STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055626	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Healthcare Centre of Fresno	1665 M Street Fresno, CA 93721

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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to document changes in resident health status according to professional standards of practice and the facility's policy and procedure titled Licensed Nurse Weekly Progress Notes, for one of three sampled residents (Resident 1) when the facility nursing staff did not accurately assess, document and monitor Resident 1's skin changes that included multiple bruising to bilateral (both) upper thighs, knees, buttocks and right ankle. This failure placed Resident 1 at risk for further injury, potential for falls, increased pain and further skin breakdown. Findings:During a review of Resident 1's admission Record (AR- a summary of information regarding a resident which includes patient identification, past medical history, insurance status, care providers, family contact information and other pertinent information), the AR indicated, Resident 1 was admitted to the facility on [DATE] with diagnosis for Parkinsons Disease (disorder that causes nerve cells in the brain to die, affecting movement, balance, and mood), syncope (temporary loss of consciousness/fainting), orthostatic hypotension (a sudden drop in blood pressure upon standing), Anxiety (feeling of fear or worry that persists, interfering with daily life), muscle weakness, anemia (condition when red blood cells don't carry enough oxygen to the tissues causing fatigue, weakness, pale skin, and dizziness). During a review of Resident 1's Minimum Data Set [MDS a resident assessment tool used to identify cognitive (mental processes) and physical functional level assessment] dated 3/12/26, the MDS indicated, Resident 1's Brief Interview for Mental Status (BIMS screening tool used to assess resident cognitive level) score was 11 out of 15 (0 - 7 indicated severe cognitive impairment [memory loss, poor decision making skills] 8-12 moderate cognitive impairment, (13 -15) cognitively intact) which indicated Resident 1 had moderate cognitive impairment.During an interview on 4/15/26 at 3:30 p.m. with Complainant, Complainant stated that on 4/14/26, Resident 1 was observed with multiple bruises to both lower legs, upper legs and buttocks. Complainant stated the bruises had not been observed prior to 4/14/26.During an interview on 4/16/26 at 8:30 a.m. with Resident 1, Resident 1 stated there were bruises to both arms due to a medical procedure and there were bruises to both legs due to a fall in the facility. Resident 1 stated she required assistance with transfers and walking as she would become dizzy and had the potential to fall.During an interview on 4/16/26 at 8:56 a.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated she had cared for Resident 1. LVN 1 stated Resident 1 had a diagnosis of Anemia which caused her to bruise easily. LVN 1 stated she had observed bruises to Resident 1's arms but had not observed any other bruises. LVN 1 stated Resident 1 did not have a history of falls in the facility since admission.During a concurrent observation and interview on 4/16/26 at 9:02 a.m. with certified nursing assistant (CNA) 1 in Resident 1's room, Resident 1's legs were observed with multiple bruises on the lower legs, upper legs and buttock. CNA 1 stated Resident 1 had bruises to the right ankle, both knees and both thighs extending to buttocks. Resident 1 stated the bruises were from a fall that had happened in her room in the facility but could not recall the date or time. CNA 1 stated she did not recall Resident 1 experiencing a fall or if a fall had been reported. CNA 1 stated she had observed the bruises the last time she worked with Resident 1 which had been on 4/13/26 and the bruises had been reported to the nurse. CNA 1 stated she did not recall which nurse she reported the bruises to. CNA 1 stated Resident (continued on next page)

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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