severe impairment). The BIMS assessment indicated Resident 1 was cognitively intact.</p> <p>During a review of the facility P&P titled Hospice Program, dated 1/20178 , the P&P indicated, in general, it is the responsibility of the facility to meet the resident ' s personal care and nursing needs and coordination with the Hospice representative, and ensure that the level of care provided is appropriately based on the individual resident ' s needs . Administering prescribed therapies, including those therapies determined appropriate by the Hospice and delineated in the Hospice plan of care . ensuring that the LTC [long term care] facility communicates with the Hospice medical director, the resident ' s attending physician, and other practitioners participating in the provision of care to the resident as needed to coordinate the Hospice care with the medical care provided by other physicians .</p> <p>During a review of the professional reference titled HIV Treatment dated 11/21/23 found at https://www.cdc.gov/hiv/basics/livingwithhiv/treatment.html#:~:text=if%20you%20skip%20your%20HIV,stay%20healthy%20and%20protect%20otherswas reviewed. The professional reference indicated, What are the benefits of taking my HIV treatment as prescribed? . HIV treatment reduces the amount of HIV in the blood . If you skip your HIV treatment, even now and then, you are giving HIV the chance to multiply rapidly. This could weaken your immune system, and you could become sick .</p>		