

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 01/27/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47254</p> <p>Based on observation, interview and record review, the facility failed to ensure the interventions indicated in the plan of care were being provided by the nursing staff for Resident 1 in accordance with professional standards of practice for one of four sampled residents (Resident 1), when Resident 1 ' s splint and finger sleeve was not available for Resident 1.</p> <p>This failure failed to meet the medical needs of Resident 1 and had the potential to contribute to contractures (perment tightening of joints that casues stiffness) Resident 1 ' s right hand.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR) (document containing resident demographic information and medical diagnosis), dated 1/27/25, the AR indicated Resident 1 was admitted to the facility on [DATE]. Resident 1's diagnosis included but are not limited to .TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) .ESSENTIAL PRIMARY HYPERTENSION (HTN-high blood pressure) .STIFFNESS OF RIGHT HAND, NOT ELSEWHERE CLASSIFIED PAIN IN JOINTS OF RIGHT HAND (discomfort in a joint) . OTHER MUSCLE SPASMS (occur when your muscle involuntarily and forcibly contracts uncontrollably and can't relax)</p> <p>During a review of Resident 1's Admission MDS assessment, dated 12/14/24, the Admission MDS assessment indicated, Resident 1's Brief Interview for Mental Status (BIMS -an evaluation of attention, orientation, and memory recall) score of 15 (0-7 severe cognitive impairment, 8-12 moderate cognitive impairment, 13-15 no cognitive impairment), indicating Resident 1 had no cognitive impairment.</p> <p>During a concurrent observation and interview on 1/27/25 at 4:10 p.m., with Licensed Vocational Nurse (LVN) 1, Residents 1 was observed sitting on his bed while in his room. Resident 1 did not have a finger sleeve on his right index finger or a splint on his right hand. LVN 1 stated Resident 1's sleeve and splint should have been applied. LVN 1 stated if the splint is indicated in the care plan the intervention should be done.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 1/27/25 at 4:25 p.m., with LVN 1, Resident 1 ' s care plan dated 9/20/24 was reviewed. LVN 1 stated interventions indicate .Date initiated 09/20/2024 .Monitor for placement of elastic finger sleeve to amputated [right] index finger . Wrist extension splinting, and finger extension pan with wrist flexion and finger extension with progressive wrist extension splinting . LVN 1 stated staff failed to provide items listed on care plan interventions. LVN 1 stated failing to do so placed Resident 1 at risk for potential contractures to his right hand. LVN 1 stated staff failed to follow interventions for the right hand after Resident 1 ' s right index finger amputation.</p> <p>During a concurrent interview and record review on 1/27/25 at 4:39 p.m., with Licensed Vocational Treatment Nurse (LVN Tx) , Resident 1 ' s care plan dated 9/20/24 was reviewed. LVN Tx stated she was the nurse who placed the interventions in the care plan but did not indicate stop dates on interventions or communicate to staff the interventions put in place. LVN Tx stated Resident 1's splinting apparatus was ordered but never received and there was no follow up to ensure Resident 1 ' s plan of care was implemented. LVN Tx stated nursing staff failed to follow plan of care and interventions.</p> <p>During an interview on 1/27/25 at 5:12 p.m., with the Administrator (ADM), the ADM stated his expectations are that all residents care plans and orders should be followed. ADM stated nursing staff failed to follow policies according to care plans as well as their job descriptions for their nursing responsibilities.</p> <p>During a concurrent interview and record review on 2/5/24 at 1 p.m., with the Director of Nurses (DON), Resident 1 ' s care plan dated 9/20/24 was reviewed. The DON stated all nursing staff are responsible to follow physian orders and interventions placed in care plans. The DON stated it is her expectations that orders and interventions are followed.The DON stated staff were not following care plan interventions for Resident 1. The DON stated there was confusion on the splinting and everyone failed to follow up on ordering the apparatus in order to provide Resident 1 the appropriate splinting required and to screen Resident 1 by the therapy department. The DON stated it was everyone ' s responsibilities to work as a team in order to meet the needs of the resident and follow the interventions post amputation of his right index finger and they failed to do so.</p> <p>A review of the facility policy and procedure, titled, Care Plans, Comprehensive Person-Centered, dated Jan. 2018, indicated .The comprehensive, person-centered care plan will: include measurable objectives and timeframes; describe the services that are to be furnished to attain or maintain the resident ' s highest practicable physical, mental, and psychosocial well-being . build on residents strengths . reflect treatment goals, timetables and objectives in measurable outcomes .identifying problem areas and their causes, and developing interventions that are targeted and meaningful to the resident, are the endpoint of an interdisciplinary process.</p> <p>A review of the facility policy and procedure, titled, Activities of Daily Living (ADL ' s), Supporting, dated Jan. 2018, indicated .Residents will be provided with care, treatment and services to ensure that their activities of daily living (ADLs) do not diminish unless the circumstances of their clinical conditions demonstrate that the diminishing ALDs are unavoidable .appropriate care and services will be provided for residents who are unable to carry out ADLs independently .Care and services to prevent and/or minimize functional decline will include appropriate management .</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility Human Resource Manual Job Description for the LVN Tx. Nurse, titled Licensed Vocational Nurse sign and dated 8/13/2018, indicated .Responsibilities .Care planning . contributes to establishing individualized patient goals .assists in developing interventions to achieve goals . implements the plan of care . evaluates effectiveness of interventions to achieve patient goals and minimize re-hospitalization s . participates in review and revision of plan of care . communicates pertinent date to RN and or physician . documents accurately and thoroughly .</p>		