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	01/10/2025

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40641 Based on observation, interview and record review, the facility failed to ensure residents were treated with dignity and respect for two of three sampled residents (Residents 69 and 191) when Residents 69 and Resident 191's urinary catheter (flexible tube inserted into bladder to drain urine) bag were uncovered and visible to other residents and visitors to see and not in accordance with facility's policy and procedure. This failure resulted in the violation of Residents 69 and 191's right to privacy and dignity. Findings: During a concurrent observation and interview on 1/6/25 at 7:50 a.m. in Resident 69's room, Resident 69 was lying in bed and observed with contractures (stiffening/shortening at any joint, that reduces the joint's range of motion) of right arms and left legs. Resident 69 had a urinary bag connected to urostomy (surgical opening in the abdomen to allow urine to drain from the body) and placed on top of Resident 69's bed. Resident 69's urinary catheter bag was uncovered and placed on top of the mattress. Resident 69 did not answer any questions asked. During a review of Resident 69's Admission Record (AR-a document with personal identifiable and medical information), dated 1/9/25, the AR indicated Resident 69 was admitted to the facility on [DATE] with diagnoses which included quadriplegia (paralysis [loss of the ability to move some or all parts of the body] from the neck down, including legs, and arms, usually due to spinal cord injury) and artificial openings of urinary tract status. Review of Resident 69's Minimum Data Set (MDS-a federally mandated resident assessment tool) assessment dated [DATE], indicated Resident 69's Brief Interview for Mental Status (BIMS-screening tool used in nursing home to assess cognition) assessment score was 4 out of 15 (0-15 scale [0-6 severe cognitive deficit, 7-12 moderate cognitive deficit, 13-15 no cognitive deficit]) indicating Resident 69 had severe cognitive deficit. (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

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	01/10/2025

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent observation and interview on 1/6/25 at 9:05 a.m. in Resident 191's room, Resident 191 was sitting at the edge of the bed. Resident 191 stated he had been in the facility since 12/20/24 and had a colostomy (opening in the abdominal wall to allow waste to exit the body) and urinary catheter for a few weeks. Resident 191 stated he did not realize his catheter was on the floor under the bed. Resident 191 stated he preferred the urinary catheter covered and not visible for everyone walking by to see. During a review of Resident 191's AR dated 1/9/25, the AR indicated Resident 191 was admitted to the facility on [DATE] with diagnoses which included hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (one-sided muscle weakness) and obstructive and reflux uropathy (urine flow is blocked within the urinary tract, causing urine to back up). During a review of Resident 191's Minimum Data Set, assessment dated [DATE], indicated Resident 39's BIMS assessment score was 14 out of 15 indicating Resident 191 had no cognitive impairment. During an interview on 1/6/25 at 7:58 a.m. with Certified Nurse Assistant (CNA) 11, CNA 11 stated Resident 69's urinary bag should not have been on top of the mattress/bed. CNA 11 stated the urinary bag should have been placed in a privacy bag (bag cover) because it was a dignity issue and hung on the side of the bed for urine to drain. During an interview on 1/6/25 at 915 a.m. with CNA 3 in Resident 191's room, CNA 3 stated urinary bag should not have been on the floor under the bag. CNA 3 stated the urinary bag should have been placed in a privacy bag and hung on the side of the bed and not touching the floor. CNA 3 stated he did not know why it should not be touching the floor but the practice was to keep urinary bag off the floor. During an interview on 1/10/25 at 9:45 a.m. with Nurse Supervisor (NS) 2, NS 2 stated urinary catheter bag should be kept in a privacy bag because of dignity issue. NS 2 stated urinary bag should be hung and not touching the floor and not placed on top of bed or mattress. NS 2 stated there were other residents, staff and visitors walking by and could easily see the catheter bag. During an interview on 1/10/25 at 2:25 p.m. with Infection (invasion and growth of germs in the body) Preventionist (IP), the IP stated Urinary catheter bags should be hanging on the bed frame and not on the floor or the bed . The IP stated urinary bags should have been placed in privacy bag for privacy and physical barrier. During an interview on 1/10/25 at 5:32 p.m. with the Director of Nursing (DON), the DON stated her expectation was for nursing staff to make sure foley catheter bags including urostomy bag are covered with privacy bag and hung on the side of the bed. DON stated urinary bags should have not been placed on top of the bed or on the floor under the bed. DON stated urinary bags should be placed lower than residents bladder to flow efficiently preventing infection. DON stated it was a dignity issue having the urinary catheter bags out for everyone to see. During a review of facility's policy and procedure (P&P) titled Indwelling Catheter, dated 9/1/14, the P&P indicated, . The catheter and collecting tube will be kept free from kinking and collecting bag will be kept below the level of the bladder . The resident's privacy and dignity will be protected by placing cover over drainage bag . (continued on next page)

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	01/10/2025

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of facility's P&P titled Resident Rights-Quality of Life, dated 3/17, the P&P indicated, . Facility Staff promote dignity and assist residents as needed by: A. Helping the resident to keep urinary catheter bags covered . Facility Staff treats cognitively impaired residents with dignity and sensitivity .

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	01/10/2025

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. 48424 Based on observation, interview, and record review the facility failed to provide the right to self-administer medication for one of seven sampled residents (Resident 92), when Resident 92 had not been assessed for her ability to keep her albuterol (a medication which makes it easier to breathe) inhaler at bedside and self-administer it as needed. This failure violated Resident 92's right to self-administer her own medication and had the potential to cause her to experience breathing difficulties as a result of not having her inhaler nearby. Findings: During a review of resident 92's Admission Record (AR- a document which provides resident contact details, a brief medical history level of functioning, preferences, and wishes), dated 1/9/25, the AR indicated, Resident 92 was her own responsible party (person designated to make decisions regarding treatment) and was admitted with asthma (lung disease which makes breathing difficult as a result of swelling in the airway), and shortness of breath (the feeling of not being able to breathe normally or deeply enough). During a review of Resident 92's Minimum Data Set (MDS- resident assessment tool which indicates physical and cognitive [ability to think, memorize and process information] abilities), dated 11/20/24, the MDS indicated a brief interview for mental status (BIMS- an assessment used to determine the cognitive ability of a resident) score of 13 out of 15 (0-7 severe cognitive impairment, 8-12 moderate cognitive impairment, 13-15 no cognitive impairment), indicating Resident 92 had no cognitive impairment. During a concurrent observation and interview on 1/6/25 at 8:21 a.m. in Resident 92's room with Resident 92, no albuterol inhaler was available on Resident 92's bedside table or nightstand. Resident 92 stated she used an inhaler for asthma. Resident 92 stated she would like to keep her inhaler at bedside, and she had asked staff if she could, but they told her no. During an interview on 1/6/25 at 8:22 with Certified Nursing Assistant (CNA) 1, CNA 1 stated she had heard Resident 92 request an inhaler before. CNA 1 stated she told Resident 92 she could not keep medications at bedside as none of the residents were allowed to. CNA 1 stated she was not aware nurses could allow residents to keep their medications at bedside. During an interview on 1/9/24 at 2:31 p.m. with CNA 2, CNA 2 stated none of the residents were allowed to keep inhalers with them at bedside or self-administer medications. CNA 2 stated she told residents the nurses will provide all of their medications once they need them. During an interview on 1/9/24 at 2:55 p.m. with Registered Nurse (RN) 1, RN 1 stated nurses do not allow residents to keep their inhalers or self-administer their own medication. RN 1 stated no resident was allowed to keep an inhaler at bedside or self-administer it, they must wait for the nurses to provide their medication. (continued on next page)

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	01/10/2025

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 1/10/25 at 10:53 a.m. with Licensed Vocational Nurse (LVN) 1, Resident 92's Order Summary Report, dated 1/10/25 was reviewed. The Order Summary Report indicated Resident 92 had no orders to self-administer her albuterol. LVN 1 stated in order for Resident 92 to be able to self-administer her inhaler she would need a doctor's order. LVN 1 stated Resident 92 did not have an order to self-administer her medications. LVN1 stated Resident 92 was her own responsible party and was capable of making her own decisions which made her a good candidate to self-administer her inhaler and keep it at bedside. LVN 1 stated nurses should have assessed Resident 92 for her ability to keep and properly self-administer her inhaler and then obtain a doctors order. LVN 1 stated it was important to allow Resident 92 to be able to keep her inhaler at bedside because staff may be too busy to give her the inhaler immediately in cases of an emergency. During an interview on 1/10/25 at 3:01 with the Director of Nursing (DON), the DON stated residents had the right to be able to self- administer their own medication. The DON stated nurses should have assessed Resident 92 to see if she was capable of administering her own medication. During a review of the facility's Policy and Procedure titled, Bedside Medication Storage, dated 2019, indicated, . Bedside Medication storage is permitted for residents who are able to self-administer, upon the written order of the prescriber and when it is deemed appropriate in the judgment of the facility's interdisciplinary team .

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	01/10/2025

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 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51345 Based on observation, interview, and record review, the facility failed to complete a Significant Change of Condition Assessment (an assessment which captures a major decline or improvement in a resident's condition) in the Minimum Data Set (MDS-a federally mandated resident assessment tool) assessment for one of five sampled residents (Resident 67) when Resident 67 developed a facility acquired Stage 3 pressure ulcer (a wound which develops as a result of prolonged pressure to one area) to left buttock and did not have a significant change of condition assessment in accordance with facility's policy and procedure. This failure placed Resident 67 at risk for further decline in health including worsening of her wounds. Findings: During a concurrent observation and interview on 1/6/25 at 10:45 a.m. with Resident 67, in Resident 67's room. Resident 67 was observed lying in bed watching television, clean and well groomed. Resident 67 was alert and oriented and understood questions clearly. Resident 67 stated she had a wound on her buttock and nurses were providing wound treatment. During a record review of Resident 67's Admission Record (AR), dated 1/9/25, the AR indicated, Resident 67 was admitted to the facility on [DATE] with diagnoses of hypertensive heart disease with heart failure (a condition when the heart muscle doesn't pump enough blood to meet the body's needs which can cause fatigue and shortness of breath), morbid obesity (overweight-weight is more than 80 to 100 pounds above the ideal body weight), quadriplegia (a condition causes a partial or total loss of function of both arms and legs), and spinal stenosis (narrowing of the spaces within the spinal column or backbone). During a review of Resident 67's MDS dated [DATE], the MDS section C indicated, Resident 67 had a Brief Interview for Mental Status (BIMS-an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) assessment score was 14 out of 15 (a score of 13-15 indicates cognitively intact, 08-12 indicates moderately impaired, and 00-07 indicates severe impairment), which indicated Resident 67 was cognitively intact. Resident 67's MDS dated [DATE] Section M (Skin Conditions) indicated Resident 67 was at risk for developing pressure ulcers/injuries. During an interview on 1/8/25 at 10:18 a.m. with Wound Doctor (WD), the WD stated he assessed Resident 67's wounds on 12/4/24 and diagnosed Stage 2 pressure ulcers to right thigh/inner aspect and Stage 3 pressure ulcer to left buttock. (continued on next page)

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	01/10/2025

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 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 1/8/2025 at 10:20 a.m. with the Wound Nurse (WN), the WN stated Resident 67 developed facility acquired pressure ulcers to left buttock and right thigh. The WN reviewed Resident 67's e[electronic]INTERACT Change in Condition Evaluation, dated 12/1/24, and stated the eINTERACT Change in Condition Evaluation, indicated left buttock wound started on 11/30/24 as Stage 2 pressure ulcer. The WN stated the WD assessed Resident 67's Stage 2 pressure ulcer as Stage 3 pressure ulcer on 12/04/24. The WN reviewed Resident 67's Wound MD Wound Assessment and Plan, dated 12/4/24, which indicated Stage 3 to left buttock and Stage 2 to right thigh/inner aspect. The WN reviewed Resident 67's electronic medical records and stated there was no change of condition assessments for Resident 67's Stage 3 to left buttock. The WN stated it was important to document change of condition to monitor the progress of the wounds. During a concurrent interview and record review on 1/9/25 10:15 a.m. with Nurse Supervisor (NS) 2, NS 2 reviewed Resident 67's electronic medical record and indicated Stage 2 pressure ulcer to left buttock started on 11/30/24 and worsened to Stage 3 pressure ulcer on 12/4/24 and change of condition and Interdisciplinary Team (IDT-group of people with different areas of expertise working together to achieve a common goal)) note was not documented. NS 2 stated every decline in condition required a change of condition assessment and IDT note to determine if the pressure ulcer was avoidable or unavoidable. NS 2 stated completing a change of condition was important to alert the nurses of the change of condition and to prevent delay in care and treatment that could potentially result to worsening of the wound. During a concurrent interview and record review on 1/9/25 at 4:38 p.m. with Registered Nurse (RN) 2, RN 2 reviewed Resident 67's electronic medical record and stated there was no change of condition assessments for Stage 3 left buttock pressure ulcer and Stage 2 pressure ulcer to right thigh. RN 2 stated a change of condition assessment should have been completed for facility acquired pressure ulcers to prevent further decline. During an interview on 1/9/25 at 6:05 p.m. with Director of Nursing (DON), the DON stated a new change of condition was required when wound worsened from Stage 2 pressure ulcer to Stage 3 pressure ulcer. The DON stated comprehensive assessment and care plan should have been initiated when Resident 67's pressure ulcers were identified. The DON stated floor nurses do the change of condition assessment, creates, revises, updates the care plans. The DON stated her expectation was to follow the Policy and Procedures for change of condition. DON stated this could have resulted in worsening of wounds. During an interview on 1/10/25 at 4:33 p.m. Minimum Data Set Nurse (MDSN) 2, MDSN 2 stated a significant change of condition assessment must be created when Resident 67 had a decline from Stage 2 to stage 3 pressure ulcer. MDSN 2 stated she was not aware Resident 67 had a facility acquired Stage 3 pressure ulcer. MDSN 2 stated comprehensive assessment was required for significant change of condition. MDSN 2 stated it was important to identify a significant change of condition to be able to provide the services -therapy or diet change to overcome the deficiency and to help residents get better. During a review of facility's policy and procedures titled, Change of Condition Notification, dated 4/1/2015, indicated, . Complete a new MDS assessment within 14 days if there is a significant change in condition .

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	01/10/2025

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40641 Based on interview and record review, the facility failed to ensure the Level I Preadmission Screening and Resident Review (PASRR- The State is required to ensure that every person entering a Medicaid certified Nursing Facility [NF] receives a admission level screening and if necessary a level II evaluation to ensure that their NF residence is appropriate and to identify what specialized services they may need) was completed accurately for one of six sampled residents (Resident 17) when Resident 17 was readmitted to the facility on [DATE] and an updated PASRR was not completed. This failure had the potential for Resident 17 not to receive the necessary and appropriate psychiatric treatment and evaluation in the facility. Findings: During a review of Resident 17's Admission Record [AR], dated 1/9/25, the AR indicated, Resident 17 was readmitted to the facility on [DATE] with diagnoses which included Depressive disorder (mental health condition that involves a persistent low mood and loss of interest in activities) and psychosis (a severe mental condition in which thought, and emotions are so affected that contact is lost with reality). During a concurrent interview and record review on 1/9/25 at 11:18 a.m. with Minimum Data Set Nurse (MDSN)1, Resident 17's PASRR dated 7/16/24 was reviewed. MDSN 1 stated the PASRR was completed at the general acute care hospital (GACH) and a copy was sent to the facility when Resident 17 was sent back to the facility on [DATE]. MDSN 1 stated the PASRR indicated Resident 17 did not have diagnosis of mental illness. MDSN 1 stated Resident 17 has diagnosis of depression and unspecified psychosis and was started on psychotropic medications after re-admission to the facility. MDSN 1 stated the admission nurse should have reviewed the PASRR when Resident 17 was readmitted to the facility and resubmitted an updated PASRR assessment to indicate Resident 17's diagnosis of mental disorder and use of psychotropic medication. MDSN 1 stated she did not review the PASRR assessment including the assessment part dated 7/16/24 which indicated Resident 17 did not have a diagnosis of mental illness and was not prescribed psychotropic medication. MDSN 1 stated she should have reviewed Resident 17's PASRR assessment. MDSN 1 stated Resident 17's PASRR assessment dated [DATE] was not accurate. During an interview on 1/10/24 at 5:22 p.m. with the Director of Nursing (DON), the DON stated PASRR assessment were completed in General Acute Care Hospital (GACH) prior to residents discharged to facilities. The DON stated it was the responsibility of the MDSN to review and update PASRR as needed. The DON stated MDSN should have reviewed the PASRR assessment when Resident 17 was readmitted to the facility and resubmit and updated assessment to indicate Resident 17's diagnosis of mental disorder and use of psychotropic medication. During a review of facility's policy and procedure (P&P) titled, Pre-Admission Screening Resident Review (PASRR), dated 6/12/24, the P&P indicated, . The facility staff will complete a new PASRR upon readmission from the acute care hospital if there has been a significant change . Purpose . To ensure that all residents are screened for mental illness .

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	01/10/2025

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47888 Based on observation, interview and record review, the facility failed to develop and implement a comprehensive person-centered care plan (CP-a detailed approach to care customized to an individual resident's needs) for two of 12 sampled residents (Residents 94 and 63) when: 1. Licensed nurses (LNs) did not implement CP for Resident 94's foley catheter (a thin, flexible tube that is inserted into your bladder to drain urine) to monitor signs and symptoms of infectious disease process. This failure had the potential for Resident 94 to develop an infection and placed an increased risk on Resident 94's health and safety. 2. Resident 63 did not have a comprehensive care plan for his diagnosis of Post Traumatic Stress Disorder (PTSD- a disorder in which a person has difficulty recovering after witnessing or experiencing a terrifying event). This failure had the potential to result in Resident 63 to not received the care needed for his PTSD which could result in serious mental health. Findings: 1. During a review of Resident 94's Admission Record (AR) dated 1/9/25, the AR indicated, Resident 94 was admitted to the facility on [DATE] with diagnoses which included paraplegia (the inability to voluntarily move the lower parts of the body), neuromuscular dysfunction of the bladder (the nerves and muscles that control your bladder aren't working properly together), contracture of the left and right hand (a permanent tightening of the muscles, tendons, skin, or nearby tissues that limits the range of movement of a joint or body part) and muscle weakness (loss of muscle strength). During a review of Resident 94's Minimum Data Set (MDS - a federally mandated resident assessment tool) assessment dated [DATE], Resident 94's MDS assessment indicated Resident 94's Brief Interview for Mental Status (BIMS - an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) assessment score was 13 out of 15 (0-6 severe cognitive deficit, 7-12 moderate cognitive deficit, 13-15 no cognitive deficit). The BIMS assessment indicated Resident 94 was cognitively intact. During a concurrent observation and interview on 1/7/25 at 10:38 a.m., with Resident 94 in his room, Resident 94 was lying in bed, semi-reclined with foley catheter tubing visible that had white cloudiness and possible sediment (small particles, tiny bits of mineral crystals or debris, that build up inside the catheter tube used, essentially causing a clog where the urine can't flow freely). Resident 94 stated he had a urinary catheter [foley catheter] because he could not control his bladder. (continued on next page)

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	01/10/2025

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 94's CP, dated 12/4/24, the CP indicated, .Focus: The Resident has Chronic Indwelling Catheter with diagnosis of Neurogenic bladder (a condition that causes a person to lose bladder control due to nerve damage in the brain) . Goal: Resident will be/remain free from catheter-related trauma . Interventions: . Monitor/record/report to MD (Medical Doctor) for signs and symptoms of UTI (Urinary Tract Infections- infection that occurs when bacteria grow in the urinary tract): .blood tinged urine, urine cloudiness . During a review of Resident 94's Urinary Drainage Assessment (UDA), dated 1/10/25, the UDA indicated, . Assess urinary drainage for signs and symptoms of infection, noting cloudiness, color, sediment, blood and odor . Chart Code: 0- Administered . Administration History: 1/10/25, 1:23 p.m. Code 0 . 1/9/25, 11:07 p.m. Code 0 . 1/9/25, 9:55 a.m. Code 0, Administration By: Wound Nurse (WN) . 1/8/25, 9:48 a.m., Code 0, Administration By: WN . 1/7/25, 9:01 a.m., Code 0, Administered By: WN . During a concurrent observation and interview on 1/9/25 at 2:41 p.m., with Licensed Vocational Nurse (LVN) 5 in Resident 94's room, Resident 94's urinary catheter was cloudy, white, and red with sediments. LVN 5 stated she was Resident 94's nurse. LVN 5 stated the red color in the catheter appeared to be blood. LVN 5 stated she did not follow the care plan and was not properly assessing the foley catheter during her shift. LVN 5 stated the interventions in the care plan were there to identify signs and symptoms of an infection for Resident 94 and she needed to contact a doctor. LVN 5 stated by not assessing properly the resident could have developed an infection that could turn into sepsis (a life-threatening condition that occurs when the body has an extreme response to an infection) and possible hospitalization . LVN 5 stated the WN charted the urinary drainage assessment today and it was not accurate. LVN 5 stated she was responsible for the missed assessment and this issue should not have been overlooked, it slip through the cracks. During an interview on 1/9/25 at 3:25 p.m., with Certified Nurse Assistant (CNA) 10, CNA 10 stated she emptied Resident 94's foley catheter that day and noticed the cloudiness and red color in the urinary catheter tubing. CNA 10 stated she did not notify the nurse because she had already notified her of the same issue a week earlier. CNA 10 stated they (CNAs) were also responsible for implementing residents' care plans. During an interview on 1/9/25 at 3:59 p.m., with the Director of Nursing (DON), the DON stated the urinary catheter was not monitored, assessed or documented accurately. The DON stated Resident 94's care plan was not followed. The DON stated nursing staff should have done an accurate assessment and notified the physician of the findings and they did not. The DON stated Resident 94 could have developed an infection and had further complications. The DON stated staff did not follow the policy and procedure Indwelling Catheter. During an interview on 1/9/25 at 4:50 p.m., with the Wound Nurse (WN), the WN stated she had completed Resident 94's urinary catheter care and assessment dated [DATE], 1/8/25, and 1/9/25. The WN stated she needed to look at the urinary catheter more carefully and she absolutely could have done better. The WN stated she did not do an accurate urinary catheter assessment. The WN stated she did not notify the physician as the care plan indicated. The WN stated due to the inaccurate assessment, Resident 94 could have developed an infection (occurs when germs, such as bacteria, viruses, or fungi, enter the body and multiply. Infections can cause illness, fever, and other health issues). (continued on next page)

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	01/10/2025

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 1/10/25 at 10:02 a.m., with the Infection Preventionist (IP-professional who make sure healthcare workers and patients are doing all the things they should to prevent infections), the IP stated licensed nurses did not follow Resident 94's care plan. The IP stated that catheter had cloudiness and hematuria (blood) in the tubing. The IP stated this issue should have been reported to the physician and it was not. The IP stated this was an infection control issue and it could have caused UTI or other disease process that could have caused hospitalization . During a review of the facility's P&P titled, Indwelling Catheter, dated 9/1/14, the P&P indicated, Purpose: to relieve bladder distension, to obtain a urine specimen for diagnosis testing and/or to maintain constant urinary drainage. Policy: . indwelling catheters will be used only when medically indicated . Procedure: the attending physician's decision to use an indwelling catheter will be based on valid clinical indicators including . i. Urinary retention that cannot be treated or corrected medically or surgically and for which alternative therapy is not feasible . F. Document the following in the residents medical record: .iii. Turn and characteristics, color . any difficulties .D. Documentation of catheter care will be maintained in the residents medical record . During a review of professional reference from the National Library of Medicine, Nursing Process, dated 4/10/23 (found at https://www.ncbi.nlm.nih.gov/books/NBK499937/), indicated, .The nursing process functions as a systematic guide to client-centered care with five sequential steps. These are assessment, diagnosis, planning, implementation, and evaluation . Implementation is the step that involves action or doing and the actual carrying out of nursing interventions outlined in the plan of care . 51345 2. During a concurrent observation and interview on 1/6/25 at 11:40 a.m. with Resident 63 in Resident's 63's room, Resident 63 was sitting in a wheelchair, clean and well groomed. Resident 63 stated he served in Vietnam War, I have PTSD. Resident 63 stated because of PTSD, the loud noise of television across his room bothered him. Resident 63 stated he preferred closing his door because of the loud noise outside his room. During a record review of Resident 63's Admission Record (AR), dated 11/8/24, the AR indicated, Resident 63 was admitted to the facility on [DATE] with diagnoses of Type 2 Diabetes Mellitus (blood sugar levels in the body are too high), peripheral vascular disease (reduced circulation of blood to the arms or legs), hereditary and idiopathic neuropathy (a nerve damage), and acquired absence of right leg below knee. During a review of Resident 63's MDS, dated [DATE], the MDS section C indicated, Resident 63's BIMS score was 15 out of 15, which indicated Resident 63 was cognitively intact. During an interview on 1/8/25 at 11:16 a.m. with LVN 4, LVN 4 stated she did not remember receiving training regarding Trauma informed care. LVN 4 stated it was important to develop a care plan for PTSD to avoid the stressors and to prevent worsening of Resident 63's condition. (continued on next page)

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	01/10/2025

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent interview and record review on 1/8/25 at 2:57 p.m. with the Social Services Director (SSD), the SSD reviewed Resident 63's Electronic Medical Record (EMR) titled, Social Services Assessment and Trauma Informed Care Assessment-PTSD, dated 10/14/24. The SSD stated Resident 63 had a low probability for PTSD which meant Resident 63 was still at risk for PTSD. The SSD stated PTSD care plan should have been developed after she completed Resident 63's assessment. The SSD stated she created the PTSD care plan on 1/6/25 and should have been initiated on 10/14/24 in order for nursing staff to take care of Resident 63's needs. During an interview on 1/9/25 at 9:35 a.m. with LVN 2, LVN 2 stated a care plan should have been created when PTSD was identified for Resident 63. LVN 2 reviewed Resident 63's EMR and indicated Resident 63 was admitted on [DATE] and care plan for PTSD was initiated on 1/6/25. LVN 2 stated care plan was required to provide appropriate care and treatment for the residents. LVN 2 stated if care plan was not developed, staff would be unaware of resident needs that could lead to a slower progression of resident's condition. LVN 2 stated Trauma for Veterans was important to monitor closely for a difference in behavior. During an interview on 1/9/25 at 11:08 a.m. with the Activity Director (AD), the AD stated she was not aware of any residents with PTSD and there were no activities specific for PTSD. During an interview on 1/9/25 at 6:05 p.m. with the DON, the DON stated licensed nurses received training on Trauma Informed Care last year. The DON stated the SSD completed assessment for PTSD to identify any issues related to the event or trauma and should have developed an individualized person-centered care plan. The DON stated the SSD should have communicated with licensed nurses upon identification of PTSD in order to provide the proper care for Resident 63. During a review of facility's P&P titled, Comprehensive Person-Centered Care Planning, dated 11/2018, the P&P indicated, .It is the policy of this facility to provided person-centered, comprehensive and interdisciplinary care that reflects best practice standards for meeting health, safety, psychosocial, behavioral, and environmental needs of resident to obtain or maintain the highest physical, mental, and psychosocial well-being .Each IDT member will then initiate their baseline care plan .The baseline care plan must be completed within 48 hours from the resident's admission which each problem specific care plan dated and timed .

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	01/10/2025

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48739 Based on observation, interview and record review, the facility failed to follow the policy and procedure (P&P) to ensure the Care Plans (CP) were reviewed and revised for five of 23 sampled residents (Resident 45, 67, 74, 76, and 392) when: 1. The CP for Resident 45 was not reviewed and revised after Resident 45 had a fall and was sent to the acute care hospital. This failure placed Resident 45 at an increased risk for additional falls. 2. Resident 67's care plan was not updated and revised when his pressure ulcer (a wound which develops as a result of prolonged pressure to one area) progressed to a stage III (a deep skin wound where the full thickness of the skin is damaged, exposing the fatty layer underneath, but not reaching the muscle or bone) wound. This failure had the potential to result in Resident 67 to not receive the wound care needed. 3. Resident 74's care plan was not updated and revised for significant weight loss of above five percent in 30 days. This failure had the potential for Resident 74's nutritional needs to not be met and put Resident 74 at risk for further weight loss. 4. Resident 74's care plan was not updated and revised after a fall on 11/5/24. This failure had the potential for Resident 74's needs to not be met and put Resident 74 at risk for further falls 5. Resident 76's care plan was not updated when he returned from the hospital with a pressure ulcer. This failure had the potential to cause Resident 76's pressure ulcers to worsen and nurses to be unaware of the care he needed. 6. Resident 392's care plan for apixaban (a medication that prevent blood clots from forming) was not initiated until 1/6/25. This failure put Resident 392 at risk for harm by not identifying and monitoring for harmful side effects. 7. Resident 392's care plan for Enhanced Barrier Precaution [EBP-precautions to prevent infection transmission) was not initiated until 1/6/25. (continued on next page)

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	01/10/2025

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	This failure had the potential for Resident 392's needs being unmet and could result to serious health condition. Findings: 1. During a concurrent observation and interview on 1/6/25 at 8:50 a.m. with Resident 45 in Resident 45's room, Resident 45 was observed lying in bed, in his gown. Resident 45 stated he had been at the facility for under one year. Resident 45 stated he fell at home and hit his head. Resident 45 stated his family could not take care of him at home. During a review of Resident 45's Admission Record (AR), dated 1/9/25, the AR indicated Resident 45 was admitted to the facility from the acute care hospital on 7/16/24 with diagnoses of dysphagia (difficulty swallowing), cerebral infarction (damage to tissues in the brain due to a loss of oxygen to the area), dysarthria (difficulty speaking due to weak speech muscles), cognitive communication deficit (difficulty with thinking and how someone uses language), and history of falling. During a review of Resident 45's Minimum Data Set (MDS -a federally mandated resident assessment tool) dated 11/22/24, the MDS section C indicated Resident 45 had a Brief Interview for Mental Status (BIMS -an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 11 out of 15 (0-6 severe cognitive deficit, 7-12 moderate cognitive deficit, 13-15 no cognitive deficit) which suggested Resident 45 was moderately impaired. During a concurrent interview and record review on 1/8/25 at 3:44 p.m. with the Licensed Vocational Nurse (LVN) 3, Resident 45's Care Plan (CP) for falls, undated was reviewed. LVN 3 stated Resident 45's CP was not revised after his fall on 11/11/24. LVN 3 stated all nursing staff including the Director of Nursing (DON) should have been revising Resident 45's CP for falls. LVN 3 stated the CPs were important because the CPs notified staff what was going on with the residents. LVN 3 stated CPs allowed staff to follow up on preventative measures and improve residents' health. LVN 3 stated if Resident 45's CP was not revised, Resident 45 could have become weaker and was at risk for another fall. LVN 3 stated Resident 45's CP should have been revised. During a review of Resident 45's Progress Notes, dated 11/11/24, the Progress Note indicated, . Resident had an unwitnessed fall from wheelchair in the lobby . noted to have laceration to bridge of nose, right eyebrow, right hand second digit, and right posterior hand . During an interview on 1/9/25 at 6:05 p.m. with the DON, the DON stated if there was a change in a resident's condition, the floor nurse was to complete and revise the resident's care plan at the time the change of condition was identified. The DON stated her expectation was that care plans were individualized to each resident's needs, complete and person-centered. During a review of the facility's policy and procedure (P&P) titled, Comprehensive Person-Centered Care Planning, dated 11/2018, indicated . the comprehensive care plan will be reviewed and revised at the following times . onset of new problems . change of condition . to address changes in behavior or care . other times as necessary . (continued on next page)

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	01/10/2025

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility's P&P titled, Fall Management Program, dated 3/13/21, indicated, . The IDT (Interdisciplinary Team -group of people with different areas of expertise working together to achieve a common goal) will initiate, review and updated the Resident's fall risk status and care plan at the following intervals: . identification of a significant change of condition, post fall and as needed . following every resident fall, the licensed nurse will perform a post-fall evaluation and update, initiate or revise the Resident's care plan as necessary . once the Post-Fall Huddle is completed the licensed nurse will immediately update the care plan with recommendations . in an effort to prevent more falls, the IDT will review and revise the care plan as necessary . the Residents' care plans will be updated with the IDT's recommendations . During a review of the facility job description document titled, LVN Staff Nurse, undated, indicated, . Assists in developing, reviewing, revising, and updating resident Plans of Care as indicated . During a review of the facility job description document titled, Director of Nursing Services, undated, indicated, . Assures that a resident Plan of Care is established for each resident and that the plan is reviewed and modified as needed . 51345 2. During a concurrent observation and interview on 1/6/25 at 10:45 a.m. with Resident 67 in Resident 67's room. Resident 67 was lying in bed watching television, clean and well groomed. Resident 67 was alert and oriented and understood questions clearly. Resident 67 stated she has a wound on her buttock and nurses are providing wound treatment. During a record review of Resident 67's AR, dated 1/9/25, the AR indicated, Resident 67 was admitted to the facility on [DATE] with diagnoses of Hypertensive Heart Disease with Heart Failure (a condition when the heart muscle doesn't pump enough blood to meet the body's needs which can cause fatigue and shortness of breath), Morbid Obesity (overweight-weight is more than 80 to 100 pounds above the ideal body weight) , Quadriplegia (a condition causes a partial or total loss of function of both arms and legs), and Spinal Stenosis. (the space inside the backbone is too small). During a review of Resident 67's MDS, dated [DATE], the MDS section C indicated, Resident 67 had a BIMS score of 14 out of 15, which indicated Resident 67 was cognitively intact. Resident 67's MDS dated [DATE] Section M indicated Resident 67 is at risk for developing pressure ulcers/injuries. During a concurrent interview and record review on 1/10/25 at 3:47 p.m. with Wound Nurse (WN), Resident 67's care plan dated 12/6/24 was reviewed by WN. WN indicated care plan for Stage 2 and Stage 3 pressure ulcers were initiated on 12/6/2024 and created date of 1/7/25. The WN stated she created Resident 67's care plan for Stage 2 and Stage 3 pressure ulcers. The WN reviewed the unresolved care plans for Resident 67 and indicated Stage 2 pressure ulcer to left buttock was initiated 12/1/24 and was resolved. The WN stated care plan should not have been resolved because Resident 67's pressure ulcer to left buttock was not healed. The WN indicated Resident 67 did not have a care plan for the Stage 2 pressure ulcer on the right thigh when it was identified. The WN stated Resident 67's care plan for Stage 2 and Stage 3 pressure ulcers was not initiated upon identification of pressure ulcers. The WN stated it was important to initiate care plan timely to prevent delay in care and treatment which can potentialy result in worsening of wounds. (continued on next page)

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	01/10/2025

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview with DON on 1/09/25 at 6:05 p.m. the DON stated resident's comprehensive assessment and care plan must be initiated when pressure ulcers was identified. The DON stated resident's comprehensive person-centered care plan must be developed, updated, and revised to provide residents the right care to prevent delay in care and treatment. The DON stated if a change of condition for facility acquired pressure ulcers and care plan was not developed, updated, or revised, It can result in worsening of wounds. During a review of facility's policy and procedure (P&P) titled, Comprehensive Person-Centered Care Planning, dated 11/2028, the P&P indicated .Additional changes or updates to the resident comprehensive care plan will be made based on the assessed needs of the resident . During a review of facility's policy and procedure (P&P) titled, Skin Integrity Management, dated 6/27/24, the P&P indicated .Review resident's care plan and update as necessary . 3. During a concurrent observation and interview on 1/6/25 at 8:47 a.m. with Resident 74 in Resident 74's room, Resident 74 was sitting on her walker seat in her room, alert and oriented and understood the questions clearly. Resident74 was clean and well groomed. Resident 74 stated she had been at the facility since June last year. Resident 74 stated she could not tolerate the food at the facility, food was undercooked and cold. Resident 74 stated her stomach was weak and anything could come up just looking at the food. Resident 74 stated she lost weight. Resident 74 stated she requested sandwich for lunch and dinner until she feels better and stated she did not received sandwich as requested. Resident 74 stated her daughter brought food that she could eat and tolerate. During a review of Resident 74's AR, dated 1/9/25, the AR indicated, Resident 74 was admitted to the facility on [DATE] with diagnoses Type 2 Diabetes Mellitus(when the blood sugar levels in the body are too high), Cirrhosis of Liver (permanent scarring that damages the liver and interferes with its functioning), Malignant Neoplasm of Left Breast (a disease in which abnormal cells divide uncontrollably and destroy body tissue), and Hypertensive Heart Disease with Heart Failure (the heart is unable to pump blood around the body properly). During a review of Resident 74's MDS dated [DATE], the MDS Section C indicated Resident 74's BIMS assessment score was 14 out of 15 which indicated Resident 74 was cognitively intact. During a concurrent interview and record review on 1/9/25 at 9:14 a.m. with Nurse Supervisor (NS) 2, NS 2 reviewed Resident 74's Nutrition Care Plan (NCP), dated 6/21/24, the NCP was not revised to reflect interventions about significant weight loss. NS 2 stated Resident 74's NCP was revised on 10/9/24. NS 2 stated nurses should have updated and revised Resident 74's NCP to reflect the significant weight loss and change of condition. NS 2 stated nursing staff was not aware of Resident 74's weight loss. During an interview on 1/9/25 at 10:00 a.m. with Certified Nursing Assistance (CNA) 9, CNA 9 stated she was assigned for Resident 74, and she was not aware of Resident 74's weight loss. (continued on next page)

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	01/10/2025

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a telephone interview on 1/09/25 at 3:09 p.m. with the Registered Dietitian (RD), the RD stated Resident 74 had a significantly weight loss of 16 pounds in one month. The RD stated Resident 74's weight loss was unavoidable due to diagnoses of Cirrhosis of the Liver, Cancer, and diuretic use. The RD stated she interviewed Resident 74 on 1/6/25 and stated Resident 74 did not want anything at that time. The RD stated she was aware of Resident 74's request of sandwich for lunch dinner and the RD indicated a sandwich for lunch and dinner was not enough to meet her caloric needs. The RD stated the facility needed to honor and follow resident's food preference. The RD stated Resident 74's care plan should have been revised and reviewed for significant weight loss. During an interview on 1/9/25 at 4:59 p.m. with LVN 7, LVN 7 stated she did not received information from the morning nurse during report regarding Resident 74's change of condition for significant weight loss. LVN 7 reviewed Resident 74's NCP dated 6/21/24, and indicated the NCP care plan for significant weight loss was not updated and revised. During an interview on 1/9/25 at 6:05 p.m. with the DON, the DON stated floor nurses entered the weights in electronic medical record completes change of condition, create, revised, and update residents' care plans. The DON stated her expectation was for nurses to follow the facility's Policy and Procedure. The DON stated resident's comprehensive person-centered care plan must be developed, updated, and revised to provide resident the right care to prevent delay in care and treatment. The DON stated if a change of condition for weight loss and care plan was not developed, updated, or revised, It can result for further weight loss. During a review of the facility's policy and procedure (P&P) titled, Comprehensive Person-Centered Care Planning, dated 11/2018, indicated, .The comprehensive care plan will be reviewed and revised at the following times . onset of new problems . change of condition .to address changes in behavior or care . other times as necessary . 4. During a review of Resident 74's IDT note dated 11/6/24, the IDT note indicated Resident 74 had unwitnessed fall without injury on 11/5/24 at 1:05 p.m. The IDT' indicated, .Interventions: Refer to Rehab for safe wheelchair sitting position and mobility and Educate resident to ask for assistance using call light when needed . During an interview on 1/10/25 at 3:00 p.m. with the DON, the DON stated it was her expectation nurses/staff to follow the P&P for the Fall Program. The DON stated a fall care plan for Resident 74 should have been initiated, updated or revised after each fall. The DON stated Resident 74's fall care plan should have been updated based on IDT recommendations and interventions to prevent further falls. During a concurrent interview and record review on 1/10/25 at 4:02 p.m. with Registered Nurse (RN) 2, RN 2 reviewed Resident 74's At risk for fall care plan, dated 6/24/24 and indicated fall care plan was revised on 10/9/24. RN 2 stated Resident 74's care plan should have been revised after the fall to prevent Resident 74 from having additional falls. During a review of facility's policy and procedure (P&P) titled, Fall Management Program, dated 3/13/2022, the P&P indicated, . Following every resident fall, the licensed nurse will .initiate or revise the Resident's care plan as necessary; The residents' care plans will be updated with the IDT's recommendations . (continued on next page)

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	01/10/2025

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	48424 5. During a review of resident 76's AR dated 1/9/25, the AR indicated, Resident 76 was admitted with a stage two pressure ulcer to the sacral region (shallow open wound to the bottom of the back). During a concurrent interview and record review on 1/8/24 at 3:03 p.m. With LVN 1, Resident 76's Care Plan, dated 1/8/24 was reviewed. The Care Plan indicated Resident 76 did not have care plan for Resident 76's pressure ulcer. LVN 1 stated, Resident 76 was admitted to the facility with a pressure ulcer aquired while at the hospital. LVN 2 stated Resident 76 needed to have his pressure ulcer documented on the care plan as soon as he came back from the hospital. LVN 2 stated it was important to care plan Resident 76's pressure ulcer when he arrived from the hospital because nurses needed to accurately document any changes of conditions in the care plan. LVN 1 stated, The care plan was what drives what care the residents receive. LVN 1 stated an inaccurate care plan would not accurately alert nurses on how to care for the resident. During an interview on 1/10/24 at 3:01 p.m. with the DON, the DON stated Resident 76's pressure ulcer should have been care planned in order to prevent further complications from occurring. The DON stated care plans were important because they contained treatment orders and any other interventions which could help Resident 76. The DON stated the care plan should have been updated at the time nurses noticed the pressure ulcer. During a review of the facility's P&P titled Comprehensive person-Centered Care planning, dated 11/18, the P&P indicated, . The Baseline Care plan . will be developed and implemented . within 48 hours of the resident's admission . the baseline care plan must reflect the resident's stated goals and objectives, and include interventions that address his or her needs . During a review of the facility's P&P titled, Pressure Injury Prevention, dated 6/27/24, the P&P indicated, . Complete a skin risk evaluation upon admission/re-admission . based on the risk score, develop a plan of care for the resident's risk factors . implement interventions identified in the plan of care . 51284 6. During review of Resident 392's AR dated 1/9/25, indicated, Resident 392 was admitted to the facility on [DATE] with diagnoses which included malignant neoplasm of right lung (a cancerous tumor that started in the lungs), peripheral vascular disease (a chronic condition that occurs when blood vessels narrow, block, or spasm) and atrial fibrillation (a type of irregular heartbeat). During a review of Resident 392's Order Summary Report (OSR) dated 12/12/24, the OSR indicated Resident 392 had an order for apixaban 2.5 mg (milligram-unit of measurement) tablet twice a day for blood clot prevention. During a concurrent interview and record review on 1/8/24 at 2:45 p.m. with LVN 1, Resident 392's Care Plan dated 1/6/25 was reviewed. LVN 1 stated Resident 392 was admitted to the facility with the anticoagulant (blood thinner) medication order. LVN 1 stated, Resident 392's anticoagulant care plan was initiated on 1/6/25. LVN 1 stated the care plan should have been initiated when the medication order was received (12/12/24) in order to monitor for medication side effects (unwanted reaction to a drug). (continued on next page)

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	01/10/2025

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 1/9/25 at 10:23 a.m. with the MDSN 1, the MDSN 1 stated anticoagulant care plan should have been initiated immediately to monitor any possible side effects of the medications and to properly care for Resident 392. MDSN 1 stated it was the responsibility of the charge nurses to initiate care plans when residents were admitted to the facility and when new orders were received. During an interview on 1/10/25 at 5:24 p.m. with the DON, the DON stated it was important for care plans to be initiated and implemented timely to monitor and prevent drug complications. 7. During a concurrent interview and record review on 1/8/25 at 2:45 p.m. with LVN 1, Resident 392's EBP care plan dated 1/6/25 was reviewed. LVN 1 stated the EBP care plan should have been initiated when Resident 392 was admitted to the facility on [DATE] and not on 1/6/25. LVN 1 stated Resident 392's EBP care plan was not initiated at an acceptable time frame. During an interview on 1/8/25 at 2:45 p.m. with Nurse Supervisor (NS) 2, NS 2 indicated it was the responsibility of licensed nurses to create, review and update care plans as needed in the required timeframe. NS 2 stated care plans were to be resident centered to address their specific needs. NS 2 stated care plans should be initiated and completed immediately when residents were admitted to the facility. During an interview on 1/10/25 at 2:18 p.m. with Infection Preventionist (IP-professionals who make sure healthcare workers and health facilities are doing all the things they should to prevent infections from spreading), the IP stated he assumed the position as IP on 1/6/25 and was instructed to screen residents who needed to be placed on EBP. The IP stated he notified the doctor, obtained orders, and created the EBP care plan. The IP stated EBP were important for residents who were at an increased risk for infections and care plans were important in order for staff to provide necessary care to residents. During a review of the facility's P&P titled Comprehensive Person-Centered Care Planning dated 11/18 P&P indicated, .It is the policy of the facility to provide person-centered, comprehensive and interdisciplinary care that reflects best practice .within seven days .

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	01/10/2025

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 - Some	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51345 Based on observation, interview and record review, the facility failed to ensure professional standards of quality were met in accordance with the comprehensive care plan and facility policies and procedures for four of nine sampled residents (Residents 74, 67, 55 and 392) when: 1. Resident 67's change of condition and Nutritional Assessment for a facility acquired pressure ulcer (a wound which develops as a result of prolonged pressure to one area), Stage 2 pressure ulcer to right thigh and Stage 3 pressure ulcer to left buttock were not assessed. This failure had the potential for Resident 67's wounds to worsen which could result in more serious health condition. 2. Resident 74's change of condition for significant weight loss above five percent in one month was not developed and Interdisciplinary team (IDT-group of people with different areas of expertise working together to achieve a common goal) note was not completed. This failure had the potential to put Resident 74 at risk for further weight loss. 3. Resident 55's oxygen order of 2L (L- units of measurement) was not followed. This failure had the potential for Resident 55 to develop respiratory distress (difficulty breathing) which could lead to serous health condition. 4. The Activities Director (AD) allowed two activities assistants to document in Resident 392's activities using AD's credentials. This failure resulted in compromised accuracy of documentation and improper record management of Resident 392. Findings: 1. During a concurrent observation and interview on 1/6/25 at 10:45 a.m. with Resident 67, in Resident 67's room, Resident 67 was observed lying in bed watching television, clean and well groomed. Resident 67 was alert and oriented and understood questions clearly. Resident 67 stated she had a wound on her buttock and nurses were providing wound treatment. During a record review of Resident 67's Admission Record (AR), dated 1/9/25, the AR indicated, Resident 67 was admitted to the facility on [DATE] with diagnoses of hypertensive heart disease with heart failure (a condition when the heart muscle doesn't pump enough blood to meet the body's needs which can cause fatigue and shortness of breath), morbid obesity (overweight-weight is more than 80 to 100 pounds above the ideal body weight), quadriplegia (a condition causes a partial or total loss of function of both arms and legs), and spinal stenosis (the space inside the backbone is too small). (continued on next page)

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	01/10/2025

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 - Some	During a review of Resident 67's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 11/13/24, the MDS section C indicated, Resident 67's Brief Interview for Mental Status (BIMS-an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) assessment score was 14 out of 15, (0-15 scale- 0-6 severe cognitive deficit, 7-12 moderate cognitive deficit, 13-15 no cognitive deficit) indicating Resident 67 was cognitively intact. Resident 67's MDS dated [DATE] Section M (Skin Condition) indicated Resident 67 was at risk for developing pressure ulcers/injuries. During a concurrent interview and record review on 1/8/2025 at 10:20 a.m. with the Wound Nurse (WN), the WN stated Resident 67 developed facility acquired pressure ulcers to left buttock and right thigh. The WN reviewed Resident 67's electronic medical record (EMR) titled, eINTERACT Change in Condition Evaluation, dated 12/1/24, WN stated Resident 67's left buttock wound started on 11/30/24 as Stage 2 pressure ulcer. The WN stated Resident 67 was assessed by the wound Doctor on 12/4/24 and Resident 67's Stage 2 pressure ulcer worsened to Stage 3.The WN reviewed Resident 67's electronic medical records and stated there was no change of condition assessments for Resident 67's facility acquired pressure ulcers-Stage 2 to right thigh and Stage 3 to left buttock. The WN stated it was important to document change of condition to monitor the progress of the wounds. During a concurrent interview and record review on 1/9/25 10:15 a.m. with Nurse Supervisor (NS) 2, NS 2 reviewed EMR and stated Resident 67's Stage 2 pressure ulcer to left buttock started on 11/30/24 and worsened to Stage 3 pressure ulcer on 12/4/24. NS 2 stated there was no change of condition and IDT note documented. NS 2 stated every decline in condition required a change of condition assessment and IDT note to determine if the pressure ulcer was avoidable or unavoidable. NS 2 stated completing a change of condition was important to alert the nurses of the change of condition and to prevent delay in care and treatment that could potentially result to worsening of the wound. During a concurrent interview and record review on 1/9/25 at 4:38 p.m. with Registered Nurse (RN) 2, RN 2 reviewed Resident 67's electronic medical record and indicated there was no change of condition assessments for Stage 3 left buttock pressure ulcer and Stage 2 right thigh pressure ulcer. RN 2 stated a change of condition should have been completed for facility acquired pressure ulcers to properly assess Resident 67 and prevent further decline. During an interview on 1/9/25 at 6:05 p.m. with Director of Nursing (DON), the DON stated a new change of condition was required when wound had worsened from Stage 2 pressure ulcer to Stage 3 pressure ulcer. The DON stated comprehensive assessment and care plan should have been initiated when Resident 67's pressure ulcers were identified. The DON stated her expectation was for nurses to follow the Policy and Procedures for change of condition to provide residents the proper care and no delay in care and treatment occurred, The DON stated this could have resulted in Resident 67's worsening of wounds. During an interview on 1/10/25 at 4:33 p.m. Minimum Data Set Nurse (MDSN) 2, MDSN 2 stated she was not aware Resident 67 had a facility acquired Stage 3 pressure ulcer. MDSN 2 stated comprehensive assessment was required for significant change in condition. MDSN 2 stated it was important to identify a significant change in condition to be able to provide the services -therapy or diet change to overcome the deficiency and to help residents get better. (continued on next page)

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	01/10/2025

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 - Some	2. During a concurrent observation and interview on 1/6/25 at 8:47 a.m. with Resident 74, in Resident 74's room, Resident 74 was sitting on her walker seat in her room, alert and oriented and understood the questions clearly. Resident was clean and well groomed. Resident 74 stated she had been at the facility since June last year. Resident 74 stated could not tolerate the food at the facility and she lost weight. Resident 74 stated her stomach was weak and anything could come up just looking at the food. Resident 74 stated her daughter brought her food she could eat and tolerate. Resident 74 stated she requested sandwich for lunch and dinner until she feels better. Resident 74 stated she did not received a sandwich as requested. During a review of Resident 74's Admission Record (AR), dated 1/9/25, the AR indicated, Resident 74 was admitted to the facility on [DATE] with diagnoses which included diabetes mellitus(when the blood sugar levels in the body are too high), cirrhosis of liver (permanent scarring that damages the liver and interferes with its functioning), malignant neoplasm of left breast (a disease in which abnormal cells divide uncontrollably and destroy body tissue, and hypertensive heart disease with heart failure (the heart is unable to pump blood around the body properly). During a review of Resident 74's Minimum Data Set, dated dated dated [DATE], the MDS section C indicated, Resident 74 had a BIMS assessment score of 14 out of 15 , which indicated Resident 74 was cognitively intact. During a concurrent interview and record review on 1/9/25 at 9:14 a.m. with Nurse Supervisor (NS) 2, NS 2 reviewed Resident 74's change of condition titled eINTERACT Change in Condition Evaluation-V5.1, and indicated Resident 74's change of condition for significant weight loss was not documented. NS 2 stated Nursing was not aware of Resident 74's weight loss. During an interview on 1/9/25 at 10:00 a.m. with Certified Nursing Assistance (CNA) 9, CNA 9 stated she was assigned for Resident 74, and she was not aware of Resident 74's weight loss. During an interview on 1/9/25 at 4:59 p.m. with LVN 7, LVN 7 stated she did not received information from the morning nurse regarding Resident 74's change of condition for significant weight loss. During an interview on 1/9/25 at 6:05 p.m. with the DON, the DON stated floor nurses entered weights in electronic medical record complete a change of condition, created, revised, and updated resident's care plans. The DON stated her expectation was for nurses to follow the facility's Policy and Procedure. The DON stated if a care plan was not developed, updated, or revised for weight loss, It can result for further weight loss. The DON stated IDT note was not completed for Resident 74's significant weight loss. The DON stated IDT note should have been completed for Resident 74's significant weight loss to implement IDT recommendations to prevent Resident 74 for further weight loss. During a concurrent interview and record review on 1/10/25 at 4:02 p.m. with RN 2, RN 2 was not aware Resident 74 had a significant weight loss. RN 2 stated it was not communicated to her by the morning shift nurse. RN 2 reviewed Resident 74's weights and vitals, dated 1/3/25, and sated the DON entered the weight of 209 pounds on 1/3/25 and the previous month weight was 225 pounds. RN 2 stated Resident 74's change of condition assessment should have been completed and started on alert charting for the significant weight loss. RN 2 stated there was no alert charting for Resident 74's weight loss. RN 2 stated it was important for nursing staff to be aware of Resident 74's change of condition in order to monitor oral intake to prevent further weight loss. (continued on next page)

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	01/10/2025

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 - Some	During an interview on 1/10/25 at 4:32 p.m. with CNA 8, CNA 8 stated she was familiar Resident 74, and she was not aware of Resident 74's weight loss. During a review of facility's policy and procedures (P&P) titled, Change of Condition Notification, dated 4/1/2015, the P&P indicated, . It is the responsibility of the person who observe the change to report to the Licensed Nurse .License Nurse will assess the change of condition and determine what nursing intervention are appropriate .a change in weight of five pounds or more within a 30 day period .Licensed will document a change of condition .License Nurse will communicate any changes in required interventions to the CNA's involved in resident care . During a review of facility's policy and procedures (P&P) titled, Skin Integrity Assessment, dated 6/27/24, the P&P indicated, .The dietary needs of the Resident will be evaluated by the registered dietitian upon any significant change in skin condition . 40641 3. During a observation on 1/9/25 at 8:48 a.m. with Resident 55 in Resident 55's room, Resident 55 observed siting up in bed, nasal cannula (NC- tube that delivers oxygen through the nose to people who have low oxygen levels) connected to concentrator (device that produces oxygen for breathing) and set to 3L. During a observation on 1/9/25 at 3:45 p.m. with Resident 55 in Resident 55's room, Resident 55 observed sitting up in bed watching tv. NC in use and oxygen levels set to 3L. During a review of Resident 55's AR, the AR indicated, Resident 55 was admitted to the facility on [DATE] with the admission diagnosis of chronic obstruction pulmonary disease (COPD- a condition of the airway and the difficulty or discomfort in breathing) and asthma (a chronic lung disease that causes the airway to swell and narrow making it difficult to breathe). During a review of Resident 55's MDS, dated [DATE] the MDS section C indicated Resident 55 had a BIMS assessment score of 13 out of 15 which indicated Resident 55 was cognitively intact. During a review of Resident 55's Order Summary Report (OSR), dated 8/23/24, the OSR indicated, .Oxygen at 2L/minute via nasal cannula continuously for COPD . During a concurrent interview and record review on 1/10/25 at 9:39 a.m. with Nurse Supervisor (NS) 1, Resident 55's AR dated 5/2/22 and OSR dated 8/23/24 were reviewed. NS 1 stated the physician orders were to be followed. NS 1 stated Resident 55 did not have a documented change in condition or an emergency situation for the oxygen to be increased. NS 1 stated Resident 55's oxygen order should have been followed and licensed nurses should have been monitoring to ensure Resident 55 was receiving the correct oxygen order. During an interview on 1/10/25 at 5:24 p.m. with DON, The DON stated the expectation was to inform the doctor of residents change in condition and obtain an order. The DON stated staff should not change oxygen rate without doctors' orders. (continued on next page)

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	01/10/2025

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 - Some	During a review of facility policy and procedure (P&P) titled Oxygen Therapy, dated 11/17, the P&P indicated, .Administer oxygen per physician orders.If oxygen saturations fall .the physician will be notified immediately . 4. During a concurrent interview and record review on 1/9/25 at 9:22 a.m. with the AD, Resident 392's activities history was reviewed. The AD stated activies staff provided Resident 392 with 1:1 activities three times a week. The AD stated she did not provide 1:1, but her activies assistants worked with residents on 1:1. The AD stated two of her activities assistants did not have access to their electronic documentation system. The AD stated she had been allowing her two assistants to use her credentials to document activities provided to residents. The AD stated she should not have allowed the activies assistants to have documented using her credentials. During an interview on 1/9/25 at 9:22 a.m. with Activities Assistant (AA) 1, AA 1 stated she worked in the facility full time for one year as an AA. The AA 1 stated she provided activities to residents with 1:1 in their rooms and spent five to 10 minutes providing activities according to the residents' care plan. AA 1 stated at the end of each visit, she documented the activities provided in resident charts. During an interview on 1/9/25 at 2:56 p.m. with Activities Assistant (AA) 2, AA 2 stated she had worked at the facility for 2 years and had been documenting in resident charts using her own credentials. AA 2 stated it is not accurate documentation when another staff member documents in a residents chart using another staff members name and did not think it was allowed. During interview on 1/9/25 at 3:45 p.m. with Administrator (ADM), the ADM stated it is the responsibility of the ADM to grant computer access to non-nursing staff such as the activities assistant. The ADM stated the process of granting access should not take longer than a month. The ADM stated he was not aware AD had been allowing her two activities assistants to document care provided to residents under her name. During a review of facility's policy and procedure (P&P) titled Completion & Correction dated 1/12 . Documentation content .Significant observation related to resident. Each time the physician is notified . During a review of facility's document titled, Activity Director job description, undated, the job description indicated, . Maintains written records of residents attendance in activities . includes room visit/1:1 documentation, . interventions . During a review of facility document titled, Activity Assistant Job Description undated. The job description indicated .updates and maintains resident activity records .ensure .documentation, as required .

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	01/10/2025

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47888 Based on observation, interview and record review, the facility failed to complete personal hygiene and follow the policy and procedure (P&P) Grooming Care of the Fingernails and Toenails for one of one sampled residents (Resident 94), when staff did not cut Resident 94's fingernails on his contractured (a permanent tightening of the muscles, tendons, skin, or nearby tissues that limits the range of movement of a joint or body part) right and left hands. This failure resulted in Resident 94 to have long fingernails that were growing into his hand with the potential to cause pain and infection. Findings: During a review of Resident 94's Admission Record (AR) the AR indicated, Resident 94 was admitted to the facility on [DATE] with a diagnosis which included paraplegia (the inability to voluntarily move the lower parts of the body), contracture of the left and right hand (a permanent tightening of the muscles, tendons, skin, or nearby tissues that limits the range of movement of a joint or body part) and muscle weakness (loss of muscle strength). During a review of Resident 94's Minimum Data Set (MDS -a federally mandated resident assessment tool) assessment dated [DATE], Resident 94's MDS assessment indicated Resident 94's Brief Interview for Mental Status (BIMS -an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) assessment score was 13 out of 15 (0-6 severe cognitive deficit, 7-12 moderate cognitive deficit, 13-15 no cognitive deficit). The BIMS assessment indicated Resident 94 was cognitively intact. During a concurrent observation and interview on 1/7/25 at 10:38 a.m., with Resident 94 in his room, Resident 94 was lying in his bed, semi-reclined with both of hands balled up in a fist. Resident 94 had long fingernails with the pinky finger on his right and left hand curled back into his palm. Resident 94 stated his fingernails were achy and hurt and probably going into my skin. Resident 94 stated due to his contractures he could not see the pinky fingers on his hands. Resident 94 stated he had told staff about his nails but no one had cut them. During a concurrent observation and interview on 1/9/25 at 2:41 p.m., with Licensed Vocational Nurse (LVN) 5 in Resident 94's room, Resident 94 had long fingernails with the pinky's on both hands curling back into his palms. LVN 5 peeled back the right pinky and Resident 94 had a small skin indentation where the nail was. LVN 5 attempted to peel back the left pinky and Resident 94 would not let her, he said it hurt to move it. LVN 5 stated she had seen Resident 94's nails before and spoke to him about them, but he refused care. LVN 5 stated those conversations (Resident 94's refusal) were not documented anywhere and either were the long fingernails. LVN 5 stated she or a Certified Nursing Assistant (CNA) could have cut his fingernails but he never had complained about them. LVN 5 stated that the skin assessments in the electronic record were not accurate and needed to reflect the long curling fingernails of Resident 94. (continued on next page)

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	01/10/2025

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/9/25 at 3:25 p.m., with the CNA 10, CNA 10 stated she had told LVN 5 about Resident 94's nails months ago. CNA 10 stated Resident 94 had requested to get his fingernails cut, but when she attempted to do it, he would say no. During an interview on 1/9/25 at 2:08 p.m., with the Social Services Assistant (SSA), the SSA stated staff come to him if a resident needs something that they cannot provide. The SSA stated no one had ever notified him of Resident 94's fingernails being an issue. The SSA stated from the condition of Resident 94's nails he would have expected to be contacted by staff to get an outside Doctor involved. During an interview on 1/9/25 at 3:59 p.m., with the Director of Nursing (DON), the DON stated she was not aware of Resident 94's fingernails. The DON stated there was documentation in the electronic medical record of Resident 94's fingernails being an issue. The DON stated his fingernails were not trimmed and the expectation of the facility to have appropriate nail care was not met. The DON stated his fingernails not being the appropriate length could have caused wounds or an infection. The DON stated staff did not follow the policy and procedure Grooming Care of the Fingernails and Toenails. 1/9/25 at 4 p.m., CNA shower reviews (nail checks) were requested from the facility, but was not provided. 1/9/25 at 4 p.m., Resident 94 head to toe assessments were requested from the facility, but was not provided. During an interview on 1/10/25 at 10:02 a.m., with the Infection Preventionist (IP-professional who make sure healthcare workers and patients are doing all the things they should to prevent infections), the IP stated fingernail care should be performed on a regular basis. The IP stated due to Resident 94's contractures the skin needs to be assessed regularly to make sure no injury had occurred. The IP stated if nailcare was not done properly, an infection could develop to Resident 94's fingernails. During a review of Resident 94's Skin Check (SC), dated 1/5/25, the SC indicated, . Skin warm and dry, skin color within normal limits, turgor (how elastic or bouncy your skin is) normal . Met . During a review of Resident 94's Skin Check (SC), dated 12/15/24, the SC indicated, . Skin warm and dry, skin color within normal limits, turgor normal . Met . During a review of the facility's P&P titled, Grooming Care of the Fingernails and Toenails, dated 10/21/21, the P&P indicated, .Purpose: Nail care is given to clean the nail bed and keep the nails trimmed. Policy: I. Fingernails are trimmed by CNA's .

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	01/10/2025

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 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate foot care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47888 Based on observation, interview and record review, the facility failed to provide foot care and follow the policy and procedure (P&P) Grooming Care of the Fingernails and Toenails for one of seven sampled residents (Resident 40), when staff did not cut Resident 40's toenails. This failure resulted in Resident 40 having thick and long toenails and placed resident 40 at risk for an infection and pain when ambulating. Findings: During a review of Resident 40's Admission Record (AR), dated 1/10/25, the AR indicated, Resident 40 was admitted to the facility on [DATE] with a diagnosis which included muscle weakness (loss of muscle strength) and unspecified dementia (the loss of brain functioning, such as, thinking, remembering, and reasoning, to such an extent that it interferes with a person's daily life and activities). During a review of Resident 40's Minimum Data Set (MDS -a federally mandated resident assessment tool) assessment dated [DATE], Resident 40's MDS assessment indicated, Resident 40's Brief Interview for Mental Status (BIMS -an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) assessment score was 11 out of 15 (0-6 severe cognitive deficit, 7-12 moderate cognitive deficit, 13-15 no cognitive deficit). The BIMS assessment indicated Resident 40 was moderately impaired. During a concurrent observation and interview on 1/7/25 at 11:30 a.m., with Resident 40 in his room, Resident 40 was lying in his bed, semi-reclined watching television with his feet exposed and his toenails were long and jagged. Resident 40 stated he wanted his toenails cut, but the facility had not provided that service to him. Resident 40 stated his toes would hurt when he would walk. Resident 40 stated he told the nursing staff about his toes but could not remember when. During a concurrent observation and interview on 1/9/25 at 11:32 a.m., with Licensed Vocational Nurse (LVN) 3 in Resident 40's room, Resident 40's toenails were observed. LVN 3 stated Resident 40's toenails should have been cut and were not. LVN 3 stated Certified Nursing Assistant (CNA)'s could do nailcare for non-diabetic residents. LVN 3 stated CNAs were to evaluate resident's toenails during their showers. LVN 3 stated staff members should have cut Resident 40's toenails but had not. LVN 3 stated she was Resident 40's nurse and assessed him, but never had looked at his toes. LVN 3 stated the condition of Resident 40's toenails would cause mobility issues and possible pain. During a review of Resident 40's Skin Monitoring: Comprehensive CNA Shower Review (SR), dated 12/24/24, the SR indicated, .Report any abnormal looking skin to charge nurse immediately, as well as document in [electronic record] and use this form to show exact location with a description .Nails [checkmark] . Abnormal findings: N/A [Not Applicable] . CNA's name: [CNA 14] . During a review of Resident 40's Progress Note (PN), dated 12/30/24, the PN indicated, . Type: . Skin Check . Effective date: 12/30/24 @ 7:22 a.m., . Position: LVN . Skin: Skin warm and dry, skin color within normal limits .Foot evaluation completed . (continued on next page)

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	01/10/2025

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 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/9/25 at 2:08 p.m., with the Social Services Assistant (SSA), the SSA stated he received a podiatry referral form for Resident 40 on 12/24/24, but he had yet to see a Podiatrist for his toenails. The SSA stated after he had seen Resident 40's toenails, it was clear Resident 40 needed immediate attention for his overgrown nails. During a review of Resident 40's Social Service Referral Form (SSR), dated 12/24/24, the SSR indicated, . Resident name: [Resident 40] . Staff Making Referral: [LVN 8] . Concrete Needs: . Podiatry consult . Additional Comments: Please place on list for podiatry . During an interview on 1/9/25 at 3:59 p.m., with the Director of Nursing (DON), the DON stated she was not aware of Resident 94's nails. The DON stated nursing staff and SSA should have escalated the need for immediate toenail care to her and they did not. The DON stated CNA's and licensed staff should have caught his toenail issue during assessments and they did not. The DON stated a potential outcome for long toenails could cause a wound by growing into the foot that would turn into an infection. The DON stated staff did not follow the policy and procedure for Grooming Care of the Fingernails and Toenails. During an interview on 1/10/25 at 4:58 p.m., with CNA 14, CNA 14 stated during a resident's shower he assessed their toenails. CNA 14 stated he had showered Resident 40 before and Resident 40 asked him if someone could cut his toenails. CNA 14 stated his nails were long, thick and they hurt him. CNA 14 stated when he filled out the SR he provided the checkmark on nails because he just looked at them., but had not done any nail care CNA 14 stated under the abnormal findings section in the SR he did not know that abnormal findings meant the toenails, but they were not normal. CNA 14 stated he notified the nurse of his nails, but the nurse did not do any nailcare on Resident 40 because the nurse was not confident in doing that. During an interview on 1/10/25 at 5:02 p.m., with LVN 8, LVN 8 stated she saw Resident 40's toenails and they were grown out, thick and to the side. LVN 8 stated Resident 40's family members told her his nails were really grown out and she put in the SSR to put him on the podiatry list. LVN 8 stated she did not want to cut them because they were too thick for clippers at the facility. LVN 8 stated Resident 40's nails would qualify as abnormal during assessment. LVN 8 stated the expectation for toenails was to be well groomed and not grown out. LVN 8 stated Resident 40's nails were grown out sideways and should have been trimmed. During an interview on 1/10/25 at 5:30 p.m., with Medical Doctor of Podiatry (MDP- a Doctor that specializes in foot care), the MDP stated Resident 40's toenails should have been trimmed every two months and they were not. The MDP stated due to the nails not being trimmed, Resident 40's toes could have been infected and cause an injury or pain. During a review of the facility's P&P titled, Grooming Care of the Fingernails and Toenails, dated 10/21/21, the P&P indicated, .Purpose: Nail care is given to clean the nail bed and keep the nails trimmed . (continued on next page)

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	01/10/2025

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 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the professional reference from Centers for Disease Control and Prevention (CDC) Healthy Habits: Nail Hygiene, (found at: https://www.cdc.gov/hygiene/about/nail-hygiene.html) dated 4/16/24, indicated, .One of the best ways to prevent nail infections is by keeping nails short and clean . Infections of the . toenails often appear as swelling of the skin around the nails, pain around the nails, or thickening of the nail. In some cases, these infections may be serious and need to be treated by a physician . To help prevent the spread of germs and nail infections: Keep nails short and trim them often .

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	01/10/2025

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47888 Based on observation, interview and record review, the facility failed to follow the policy and procedures Medication Storage, Disposal of Medications and Medication Related Supplies and have a secure medication destruction bin (MDB- a bin for unused medications that are set to be destroyed) for two of two medication rooms (Medication room [ROOM NUMBER] and Medication room [ROOM NUMBER]), when the medication destruction bins' lids were not sealed. This failure had the potential for drug diversion (when healthcare providers obtain or use prescription medicines illegally) and overall unsafe medication practices. Findings: During a concurrent observation and interview on 1/8/25 at 10:58 a.m., with the Nurse Supervisor (NS) 2 in the second-floor medication room, the medication room had a MDB with a lid that was loose and crooked. The MDB lid was not sealed. The NS 2 stated the lid was not secure to the bin and staff could have taken medications out of it. The NS 2 stated narcotics (highly addictive drug used for treating pain) and other controlled medications (A drug or other substance that is tightly controlled by the government because it may be abused or cause addiction) get wasted in this MDB after they were crushed and rendered into powder form. The NS 2 stated there was currently powder in the MDB and that could be a controlled medication. The NS 2 stated the MDB not secure put employee safety at risk and had the potential for drug diversion. During a concurrent observation and interview on 1/8/25 at 11:33 a.m., with a Licensed Vocational Nurse (LVN) 3 in the third-floor medication room, the medication room had a MDB with a lid that was loose and crooked. The MDB lid was not sealed. LVN 3 stated the MDB lid was not secure and it should be locked shut. LVN 3 stated nursing staff discard narcotics in that bin in powdered form and it would be easily identifiable for a staff member who wanted to divert medication. LVN 3 stated staff members could take any pills or powder from the MDB. During an interview on 1/10/25 at 9:12 a.m., with the Pharmacy Consultant (PC), the PC stated the MDB lid not secured was a problem. The PC stated best practice would be for the MDB to be sealed so staff members could not access the discarded medication. The PC stated an employee could have easily accessed the bin and took medication out. The PC stated that if narcotics were in powder form, staff would have had access to that as well. The PC stated drug diversion could have taken place and it was not safe. During an interview on 1/10/25 at 10:02 a.m., with the Infection Preventionist (IP-- professional who make sure healthcare workers and patients are doing all the things they should to prevent infections), the IP the stated MDB not being secured was an infection control issue. The IP stated the expectation would be for the MDB to be secured at all times, and it was not. The IP stated this was a drug diversion issue and anyone with access to that room could have taken medications from the MDB. (continued on next page)

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	01/10/2025

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 1/10/25 at 1:43 p.m., with the Director of Nursing (DON), the DON stated the MDB lid was not on properly in both of the medication rooms. The DON stated the expectation was for the lid to be secure and it was not. The DON stated the policy and procedure (P&P) for Disposal of Medications and Medication Storage were not followed. During a review of the facility's policy and procedure (P&P)titled, Medication Storage, dated 2019, the P&P indicated, . Storage of Medications . Policy: medications and biologicals are stored safely, securely and properly . During a review of the facility's P&P titled, Disposal of Medications and Medication Related Supplies, dated 2019, the P&P indicated, .Controlled Medication Disposal . Medications . classification as controlled substances are subject to special handling, storage, disposal . when a dose of a controlled medication is removed from the container for administration but refused by the resident or not given for any reason, it is not placed back in the container. Medication is placed in the designated Med (medication) waste container . the same process applies to the disposal of unused partial tablets . of controlled substances . During a review of the professional reference titled, Code of Federal Regulations: S 1317.75 Collection receptacles, dated 12/31/24, (found at https://www.ecfr.gov/current/title-21/chapter-II/part-1317/subpart-B/section-1317.75), indicated, .Collection receptacles shall be securely placed and maintained: . At a long-term care facility: A collection receptacle shall be located in a secured area regularly monitored by long term care facility employees . e. A controlled substance collection receptacle shall meet the following design specifications: . 2. Be securely locked . During a review of the professional reference titled, American Nurse: Drug Diversion in Healthcare, dated 5/6/21, (found at https://www.myamericannurse.com/drug-diversion-in-healthcare/), indicated, .Prevention and detection for nurses . properly wasting can help circumvent (deter) diversion . During a review of professional reference titled, Diversion of Drugs Within Health Care Facilities, a Multiple-Victim Crime: Patterns of Diversion, Scope, Consequences, Detection, and Prevention, dated July 2012, (found at https://pmc.ncbi.nlm.nih.gov/articles/PMC3538481/) indicated, .healthcare workers who are diverting drugs from the health care facility workplace pose a risk to their patients, their employers, their co-workers, and themselves. It is essential that all health care institutions have a robust system in place to identify and investigate suspected diversion as rapidly and efficiently as possible and that they implement policies and procedures that enable a standardized and effective response to confirmed diversion. Drug diversion by healthcare workers violates the core value that the needs of the patient come first. Clearly, if we are to optimize our approach to inpatient drug diversion and its consequences, we must look at such diversion not as a victimless act but as a multiple-victim crime .

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	01/10/2025

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47888 Based on observation, interview and record review the facility failed to store drugs in a safe manner for two of two medication rooms (Medication room [ROOM NUMBER] and Medication room [ROOM NUMBER]), when seven pills (Five in Medication room [ROOM NUMBER] and two in Medication room [ROOM NUMBER]) were found on the floor without packaging or labels. This failure had the potential for drug diversion (when healthcare providers obtain or use prescription medicines illegally) and overall unsafe medication practices. Findings: During a concurrent observation and interview on 1/8/25 at 10:58 a.m., with the Nurse Supervisor (NS) 2 in the second-floor medication room, the medication room had five different (shapes and colors) unidentifiable pills on the floor. The NS 2 stated there should not have been pills on the floor. The NS 2 stated the pills were unidentifiable (impossible to recognize) and could be any medication the facility provided, even a narcotic (highly addictive drug used for treating pain). The NS 2 stated it was not safe for random pills to be on the floor. During a concurrent observation and interview on 1/8/25 at 11:33 a.m., with a Licensed Vocational Nurse (LVN) 3 in the third-floor medication room, the medication room had two different (shapes and colors) unidentifiable pills on the floor. LVN 3 stated they were random pills and we don't know what they are. LVN 3 stated pills should never be on the floor like that. LVN 3 stated the medications on the floor could be anything including a narcotic. LVN 3 stated the expectation was for those pills to be thrown away in the medication waste bin and that expectation was not met. LVN 3 stated the medications were not safe on the ground and someone could take them because the pills were unaccounted for. During an interview on 1/10/25 at 9:12 a.m., with the Pharmacy Consultant (PC), the PC stated the expectation was there should be no drugs on the ground in the medication rooms. The PC stated a staff member, or even a resident, potentially could have gone into the medication room and picked them up. The PC stated the medication on the floor had potential for a staff member abusing them (taking a medication in a manner or dose other than prescribed) and they needed to be secured. During an interview on 1/10/25 at 10:02 a.m., with the Infection Preventionist (IP- professional who make sure healthcare workers and patients are doing all the things they should to prevent infections), the IP stated staff members should have properly disposed of the medications and they should not have been on the floor. The IP stated the pills on the floor could have led to drug diversion by a staff member. The IP stated this would be safety issue for everyone in the facility. The IP stated the policy and procedure (P&P) was not followed for Medication Storage. (continued on next page)

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	01/10/2025

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 1/10/25 at 1:43 p.m., with the Director of Nursing (DON), the DON stated the medications were not secured and should have not been on the floor. The DON stated there was potential for drug diversion with the medications on the floor. The DON stated this was not safe and the P&P was not followed for Medication Storage. During a review of the facility's P&P titled, Medication Storage, dated 2019, the P&P indicated, . Storage of Medications . Policy: medications and biologicals are stored safely, securely and properly . During a review of the California Department of Social Services Professional Reference titled, Medications Guide: Residential Care Facilities for the Elderly, dated 9/30/16, retrieved from (https://www.ccld.dss.ca.gov/res/pdf/MedicationsGuide.pdf) indicated, . All prescription and nonprescription PRN (as needed) medication for which the licensee provides assistance must have a pharmacy label on the medication . Medications are to remain in their original packaging until dispensed . When a medication dosage changes or is discontinued, the multi-dose customized packages must be returned to the issuing pharmacy, or otherwise destroyed . During a review of the professional reference titled, American Nurse: Drug Diversion in Healthcare, dated 5/6/21, (https://www.myamericannurse.com/drug-diversion-in-healthcare/), indicated, .Prevention and detection for nurses . Reducing the need to waste medications and properly wasting can help circumvent (deter) diversion . Signs of Diversion . Failing to waste [medication] . General signs of diversion include . medications .found . out of exterior packaging .

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	01/10/2025

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51223 Based on observation, interview and record review, the facility failed to ensure the meal served on 1/7/25 reflected the menu items for 49 of 54 residents on the first floor (Resident 122, 73, 66, 34, 109, 88, 110, 69, 7, 84, 79, 3, 31, 96, 70, 61, 130, 131, 126, 37, 59, 105, 72, 111, 113, 108, 114, 64, 103, 65, 6, 8, 24, 39, 13, 60, 92, 23, 133, 20, 14, 15, 112, 86, 119, 48, 78, 101, 42) when residents received an alternate food for lunch on 1/7/25 due to the kitchen ran out of spinach bake. The facility failed to ensure the food served to the majority of residents on the first floor reflected the menu items served to other residents. The facility did not ensure sufficient food was cooked to serve the main menu items to all residents. This failure resulted in Residents 122, 73, 66, 34, 109, 88, 110, 69, 7, 84, 79, 3, 31, 96, 70, 61, 130, 131, 126, 37, 59, 105, 72, 111, 113, 108, 114, 64, 103, 65, 6, 8, 24, 39, 13, 60, 92, 23, 133, 20, 14, 15, 112, 86, 119, 48, 78, 101, 42 not receiving the same food distributed to other residents in the facility which could result in residents not feeling valued by the facility. Findings: During a concurrent observation and interview on 1/6/25 at 3:36 p.m. with Resident 48 in his room, Resident 48 was sitting on the edge of his bed. Resident 48 was alert, oriented and able to understand and answer questions. Resident 48 stated dessert options on the menu was not available due to the kitchen serving other floors first. Resident 48 stated he felt the facility ran out of food (the menu items) three times a week. Resident 48 stated a couple nights ago he was given a salad wrap that was not listed on the menu. During a record review of Resident 48's Admission Record (AR) dated 1/9/25, the AR indicated, Resident 48 was admitted to the facility on [DATE]. During a review of Resident 48's Minimum Data Set (MDS-a federally mandated resident assessment tool), dated 12/4/24, the MDS section C indicated, Resident 48 had a Brief Interview for Mental Status (BIMS-an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 12 out of 15 (0-6 severe cognitive deficit, 7-12 moderate cognitive deficit, 13-15 no cognitive deficit) which indicated Resident 48 had moderate cognitive impairment. During a concurrent observation and interview on 1/6/25 at 3:42 p.m. with Resident 78 in their room on the 1st Floor, Resident 78 was sitting next to his bed working on his personal computer. Resident was alert and oriented. Resident 78 stated the facility ran out of desserts. Resident 78 stated 1st Floor residents were served last and when the kitchen runs out of a menu items, they are the first to receive alternate foods. During a record review of Resident 78's AR, dated 1/9/25, the AR indicated, Resident 78 was admitted to the facility on [DATE]. (continued on next page)

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	01/10/2025

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During a review of Resident 78's MDS, dated [DATE], the MDS section C indicated, Resident 78 had a BIMS score of 13, which indicated Resident 78 was cognitively intact. During an interview on 1/7/25 at 8:09 a.m. in the kitchen with Certified Dietary Manager (CDM), the CDM stated she was unaware of incidents of running out of dessert. CDM stated the kitchen should not run out of food. During a concurrent observation and interview on 1/7/25 at 9:27 a.m. with Resident 112 on the 1st floor, Resident 112 was sitting upright in bed with right leg propped on a pillow, well groomed, alert, and oriented, able to understand and answer questions. Resident 112 stated a few weeks ago the menu listed turkey burgers for dinner. Resident 112 stated he was served a bun with two pieces of cheese without the turkey patty. Resident 112 was informed by staff that the kitchen Ran out of meat. Resident 112 stated he got upset and frustrated, threw his tray and started yelling asking Who is in charge. Resident 112 stated the menu did not match what was served and the 1st Floor was the last floor to get their meal trays. Resident 112 stated the floor served meal trays first will get what was on the menu, the floor served last will not get what was on the menu. During a record review of Resident 112's AR, dated 1/9/25, the AR indicated, Resident 112 was admitted to the facility on [DATE]. During a review of Resident 112's MDS, dated [DATE], the MDS section C indicated, Resident 112 had a BIMS score of 15, which indicated Resident 112 was cognitively intact. During a concurrent observation and interview on 1/7/25 at 1:29 p.m. with the Regional Registered Dietician (RRD) at the tray line in the kitchen, the RRD stated she and the CDM was informed the kitchen was low on spinach bake and replaced the spinach bake with an alternate, green beans. Observed the CDM deliver a tray of green beans to the stove top for the tray line. During a concurrent observation and interview on 1/7/25 at 1:40 p.m. with the [NAME] (COOK) in the kitchen, the tray of mechanical soft chicken on the tray line was empty and the COOK was asked to prepare more mechanical soft chicken. The COOK stated they ran out of mechanical soft chicken, and she needed to prepare five more mechanical soft diet servings for residents. During an observation and concurrent interview on 1/7/25 at 2:00 p.m. with the RRD in the kitchen, the RRD stated the kitchen ran out of Ranch Style Chicken Breast for the test tray and replaced with an alternate menu item beef patty. The test tray displayed a beef patty (alternate to Ranch Style Chicken Breast, green beans (alternate to spinach bake), and red roasted potatoes. During an interview on 1/8/25 at 2:25 p.m. on the 1st floor common room with Certified Nurse Assistant (CNA) 5, CNA 5 stated residents complained they did not receive what was on the menu. CNA 5 stated last week residents complained they did not receive pudding. During a phone interview on 1/9/25 at 2:30 p.m. with the Registered Dietician (RD), the RD stated the kitchen should not run out of food. During an interview on 1/10/25 at 10:17 a.m. with CDM in the conference room, the CDM stated the cook ran out of cooked burgers, there was a case of burgers in the freezer and the cook did not cook more burgers. The CDM stated the cook did not prepare enough burgers for serving the residents. (continued on next page)

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	01/10/2025

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 1/10/25 at 11:09 a.m. on the 1st Floor with Resident 48, Resident 48 stated the dinner menu noted chicken and dumplings, but the kitchen ran out and he was served chicken and celery. Resident 48 stated, It makes us (residents) feel like they (the facility) don't give a rats ass . when he did not receive what was indicated on the menu. Resident 48 stated sometimes the lunch or dinner meals were not served as written on the menu. Resident 48 stated the food service was Alright if you aren't on the first floor, seems like they run out (of menu items) only on the first floor. During an interview on 1/10/25 at 2:18 p.m. in the kitchen with CDM, the CDM stated there was a risk of unexpected weight loss to residents if meal preference were not honored. During a review of the facility's Substitution List Nov-[DATE], dated 12/18/24, the Substitution List indicated sweet potatoes was replaced with pudding with reason ran out. During a review of the Facility's Substitution List Dec-2024, dated 12/19/24, the Substitution List indicated fruit fluff was replaced with pudding with reason not enough fruit fluff/not enough made. During a review of the Facility's Substitution List January 2025, dated 01/07/25, the Substitution List indicated spinach was replaced with green beans with reason Sysco out of spinach. During a review of Diet Spreadsheet Menu: Rockport Winter 2024 Week 1, dated 2025, the Diet Spreadsheet indicated .Tuesday (Day 3) lunch menu listed spinach bake on the regular, mechanical soft (easy to chew and swallow), mechanical soft chopped meat, pureed (a very smooth, crushed or blended food), consistent carbohydrate diet(CCHO-a diet aimed to maintain stable blood sugar levels); low salt spinach for the low fat/low cholesterol diet and 2 gram sodium diet; spinach for those on the renal (restricted diet that limits salt, phosphorus, calcium and protein for people with kidney disease) 80 gram protein, renal diabetic diet . During a review of Diet Spreadsheet Menu: Rockport Winter 2024 Week 1, dated 2025, the Diet Spreadsheet indicated .Wednesday (Day 4) dinner menu: Chicken & Dumplings on the regular, mechanical soft, mechanical soft chopped meat, pureed, CCHO diet, low salt Baked Chicken Breast w/Pasta on the low fat/low cholesterol, renal 80gm protein, renal diabetic and 2gm sodium diets . During a review of the residents Lunch Meal Tickets, dated 01/07/25, the Lunch Meal Tickets indicated 49 of 54 residents on the 1st Floor should have received spinach bake. During a review of Soft Chopped Spinach Bake (A) (No Bacon) recipe, dated 2024, the Soft Chopped Spinach Bake recipe indicated 11 pounds 10 ounces of chopped frozen, thawed, drained spinach is required to prepare 70 servings. During a review of facility's policy and procedure (P&P) titled, Menus, dated 4/1/14, P&P indicated, .Food served should adhere to the written menu .

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	01/10/2025

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51223 Based on observations, interviews and record reviews, the facility failed to ensure food was palatable and served at an appetizing temperature when 5 of 32 sampled residents (Resident 3, 67, 74, 96 and 112) complained of the food being served cold, undercooked and without flavor. This failure had the potential for Residents 3, 67, 74, 96 and 112 not eating their meal and placed their nutritional status at risk which could potentially lead to weight loss. Findings: During a concurrent observation and interview on 1/6/25 at 8:47 a.m. with Resident 74, in Resident 74's room, Resident 74 was sitting on her walker seat in her room, alert and oriented and understood the questions clearly. Resident was clean and well groomed. Resident 74 stated she had been at the facility since June of last year. Resident 74 stated she could not tolerate the food at the facility. Resident 74 stated the food was undercooked and cold. Resident 74 stated her stomach was weak and anything could come up just looking at the food. Resident 74 stated she lost weight. Resident 74 stated her daughter brought food that she could eat and tolerate. During a record review of Resident 74's Admission Record (AR), dated 1/9/25, the AR indicated, Resident 74 was admitted to the facility on [DATE]. During a review of Resident 74's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 12/25/24, the MDS section C indicated, Resident 74 had a Brief Interview for Mental Status (BIMS-an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 14 out of 15 (0-6 severe cognitive deficit, 7-12 moderate cognitive deficit, 13-15 no cognitive deficit) which indicated Resident 74 was cognitively intact. During a concurrent observation and interview on 1/6/25 at 10:09 a.m. with Resident 96 on the 1st Floor, Resident 96 was lying in bed on her left side dressed in street clothes, covered by a sheet, and quilted blanket. Resident 96 was alert, able to state her name, where she was, and her daughter placed her in the facility. Resident 96 stated the food was served cold and preferred to have hot food. Resident 96 stated the food sometimes needs to be heated, sometimes the staff reheat the food but other times they might not. During a record review of Resident 96's AR, dated 1/9/25, the AR indicated, Resident 96 was admitted to the facility on [DATE]. During a review of Resident 96's MDS, dated [DATE], the MDS section C indicated, Resident 96 had a BIMS score of 7 out of 15, which indicated Resident 96 had severe cognitive impairment. During a concurrent interview on 1/6/25 at 10:17 a.m. with Resident 3 on the 1st Floor, Resident 3 was sitting up in bed, well groomed, alert, oriented and able to understand questions. Resident 3 stated she would like to have hot/warm food but The food is always cold, when reheated the French Fries are like spears. The vegetable top gets hot but if not mixed, the top is hot, and bottom is cold. Last night the veggies-broccoli and cauliflower were colder than ice cream. (continued on next page)

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	01/10/2025

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a record review of Resident 3's AR, dated 1/9/25, the AR indicated, Resident 3 was admitted to the facility on [DATE]. During a review of Resident 3's MDS, dated [DATE], the MDS section C indicated, Resident 3 had a BIMS score of 12 out of 15, which indicated Resident 3 had moderate cognitive impairment. During a concurrent observation and interview on 1/6/25 at 10:45 a.m. with Resident 67, in Resident 67's room. Resident 67 was lying in a bed watching television, clean and well groomed. Resident 67 was alert and oriented and understood questions clearly. Resident 67 stated, Food is horrible. This place needs a new chef. Resident 67 stated the food has had no flavor and cold including coffee and soup. During a record review of Resident 67's AR, dated 1/9/25, the AR indicated, Resident 67 was admitted to the facility on [DATE]. During a review of Resident 67's MDS, dated [DATE], the MDS section C indicated, Resident 67 had a Brief Interview for Mental Status BIMS- score of 14 out of 15, which indicated Resident 67 was cognitively intact. During an interview on 1/6/25 at 12:40 p.m. with Licensed Vocational Nurse (LVN) 2 in the Social Dining area, LVN 2 stated if the food was cold, staff asked the kitchen for a new tray. During a concurrent observation and interview on 1/7/25 at 9:27 a.m. with Resident 112 on the 1st Floor, Resident 112 was sitting in bed with right leg propped on a pillow, well groomed, alert, and oriented, able to understand and answer questions. Resident 112 stated they (the residents) have complained about the cold food many times to the Certified Dietary Manager (CDM). Resident 112 stated the CDM stated the food was at acceptable temperature, but the resident stated the meal was cold. Resident 112 stated the temperature of the tray can alter the foods texture and taste and when the tray was reheated, it changed it further. During a record review of Resident 112's AR dated 1/9/25, the AR indicated, Resident 112 was admitted to the facility on [DATE]. During a review of Resident 112's MDS, dated [DATE], the MDS section C indicated, Resident 112 had a BIMS score of 15 out of 15, which indicated Resident 112 was cognitively intact. During an observation and concurrent interview on 1/7/25 at 2:06 p.m. on the 1st Floor common area with Regional Registered Dietician (RRD), the RRD performed a lunch test tray audit. The test tray consistent of a beef patty, roasted red potatoes, green beans, soft baked cookie, and iced tea. The RRD measured the temperature as follows: beef patty 119.8 degrees, roasted potatoes 108 degrees, green beans 132 degrees, iced tea 61.8 degrees. The RRD stated the beef patty, roasted red potatoes and green beans were warm, the iced tea was cool but not cold. During an interview on 1/8/25 10:43 a.m. with Resident 67, in Resident 67's room. Resident 67 stated she had potato tots last dinner, and they were raw. Resident 67 stated they got stuck in her throat and she had been throwing up since last night. (continued on next page)

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	01/10/2025

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 1/8/25 at 10:56 a.m. with Certified Nurse Assistant (CNA) 3, CNA 3 stated he had been working as CNA at the facility for [AGE] years and worked on second and third floor. CNA stated the food here was not good, and residents complained the food had no taste and was cold. During a telephone interview 1/9/25 2:30 p.m. with the Registered Dietitian (RD), the RD stated residents would complain about cold food. The RD stated Policy and Procedure for Food Temperature was to be above 145F (F- Fahrenheit - a unit of measurement) for hot food and less than 40F (F- Fahrenheit - a unit of measurement) for cold food. During a phone interview on 1/10/25 at 10:27 a.m. with the Registered Dietician (RD), the RD stated food should be served at the appropriate temperature to reduce time in the danger zone (food temperature between 40 to 140 degrees Fahrenheit). RD stated food under temperature can lead to food borne illnesses and cross contamination, may impact resident satisfaction and reduce intake if foods are under temperature. During an interview on 1/10/25 6:07 p.m. with Certified Nurse Assistant (CNA) 8, CNA 8 stated dinner trays were late today (1/10/25), dinner trays usually arrive at 5:30 p.m. During a review of the Dietary Quality Control Review audits, dated 10/29/24, 11/16/24, and 12/17/24, the Menus & Food Production section indicated Standard F. Food served at appropriate temperatures and log maintained was Not Met. The observation/correction comment noted temperatures are to be taken and recorded prior to serving and checked periodically during tray line service . During a review of Resident Grievance/Complaint Investigation Report, dated 11/14/24, the Resident Grievance from Resident 223 reported .Resident received his dinner at 7:15 p.m., dinner was cold and soggy .Grilled cheese was not toasted thoroughly, and cheese was not melted . The CDM investigation notes, dated 11/14/24, indicated, . The Dietary [NAME] for 11/13/24 stated that all meals were out of the kitchen at 6:30 p.m. The same p.m. cook states that the grilled cheese had been made from lunch shift and all she had to do is reheat it. At time the cook was told to always make the grilled cheese fresh . During a review of the facility's policy and procedure titled, P-DS16 Food Temperatures, revised on date 09/28/2023, indicated, .the acceptable serving temperatures for meat, entrees temperature required (degrees Fahrenheit) >140 degrees; vegetables >140 degrees; potatoes >140 degrees; juice <41 degrees .if temperatures do not meet applicable serving temperatures, reheat the product or chill the product to the proper temperature .

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	01/10/2025

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. 48424 Based on observation, interview, and record review, the facility failed to ensure one of seven sampled residents (Resident 92) was provided food that accommodated her allergies and preferences, when Resident 92 had a listed dislike and allergy for lactose (sugar present in milk) products and was served milk on 1/7/25. This failure had the potential to cause Resident 92 to experience distress and an allergic reaction if she drank the milk. Findings: During a review of resident 92's Admission Record (AR- a document which provides resident contact details, a brief medical history level of functioning, preferences, and wishes), dated 1/9/25, the AR indicated, Resident 92 had an allergy to lactose and was admitted with gastroesophageal reflux disease (GERD- a condition where stomach contents flow back up into the throat), asthma (lung disease which makes breathing difficult as a result of swelling in the airway), and shortness of breath (the feeling of not being able to breathe normally or deeply enough). During a review of Resident 92's Minimum Data Set (MDS- resident assessment tool which indicates physical and cognitive [ability to think, memorize and process information] abilities), dated 11/20/24, the MDS indicated a brief interview for mental status (BIMS- an assessment used to determine the cognitive ability of a resident) score of 13 out of 15 (0-7 severe cognitive impairment, 8-12 moderate cognitive impairment, 13-15 no cognitive impairment), indicating Resident 92 had no cognitive impairment. During a concurrent observation and interview on 1/7/25 at 2:09 p.m. with Resident 92 in Resident 92's room, Resident 92 was served milk with her lunch. Resident 92 stated she did not want milk and the facility gave her milk daily. Resident 92 stated she was allergic to milk and had told staff she did not want to receive it. During a concurrent interview and record review on 1/7/24 at 2:09 p.m. with Resident 92, Resident 92's, Meal Ticket, dated 1/7/25 was reviewed. The Meal Ticket indicated Resident 92 had a dislike of lactose. Resident 92's allergy was not listed on the Meal Ticket. Resident 92 stated she was allergic to lactose and couldn't drink milk. Resident 92 stated consuming lactose made her stomach really upset and caused discomfort due to her GERD. (continued on next page)

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	01/10/2025

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/9/24 at 2:31 p.m. with Certified Nursing Assistant (CNA) 2, CNA 2 stated kitchen staff were supposed to ensure the correct resident meal was placed on the plate; nurses were responsible for ensuring the provided meal was accurate once it got to the floor. CNA 2 stated CNAs could also check the Meal Ticket right before the resident eats their food to ensure it was accurate. CNA 2 stated CNAs were trained on looking for resident allergies, preferences, and prescribed diet when reviewing a residents Meal Ticket in order to ensure the Residents received the correct meal. CNA 2 stated Resident 92 should not have had milk on her tray since it was on her dislikes list. CNA 2 stated kitchen staff should have noticed the residents allergies and preferences when plating her food. CNA 2 stated it was important to list and follow a residents food allergies and preferences in order for residents to not experience distress or suffer through an allergic reaction. During an interview on 1/10/25 at 9:10 a.m. with the Certified Dietary Manager (CDM), the CDM stated the kitchen staff did not pay attention to Resident 92's preferences when they were plating her food. the CDM stated Resident 92's allergies were not indicated on her Meal Ticket and she was unaware why. The CDM stated Resident 92's allergies included lactose which should have been placed on her Meal Ticket in order for kitchen staff to be made more aware of what to give her for her meals. During an interview on 1/10/24 at 1:54 p.m. with the Director of Staff Development (DSD) the DSD stated she trained CNAs to check the meal trays for accuracy before a resident received their food. The DSD stated the CNAs were the last staff members to handle the food before a resident ate their meals so they should check if its accurate. The DSD stated if CNAs or any staff noticed a resident received food they were not supposed to have, they needed to send it back to the kitchen so the kitchen staff could address the problem. During an interview on 1/10/24 at 3:01 p.m. with the Director of Nursing (DON), the DON stated Resident 92 should not have received milk with her meal tray. The DON stated kitchen staff should have seen Resident 92's dislikes and ensured that she received her preferred meal. During a review of the facility's policy and procedure titled Dietary Profile and Resident Preference Interview, dated 4//21/22, indicated, .Resident Preferences will be reflected in the medical record and tray-card and updated in a timely manner . The Dietary Department will provide residents with meals consistent with their preferences and physician orders as indicated on the tray card .

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	01/10/2025

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 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law. 48739 Based on observation, interview, and record review, the facility failed to provide a mechanical soft diet (a diet that involves only foods that are physically soft with the goal of reducing or eliminating the need to chew the food) according to the physician order for one of 32 sampled residents (Resident 83) when, Resident 83 did not receive mechanical soft diet per physician's order and was served whole kernel corn with her meal. This failure placed resident 83 at risk for choking and aspiration (when food, liquid, or other material enters a person's airway and eventually the lungs by accident). Findings: During a concurrent observation and interview on 1/6/25 at 8:24 a.m. with Resident 83 in Resident 83's room, Resident 83 was observed lying in bed wearing a gown. Resident 83 stated she had been at the facility for three years. Resident 83 stated the food served was always cold and tasted bad. Resident 83 stated she had no teeth, and the facility gave her food she could not chew. Resident 83 stated she was on a mechanical soft diet, but the facility did not always chop her food. Resident 83 stated she was given fruit that she could not chew. During a review of Resident's 83's Admission Record (AR - a summary of information regarding a patient which includes patient identification, past medical history, insurance status, care providers, family contact information and other pertinent information), dated 1/9/25, the AR indicated Resident 83 was admitted to the facility from the acute care hospital on 4/28/22 with diagnoses of cerebral infarction (damage to tissues in the brain due to a loss of oxygen to the area), Type 2 Diabetes Mellitus (when the blood sugar levels in the body are too high), protein-calorie malnutrition (inadequate intake of food), dementia (loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life), major depressive disorder (a mental health disorder characterized by persistently depressed mood or loss of interest in activities), muscle weakness and history of falling. During a review of Resident 83's Minimum Data Set (MDS - a resident assessment tool used to identify cognitive [mental processes] and physical functional level assessment), dated 10/25/24, the MDS section C indicated Resident 83 had a Brief Interview for Mental Status (BIMS - a test given by medical professionals to determine cognitive understanding on a scale of 1-15) score of 10 out of 15 (a score of 0-7 suggests severe cognitive impairment, 8-12 suggests moderately impaired, 13-15 suggests cognitively intact), which suggested Resident 83 was moderately impaired. During a concurrent observation and interview on 1/6/25 at 1:06 p.m. with Resident 83 in Resident 83's room, Resident 83's meal plate was observed to have pasta and whole kernel corn. Resident 83 stated her food was cold. Resident 83's meal ticket was observed as . CCHO (carbohydrate restricted) diet, Mechanical Soft diet, NAS (no added salt), thin liquids . Resident 83 stated she could not chew corn. Resident 83 stated she swallowed the corn kernels whole. (continued on next page)

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	01/10/2025

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 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/9/25 at 3:07 p.m. with the Registered Dietician (RD), the RD stated Resident 83 was on a mechanical soft diet. The RD stated Resident 83 should have been served creamed corn, not whole kernel corn. The RD stated giving Resident 83 whole kernel corn was not acceptable. The RD stated Resident 83 did not have teeth which would cause chewing problems. The RD stated giving Resident 83 whole kernel corn would increase Resident 83's risk for choking. During an interview on 1/9/25 at 6:05 p.m. with the Director of Nursing (DON), the DON stated the nurse was to check the resident's tray to make sure what was on the resident's tray matched the dietary meal ticket requirements. The DON stated if there were question on food items not meeting the dietary requirements of a mechanical soft diet, the nurses should have asked the Certified Dietary Manager (CDM). The DON stated the Certified Nursing Assistant (CNA) should have let the nurse know if Resident 83 had an issue with eating the corn. The DON stated it was the nurse's responsibility to verify Resident 83 was getting a mechanical soft diet. During a review of Resident 83's Order Summary Report, dated 1/9/25, the Order Summary Report indicated, . NAS CCHO diet Mechanical Soft texture, Regular/Thin Consistency . Order date 06/21/24 . Start Date 06/21/24 .

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	01/10/2025

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 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51223 Based on observations, interview and record review, the facility failed to provide meals at regular times comparable to normal mealtimes in the community or in accordance with resident requests, preferences for 141 of 141 sampled residents, when the lunch meal on 1/7/25 was served 30 to 45 minutes after the scheduled mealtime and the dinner meal on 1/10/25 was served 50 minutes after the scheduled mealtime. These failures had the potential to trigger resident feelings of anger and frustration which could diminish a resident's ability to eat resulting in a resident not meeting hydration and nutritional needs which could lead to unexpected weight loss or delay the timely recovery of clinical illness or injury. Findings: During an interview on 1/6/25 at 10:17 a.m. with Resident 3 on the 1st Floor, Resident 3 stated the meals were served late and wished meals would be served on time. Resident 3 stated lunch is typically served around 2:00 p.m., dinner served late around 7:30 p.m. During a record review of Resident 3's Admission Record (AR) dated 1/9/25, the AR indicated, Resident 3 was admitted to the facility on [DATE]. During a review of Resident 3's Minimum Data Set (MDS-a federally mandated resident assessment tool), dated 12/18/24, the MDS section C indicated, Resident 3 had a Brief Interview for Mental Status (BIMS-an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 12 out of 15 (0-6 severe cognitive deficit, 7-12 moderate cognitive deficit, 13-15 no cognitive deficit) which indicated Resident 3 had moderate cognitive impairment. During an interview on 1/6/25 at 12:40 p.m. with the License Vocational Nurse (LVN) 2 in the Social Dining area, LVN 2 stated early trays were delivered to the Social Dining first, then trays were delivered to individual rooms starting with 3rd Floor, then 2nd Floor, and 1st Floor. During an interview on 1/6/25 at 3:36 p.m. with Resident 48 on the 1st Floor, Resident 48 stated, dinner has been served late, between 7:30-8:00 p.m. for the past several months. Resident stated he wished meals were served on time. During a record review of Resident 48's AR, dated 1/9/25, the AR indicated, Resident 48 was admitted to the facility on [DATE]. During a review of Resident 48's MDS, dated [DATE], the MDS section C indicated, Resident 48 had a BIMS score of 12 out of 15, which indicated Resident 48 was moderate cognitive impairment. (continued on next page)

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	01/10/2025

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 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 1/6/25 at 3:42 p.m. with Resident 78 on the 1st Floor, Resident 78 stated, dinner had been served late, but six months ago dinner used to be served earlier, now served between 6:30 p.m.-7:30 p. m. or as late as 8:00 p.m. During a record review of Resident 78's (AR), dated 1/9/25, the AR indicated, Resident 78 was admitted to the facility on [DATE]. During a review of Resident 78's MDS, dated [DATE], the MDS section C indicated, Resident 78 had a BIMS score of 13 out of 15, which indicated Resident 78 was cognitively intact. During an interview on 1/7/25 at 9:27 a.m. with Resident 112 on the 1st Floor, Resident 112 stated his meals were often served late and preferred to eat on time. Resident 112 stated breakfast has been served between 8:30 a.m.9:00 a.m., lunch served between 1:30 p.m.2:00 p.m., and dinner served between 7:00 p.m.7:30 p. m. or as late as 8:00 p.m Resident 112 stated he heard the kitchen overhead stating the trays for Station 1 were ready, but his tray was delivered 40 minutes later. During a record review of Resident 112's AR, dated 1/9/25, the AR indicated, Resident 112 was admitted to the facility on [DATE]. During a review of Resident 112's, dated 10/5/24, the MDS section C indicated, Resident 112 had a BIMS score of 15, which indicated Resident 112 was cognitively intact. During an observation on 1/7/25 at 12:50 p.m. in the facility, the facility served the lunch meal to the 3rd Floor residents at 12:59 p.m., the 2nd floor residents at 1:16 p.m., and the 1st floor residents at 2:00 p.m. During an interview on 1/8/25 at 2:25 p.m. with the Certified Nurse Assistant (CNA) 5 in the common area of the 1st Floor, CNA 5 stated breakfast was often served around 9:00 a.m. During an interview on 1/8/25 at 3:12 p.m. with Licensed Vocational Nurse (LVN) 6 in the common area of the 1st Floor, LVN 6 stated the other day (1/6/25 and 1/7/25) lunch was really late after 1:30 p.m., almost 2:00 p.m. During an interview on 1/08/25 at 3:48 p.m. with LVN 1 in the common area of the 1st Floor, LVN 1 stated lunch was served late the past two days, on Monday and Tuesday (1/6/25 and 1/7/25). During an interview on 1/9/25 at 10:47 a.m. with the Director of Nursing (DON) in the DON office, the DON stated each floor had posted targeted mealtime schedules so staff can predict meal distribution. The DON stated the facility did not have a formal audit form to track and monitor meal distribution. During an interview on 1/10/25 at 11:09 a.m. with Resident 48 on the 1st Floor, Resident 48 stated when he did not receive his meal as noted on the menu it makes us (the residents) feel like they (the facility) don't give a rats ass. Resident 48 stated if you don't get fed until 8:00 p.m. at night something is wrong. (continued on next page)

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	01/10/2025

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 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an observation on 1/10/25 at 6:00 p.m. in the facility, the dinner meal was served to the 3rd floor residents at 6:18 p.m., 2nd floor residents at 6:33 p.m. and 1st floor residents at 7:00 p.m. During a concurrent observation and interview on 1/10/25 at 6:01 p.m. with Resident 94 on the 3rd Floor, Resident 94 had just received this dinner. Resident 94 stated dinner was usually served between 5:30 p.m. to 6:00 p.m. Resident 94 stated the quality and timing of when meals were served made him feel mad. Resident 94 stated he was lucky his niece was willing to bring him outside food but felt bad because he knew she can't come every day. During a record review of Resident 94's AR, dated 1/9/25, the AR indicated, Resident 94 was admitted to the facility on [DATE]. During a review of Resident 94's MDS, dated [DATE], the MDS section C indicated, Resident 94 had a BIMS score of 13, which indicated Resident 94 was cognitively intact. During an interview on 1/10/25 at 6:47 p.m. with the Certified Dietary Manager (CDM) in the Social Dining area, the CDM stated she expected meal trays to be delivered within 15 minutes of the scheduled time, no more than 30 minutes. If the meals were served late, there would be potential to affect med pass (nurses giving medication to residents who must take medication with meals) and may lead to resident feeling frustrated or dissatisfied. During a review of Resident Grievance/Complaint Investigation Report, dated 11/14/24, the Resident Grievance/Complaint Investigation Report indicated Resident 223 had a grievance because dinner was served at 7:15 p.m. and was cold and soggy .the grilled cheese was not toasted thoroughly, and cheese was not melted . The grievance investigation findings noted by the CDM dated 11/14/24, indicated, .Dietary [NAME] for 11/13/24 stated that all meals were out of the kitchen at 6:30 p.m . The same p.m. cook states that the grilled cheese had been made from lunch shift and all she had to do is reheat it. At time the cook was told to always make the grilled cheese fresh . During a review of Resident Grievance/Complaint Investigation Report, dated 12/30/24, the Resident Grievance Resident 112 reported .Dinner was served at 10:00 p.m. and it was cold ., The complaint investigation findings by the CDM , dated 12/31/24, indicated, . He (Resident 112) did receive his meal before 8:00 p.m. not 10:00 PM and the cook states that she did run behind due to the new hire was training . During a review of facility record titled Meal Times, (undated), indicated, the scheduled meal times for the Facility: BREAKFAST 3rd Floor 07:25 AM 2nd Floor 07:45 AM 1st Floor 08:15 AM LUNCH (continued on next page)

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	01/10/2025

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 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Social Dining 12:00 PM 3rd Floor 12:30 PM 2nd Floor 12:45 PM 1st Floor 1:15 PM DINNER 3rd Floor 5:20 PM 2nd Floor 5:35 PM 1st Floor 6:00 PM During a review of the Dietary Services Supervisor/Certified Dietary Manager (CDM) Job Description, (undated), the Dietary Services Supervisor/Certified Dietary Manager Job Description indicated a CDM's clinical principal responsibility is to ensure .The timely preparation and delivery of .meals . During a review of the facility's policy and procedure titled, Dining Program revised date 1/1/12, indicated, . The purpose of the policy is .to ensure that the Facility serves meals in a timely manner .

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	01/10/2025

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48739 Based on interview, and record review, the facility failed to maintain accurate and complete medical records in accordance with facility's policy and procedure (P&P) and professional standards of practices for one of five sampled residents (Resident 137) when the Physician Orders for Life-Sustaining Treatment (POLST- a form that contains written medical orders for healthcare professionals regarding specific medical treatments that can or cannot be done at the end-of life) was not accurate and complete. Sections C for POLST form which included -artificially administered nutrition, physician signature, physician license, physician phone number, and date was incomplete. This failure had the potential for Resident 137's decisions regarding treatment options and end-of-life wishes to not be honored. Findings: During a review of Resident 137's Admission Record (AR - a summary of information regarding a patient which includes patient identification, past medical history, insurance status, care providers, family contact information and other pertinent information), dated [DATE], the AR indicated Resident 137 was admitted to the facility from the acute care hospital on [DATE] with diagnoses of pneumonia (an infection that affects one or both lungs, causing the air sacs of the lungs to fill with fluid), Pleural Effusion (a buildup of fluid between the tissues that line the lungs and the chest), Cognitive Communication Deficit (difficulty with thinking and how someone uses language), dysphagia (difficulty swallowing), failure to thrive (a decline caused by chronic diseases and functional impairments which can cause weight loss, decreased appetite, poor nutrition, and inactivity), and dementia (loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life). During a review of Resident 137's Minimum Data Set (MDS - a resident assessment tool used to identify cognitive [mental processes] and physical functional level assessment), dated [DATE], the MDS section C indicated Resident 137 had a Brief Interview for Mental Status (BIMS - a test given by medical professionals to determine cognitive understanding on a scale of ,d+[DATE]) score of seven out of 15 (a score of , d+[DATE] suggests severe cognitive impairment, ,d+[DATE] suggests moderately impaired, ,d+[DATE] suggests cognitively intact), which suggested Resident 137 had severe cognitive impairment. During a concurrent interview and record review on [DATE] at 10:29 a.m. with Licensed Vocational Nurse (LVN) 4, Resident 137's POLST, dated [DATE] was reviewed. LVN 4 stated Resident 137's POLST was not complete. LVN 4 stated if an emergency happened and Resident 137 could not make decisions, the treatment plan for Resident 137 would be carried out according to Resident 137's wishes listed on the POLST. LVN 4 stated the facility should have notified the physician immediately, so he could have discussed the POLST with Resident 137 and sign the POLST. LVN 4 stated Resident 137 was listed in the computer as Do Not Resuscitate (DNR- a medical order written by a doctor to instruct health care providers NOT to do CPR) . LVN 4 stated Resident 137's POLST should have been completed. (continued on next page)

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	01/10/2025

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on [DATE] at 10:37 a.m. with Nursing Supervisor (NS) 2, Resident 137's POLST, dated [DATE] was reviewed. NS 2 stated Resident 137's POLST was not complete if the POLST was not signed by the physician and there were empty fields on the form. NS 2 stated she would have been notified by the admissions nurse if a resident needed a POLST completed, and she would have notified the physician. NS 2 stated if the resident's POLST was not signed it would be an invalid physician order and staff would perform a Full Code (FC-medical personnel would do everything possible to save life in a medical emergency)on the resident if they were in an emergency situation. NS 2 stated an incomplete POLST would create confusion in an emergency situation, and Resident 137's end-of-life wishes might not be met. NS 2 stated Resident 137's POLST should have been complete. During an interview on [DATE] at 10:53 a.m. with the Medical Records Coordinator (MR), the MR stated Resident 137's POLST was not uploaded in Resident 137's medical record since it was not complete. The MR stated a resident's POLST needed to be completed ASAP (as soon as possible). The MR stated in order for a POLST to be complete, every field must be filled in. The MR stated the maximum time given to complete a resident's POLST was 72 hours from admission. The MR stated if Resident 137's's POLST form was not completed Resident 137 was considered a FC in an emergency situation regardless of their end-of-life wishes. During an interview on [DATE] at 6:05 p.m. with the Director of Nursing (DON), the DON stated a POLST form should have been completed when Resident 137 was admitted to the facility. The DON stated the POLST was important to honor the resident's end-of-life wishes in case of an emergency. The DON stated a completed POLST would need to have every section completed and have the physician's signature. The DON stated having an incomplete POLST from December to today's date was not acceptable. The DON stated Resident 137 should have had a completed POLST in his medical record. During a review of facility's policy and procedure titled, Completion and Correction, dated [DATE], indicated, . Purpose . to ensure that medical records are complete and accurate . the facility will work to complete and correct medical records in a standardized manner to provide the highest quality and accuracy in documentation . entries will be complete, legible, descriptive and accurate . documentation will reflect medically relevant information concerning the resident and will be documented in a professional manner . During a review of professional standards titled, Guidelines for Emergency Physician's on the Interpretation of Physician Order for Life-Sustaining Therapy (POLST) revised ,d+[DATE], retrieved from https://www.acep.c org/patient-care/policy-statements/guidelines-for-emergency-physicians-on-the-interpretation-of-portable-med ical-orders, indicated, .Discussed with and agreed by: signatures .The signatures section of the POLST MUST be completed .since the form is a issuance of a medical order, the signature of a health care professional is mandatory .without this signature, the orders in the POLST form are not valid .

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	01/10/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51284 Based on observation, interview and record review the facility failed to provide a sanitary environment to prevent the development and transmission of communicable diseases and infections for one of two sampled residents (Resident 55) when Resident 55's oxygen nasal cannula (O2 NC- tube that directs oxygen into the nose) tubing and nebulizer mask (a mask used to inhale liquid medication in the form of a mist to treat lung conditions) were laying on the residents nightstand not in a protective bag. This failure had the potential to result in Resident 55's O2 NC tubing and nebulizer mask getting bacteria and potentially resulting in a respiratory infection (an illness that inflames the respiratory system, which includes the throat, nose, airways, and lungs). Findings: During a review of Residents 55's Admission Records (AR), the AR indicated, Resident 55 was admitted to the facility on [DATE] with an admission diagnosis which included Chronic Obstructive Pulmonary Disease (COPD a condition of the airways and the difficulty or discomfort in breathing) and asthma (a chronic lung disease that causes the airway to swell and narrow, making it difficult to breathe). During a review of Resident 55's Order Summary Report (OSR) dated 1/1/2025, the OSR indicated, .Oxygen at 2 liters (L-units of measurement) per minute via nasal cannula continuously for COPD . order date 8/23/24 . Albuterol Sulfate Nebulization (medication used as a mist to inhale and expand the airway) Solution 2.5 milligrams/milliliter (mg/ml- units of measurement) inhale orally via nebulizer every four hours as needed for wheezing (high pitched sound made when breathing is restricted/obstructed in the lungs) . 2/12/2024 . During a concurrent observation and interview on 1/6/25 at 9:26 a.m. with Resident 55 in Resident 55's room, Resident 55 was sitting up in bed putting on her make up and stated she had already ate breakfast. Resident 55 had oxygen concentrator (device that produces oxygen for breathing) at bedside and hand held nebulizer (device that turns medication into a mist for inhalation) on top of nightstand. The oxygen NC and nebulizer tubing was observed laying on top of the nightstand and not in a protective bag. Resident 55 stated she used the NC and nebulizer mask daily. During an Interview on 1/6/25 at 9:35 a.m. with certified nursing assistant (CNA) 12, CNA 12 stated all the oxygen tubing including the nebulizer tubing had to be placed in a protective bag not to expose to bacteria. During an interview on 1/6/25 at 9:53 a.m. with the Wound Nurse (WN), The WN stated the O2 NC, and nebulizer mask tubing should have been labeled, dated, and stored in a bag. This was an infection issue. (continued on next page)

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	01/10/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/10/25 at 10:36 a.m. with the Nursing Supervisor (NS) 2, NS 2 stated the standard practice was to store oxygen tubing inside a labeled bag. The procedure for the nebulizer required the nurse to place it on the resident and remove it when finished. NS 2 stated Tubing's were not to be left lying next to the resident, the nurse was responsible for handling it properly. NS 2 stated not placing the tubing in a protective bag was not acceptable. During an interview on 1/10/25 at 2:18 p.m. with the Infection Preventionist (IP-professional who make sure healthcare workers and patients are doing all the things they should to prevent infections), the IP stated the NC not in use should be stored in a bag labeled with a date next to the concentrator or portable oxygen tank. The IP stated the nebulizer was a medication treatment, it was the nurse's responsibility to stay with the resident during the treatment, remove the mask and place it inside a bag with a date when treatment was completed. The IP stated leaving the tubings unprotected was an infection control issue. During an interview on 1/10/25 at 5:30 p.m. with the Director of Nursing (DON), the DON stated her expectation was to follow the standard of practice and to place the oxygen tubing and nebulizer tubing in a protective bag and labeled. During a review of the facility policy and procedure (P&P) titled, Oxygen Therapy, dated 11/2017, the P&P indicated.Oxygen is administered under safe and sanitary conditions to meet the resident's needs . Procedure. A. Administer oxygen per physician orders. Oxygen tubing, mask, and cannulas will be changed . dated each time they are changed. The policy did not address the storage of the nasal cannula or nebulizer .

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	01/10/2025

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40641 Based on observation and interview, the facility failed to provide a safe, functional, and comfortable environment for residents, staff and the public when: 1. Five of 23 residents' rooms on the first floor were observed with non functioning vertical blinds (window coverings made of long, vertical slats that are attached to a headrail and can be opened and closed by sliding along a track). These failures had the potential of violating residents rights to their privacy. 2. A hole measuring approximately 2.5 X 2.5 inches on the wall with exposed wiring. This failure had the potential to place residents and other staff in an unsafe environment which had the potential to lead to electrocutions and pest infestation. 3. room [ROOM NUMBER]'s ceiling light fixture did not have light bulb and Resident 55's overhead light had missing light bulb not providing adequate lighting to meet the needs of Resident 55. This failure resulted in Resident 55's room having decreased visibility resulting in eye straining, and had the potential for care needs being compromised. Findings: 1. During Resident Council meeting on 1/8/25 at 10:10 a.m. in the dining room, Resident 31 stated the vertical blinds in her room is not working properly. Resident 31 stated she did not feel safe and had to make sure not to undress with the lights on because people were looking into the window and her bed was next to the window and next to the street. During a review of Resident 31's Admission Record, dated 1/9/25, the AR indicated Resident 31 was admitted to the facility on [DATE] with diagnoses which included diabetes mellitus (difficulty in blood sugar control and poor wound healing), morbid (severe) obesity and muscle weakness. During a review of Resident 31's Minimum Data Set (MDS-a federally mandated resident assessment tool) assessment dated [DATE], indicated Resident 31's Brief Interview for Mental Status (BIMS-screening tool used in nursing home to assess cognition) assessment score was 13 out of 15 (0-15 scale [0-6 severe cognitive deficit, 7-12 moderate cognitive deficit, 13-15 no cognitive deficit]) indicating Resident 31 had no cognitive impairment. (continued on next page)

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	01/10/2025

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent observation and interview on 1/8/25 at 10:55 a.m. with Director of Maintenance (DOM), the DOM walked around and checked rooms 2, 3, 4, 5 and 6's window vertical blinds. DOM stated vertical blinds did not have handle to close and open blinds, there were missing vertical slats and some slats were stucked preventing vertical blinds to function properly. The DOM stated, . I can assume 98 percent of the vertical blinds in the 23 resident rooms in the first floor did not worked properly and they should have . The DOM stated he had two assistant and did daily routine checked in all the resident rooms. The DOM reviewed maintenance log in the first floor located in the nursing station and stated there was no report of the blinds not working properly. The DOM stated it was the resident rights to have their privacy. During a concurrent observation and interview on 1/9/25 at 10:20 a.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 checked vertical blinds in rooms 7, 9 and 11 and stated the vertical blinds did not function properly. LVN 1 stated the vertical blinds did not open and closed properly allowing people from the outside to look in and exposing residents and violating their rights to privacy. LVN 1 stated she had not checked the vertical blinds of other resident rooms in the first floor if vertical blinds were working properly. LVN 1 stated she did not remember staff reporting of vertical blinds not working properly. LVN 1 stated it was the facility staff responsibility to ensure privacy of residents. During an interview on 1/10/25 at 6:20 p.m. with the administrator (ADM) the ADM stated he was not aware of the vertical blinds in the first floor not functioning properly. The ADM stated it was a privacy issue for residents if the vertical blinds were not closing properly and some vertical slats missing. The ADM stated his expectation was for maintenance to do their rounds and making sure to fix what was broken and ensuring safety for all residents. During a review of facility's policy and procedure (P&P) titled, Maintenance Service Operational Manual-Physical Environment, dated 1/1/12, the P&P indicated, . The Maintenance Department is responsible for maintaining the building, grounds, and equipment in a safe and operable manner at all times . Maintenance Staff follow established safety regulations to ensure the safety and well-being of all concerned . During a review of facility's Job Description titled, Director of Plant Maintenance, undated, the document indicated, . Ensure a safe, comfortable, sanitary environment for residemts, staff and visitors . Performs preventative maintenance procedures . Maintains written records and documents of services performed . 2. During a concurrent observation and interview on 1/8/25 at 8:20 a.m. in Resident 103's room, Resident 103 was assisted by a Certified Nursing Assistant (CNA) ready for breakfast. Observed a hole with exposed wires hanging out of the wall next to Resident 103's headboard. Resident 103 stated, That was for a phone . During a review of Resident 103's Admission Record (AR) dated 1/9/25, the AR indicated Resident 103 was admitted to the facility on [DATE]. During a review of Resident 103's Minimum Data Set (MDS-) assessment dated [DATE], indicated Resident 103's BIMS was 7 out of 15 indicating Resident 103 had moderate cognitive deficit. (continued on next page)

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	01/10/2025

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent observation and interview on 1/8/25 at 8:36 a.m. with the Director of Maintenance (DOM), the DOM inspected the hole in Resident 103's room and stated, That is not supposed to be that way . The DOM stated insects could also use the hole in the wall to enter the facility which could lead to pests infestation. The DOM stated he did not know what was in the wall and whether the exposed wires were live wires. The DOM stated he did not remember receiving report of the hole in the wall of Resident 103's room. During an interview on 1/9/25 at 10:24 a.m. with LVN 1, LVN 1 stated she was only made aware of the hole in Resident 103's room on 1/8/25 when surveyors asked about it. LVN 1 stated the hole could cause accident resulting in injury for residents and staff. LVN 1 stated there could be insects in the hole and the wires could be live which could cause electric shock if residents accidentally touched the exposed wires. During an interview on 1/10/25 at 6:20 p.m. with the administrator (ADM) the ADM stated accident could happen with the hole in the wall with exposed wires. The ADM stated pests like roaches could crawl through the hole to enter the facility which could lead to pests infestations. The ADM stated his expectation was for maintenance to do their rounds and making sure to fix what was broken and ensuring safety for all residents. During a review of facility's policy and procedure (P&P) titled, Maintenance Service Operational Manual-Physical Environment, dated 1/1/12, the P&P indicated, . The Maintenance Department is responsible for maintaining the building, grounds, and equipment in a safe and operable manner at all times . Maintenance Staff follow established safety regulations to ensure the safety and well-being of all concerned . During a review of facility's Job Description titled, Director of Plant Maintenance, undated, the document indicated, . Ensure a safe, comfortable, sanitary environment for residemts, staff and visitors . Performs preventative maintenance procedures . Maintains written records and documents of services performed . 3. During a concurrent observation and interview on 1/7/25 at 4:43 p.m. with Resident 55, Resident 55 was observed in her room laying in bed, bed positioned closer to the door. A privacy curtain was pulled forward, partially separating Resident 55's area from the rest of the room. Minimal natural light coming across the room from the window, resulting in her immediate area dimly lit. Resident 55 stated the only ceiling light (near the window at the far end of the room) was not functional and had been missing light bulbs for a year. Resident 55 stated the light mounted above the head of her bed was missing a light bulb. Resident 55 stated the room was very dark and she would like more lighting in her room. Resident 55 stated if she strained her eyes and needed to read she went down to the lobby to read. During an interview on 1/7/25 at 4:43 p.m. with Certified Nursing Assistant (CNA) 14, CNA 14 stated the lighting could be better in Resident 55's room to provide better care. During an interview on 1/8/25 at 8:36 a.m. with Director of Maintenance (DOM), The DOM stated the ceiling light fixture was not working. The DOM stated he was looking online for new light fixture. The DOM stated he was informed about issues needed to be fixed through the maintenance logbook. The DOM stated weekly rounds to all units were done to verify the issues had been fixed. (continued on next page)

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	01/10/2025

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 1/9/25 at 10:23 a.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated any maintenance issues got reported into the logbook at the nurses' station, or they inform maintenance verbally. LVN 1 stated that it was important to have adequate lighting in resident rooms to provide good quality care. During an interview on 1/10/25 at 6:30 p.m. with the ADM, the ADM stated his expectations was for the maintenance department to take care of the lightings in the facility. The ADM stated it was not acceptable to have dimmed light because it was hard for the staff to provide good care to residents without proper lighting. During a review of the facility's policy and procedure (P&P) titled, Resident Rooms and Environment, dated 1/1/12, indicated, .Facility staff is to .create a homelike atmosphere, paying close attention to .lighting that is comfortable .suitable to the task .sufficient lighting .night lighting to promote safety and independence . During a review of facility's policy and procedure (P&P) titled, Maintenance Service Operational Manual-Physical Environment, dated 1/1/12, the P&P indicated, . The Maintenance Department is responsible for maintaining the building, grounds, and equipment in a safe and operable manner at all times . Maintenance Staff follow established safety regulations to ensure the safety and well-being of all concerned . During a review of facility's Job Description titled, Director of Plant Maintenance, undated, the document indicated, . Ensure a safe, comfortable, sanitary environment for residemts, staff and visitors . Performs preventative maintenance procedures . Maintains written records and documents of services performed .