STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055849	A. Building B. Wing	03/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Modesto Post Acute Center	159 E. Orangeburg Avenue Modesto, CA 95350

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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observation, interview and record review the facility failed to ensure garbage storage area was maintained in safe and sanitary conditions when:1. Grayish fluids from the sewer and thick yellowish drainage from the grease trap were draining creating a pool into the driveway on 3/17/26.2. Two of the three garbage bins did not have a lid and were open to air on 3/18/26.These failures had the potential for unwanted pest ((any organism-insect, rodent, or microbe-those damages structures or threatens human health) which could have led to disease transmission causing foodborne illness (results from eating food contaminated with germs [bacteria, viruses, parasites] or toxins) leading to hospitalization for 98 residents, vendors, guests and staff.Findings:During an observation on 3/17/26 at 10:02 a.m. in the backway alley, a water outlet had grayish fluids gushing out and a grease trap to the right, had thick yellowish fluids flowing down gathering with the grayish fluids creating a pool in front of the garbage bins in the driveway. There was a musty, rotten, foul odor resembling sewage draining from the fluids.During a concurrent observation and interview on 3/17/26 at 10:14 a.m. with the Maintenance Director (MND), the MND confirmed that both the grayish fluids and yellow discharge from the grease trap originated from the kitchen area. The MND reported that the fluids had been present for two days. However, the MND was uncertain about the specific source or location of the clog that led to this drainage issue.During an interview on 3/20/2026 at 2:03 p.m. with the Maintenance Director (MND) the MND stated. We had a plumber come out and pulled out wipes from the sewer line. The MND stated the area should have been cleaned. The MND stated pool of fluids was a breeding ground for mosquitoes and unwanted pests. The MND stated unwanted pests could lead to disease transmission and cause foodborne illness. The MND stated residents could have gotten sick. The MND stated the driveway should have been cleaned for residents, guests and vendors safety. The MND stated vendors coming to the facility could have tripped and fallen.During a concurrent interview and record review on 3/20/2026 at 2:30 p.m. with the Registered Dietician (RD) the water outlet with grayish fluids gushing out and a grease trap with thick yellowish fluids pooling at the driveway were reviewed. The RD stated there should be no water in the driveway. The RD stated the grayish, cloudy fluids and yellowish drainage from the grease trap were a safety hazard for residents, staff and guests. The RD stated the fluids could have harbored pests. The RD stated pests could have gotten inside the kitchen and caused cross-contamination. The RD stated residents could have gotten foodborne illness from consuming cross-contaminated food. The RD stated residents could have been hospitalized from nausea, vomiting, diarrhea and dehydration.2. During an observation on 3/18/25 at 8:08 a.m. garbage bin number 1 lid was left open.During an observation on 3/18/25 at 12:46 p.m. garbage bin number 2 was filled to the top with garbage bags, preventing the lids from closing properly.During an interview on 3/20/2026 at 1:54 p.m. with the Certified Dietary Manager (CDM), the CMD stated the garbage bins were used by every department. The CDM stated garbage bins should always be closed. The CDM stated the open garbage bins could have attracted unwanted pests. The CDM stated, We want to avoid pests, and we should keep it clean and closed. The CDM stated, We do not want pests anywhere in the building. The CDM stated, pests could have gotten in food, and residents and staff could have gotten foodborne illness.During an interview on 3/20/26 2:26 p.m. with the RD, the RD stated garbage bins should be covered at all times and there should be no (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	trash spilled over that prevents the lids from closing. The RD stated the garbage bins should be covered to prevent attraction of pests. The RD stated pests could have gone inside the kitchen. The RD stated, We should keep everything nice, neat and free from contamination. The RD stated there could be cross-contamination from the pests and it could have caused residents to have foodborne illness. The RD stated residents could have been hospitalized from nausea, vomiting, diarrhea and dehydrated.During a concurrent interview and record review on 3/20/2026 at 4:47 p.m. with the Administrator (ADM), the facility's policy and procedure (P&P) titled, Food Service Equipment and Waste Management Policy, undated was reviewed. The P&P indicated, 3. Garbage and Refuse Containers. All garbage and Refuse containers shall be maintained in good condition.Dumpsters and compactors shall be equipped with lids or otherwise adequately covered at all times. 4. Areas designated for garbage disposal shall be kept clean and free from offensive odors, grease, and waste fats. These area shall be maintained in a manner that prevents the attraction, harborage, or breeding of pest. The ADM stated we did not follow our P&P.

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Implement a program that monitors antibiotic use. Based on interview and record review the facility failed to promote and implement an antibiotic (ATB) stewardship and surveillance program (ATBS- designed to reduce unnecessary use of antibiotics and to limit the spread of antibiotic resistance in bacteria) for the use of antibiotics when:Infection screening evaluations (ISE-completed before starting antibiotics to ensure the medication is necessary, effective, and targeted) were not completed before residents started antibiotics.Antibiotics discontinued after initiation, for not meeting infection screening evaluation criteria, were not included in antibiotic stewardship data review or monitoring for 2/2026.This failure resulted in the administration of unnecessary and inappropriate antibiotic use, as well as inaccurate monitoring of antibiotic use which could lead to antibiotic-resistant organisms and inaccurate data monitoring and reporting.During a concurrent interview and record review on 3/20/26 at 12:54 p.m. with the Infection Preventionist (IP), the facility's document titled, Infection Prevention and Control Surveillance Log (SL), and Monthly Infection Prevention and Control Report (CR), dated 2/2026, were reviewed. The IP stated she completed infection screening evaluations (ISE) on all residents before residents started an antibiotic to assess for appropriateness. The IP stated licensed nursing staff reported suspected signs and symptoms of infection to the provider, and if the provider ordered an antibiotic, an ISE needed to be completed to assess for antibiotic appropriateness. The IP stated if residents did not meet suspected infection screening criteria it needed to be reported to the provider, documented, and ordered antibiotics needed to be discontinued, if the provider agreed. The IP stated there was no other designee to complete ISE's in her absence. The IP stated not having another designee to complete ISE's meant not all residents received an ISE prior to starting an antibiotic until she returned to work, resulting in an unknown number of residents who were started on antibiotics before an ISE was completed. The IP stated during 2/2026, Resident 10, did not receive an ISE prior to the start of antibiotic treatment. The IP stated Resident 10 was administered an antibiotic for two days before an ISE was completed. The IP stated Resident 10's ISE indicated he did not meet infection criteria and the antibiotic was discontinued, with provider approval. The IP stated Resident 10 was not included in the 2/2026 SL or CR data reports. The IP stated the SL and CR data reports had sections to include residents who met ISE criteria and those who did not meet ISE criteria. The IP stated it was important to record and report accurate data to ensure antibiotic prescription and use were accurately monitored to identify trends and improve quality care within the facility. The IP stated not completing an ISE prior to starting an antibiotic posed the risk of unnecessary or ineffective antibiotic use.During an interview on 3/20/26 at 3:16 p.m. with the Consultant Pharmacist (CP), the CP stated pharmacy completed independent monthly antibiotic reviews which included residents with antibiotics discontinued early for not meeting ISE's. The CP stated the IP completed her own antibiotic review reports, as well. The CP stated pharmacy reports were sent to the facility and the IP was responsible for monitoring the quality of the antibiotic stewardship and surveillance program (ATBS). The CP stated he could not locate a pharmacy report for Resident 10's antibiotic. The CP could not state why Resident 10's antibiotic had not been reviewed by pharmacy. The CP stated it was important to review all antibiotic orders and use to ensure appropriateness and prevent antibiotic resistance. The CP stated it was important to have all antibiotic data, including data of residents with early antibiotic discontinuation for not meeting ISE, in monthly reports for Quality Assurance and Performance Improvement (QAPI- data driven practice approaches to improve quality, safety and resident outcomes). The CP stated the facility could not accurately track, trend or monitor antibiotic use if data was missing. The CP stated ISE's were expected to be completed prior to starting all antibiotics to ensure appropriateness. The CP stated starting antibiotics prior to completing an ISE could lead to antibiotic resistance. The CP stated the facility held quarterly QAPI meetings to discuss the ATBS, but if accurate data was not being reported, antibiotic use could not be accurately evaluated.During an interview on 3/20/26 at 5:30 p.m. with the Nurse Consultant (NC), (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	the NC stated it was important to perform ISE's prior to starting a resident on an antibiotic and report unmet criteria to the provider for clarification to continue with antibiotic initiation. The NC stated ISE's, prior to antibiotic initiation, reduced the risk for unnecessary antibiotic use and antibiotic resistance. The NC stated Resident 10's antibiotic initiation without an ISE and early discontinuation for not meeting ISE should have been included in the IP's and pharmacy's ATBS review. The NC stated she expected IP and pharmacy ATBS data to be accurate and complete to ensure effective QAPI metrics. The NC stated if accurate ATBS data was not reported the facility could not track, trend or identify potential issues or implement improvement plans.During a review of the facility's policy and procedure (P&P) titled, Infections-Clinical Protocol, dated 3/2018, the P&P indicated, .when a resident is suspected of having an infection.nursing staff will obtain a complete set of vitals.and will identify, report and document details of symptoms and physical findings.based on the preceding information, the physician and staff will discuss and determine whether an infection exists or likely, whether additional evaluations or testing is indicated.the staff and physician or provider will identify and document when limited or no antibiotic treatment is indicated.During a review of the facility's P&P titled, Surveillance for Infections, dated 9/2017, the P&P indicated, .the Infection Preventionist or designated infection control personnel is responsible for gathering and interpreting surveillance data. The Infection Control Committee and/or QAPI Committee may be involved in interpretation of the data.the surveillance should include a review of any or all of the following information to help identify possible indicators of infection.infection control rounds or interviews.antibiotic review.During a review of the facility's P&P titled, Antibiotic Stewardship-Orders for Antibiotics, dated 12/2016, the P&P indicated, .appropriate indications for use of antibiotics include.criteria met for clinical definition of active infection.During a review of the facility's P&P titled, Antibiotic Stewardship- Review and Surveillance of Antibiotic Use and Outcomes, dated 12/2016, the P&P indicated, .antibiotic usage and outcome data will be collected and documented using a facility-approved antibiotic surveillance tracking form. The data will be used to guide decisions for improvement of individual resident antibiotic prescribing practices and facility- wide antibiotic stewardship.as part of the facility antibiotic stewardship program, all clinical infections treated with antibiotics will undergo review by the infection preventionist, or designee.The IP, or designee, will review antibiotic utilization as part of the antibiotic stewardship program and identify specific situations that are not consistent with the appropriate use of antibiotics.During a review of the facility's P&P titled, Antibiotic Stewardship-Staff and Clinician Training and Roles, dated 12/2016, the P&P indicated, .the facility will educate and train staff and practitioners about the facility antibiotic stewardship program, including appropriate prescribing, monitoring, and surveillance of antibiotic use and outcomes.nurses will receive initial and ongoing training on.the facility's antibiotic stewardship program, including the need for judicious use of antibiotics.how to utilize the standardized assessment and communication tool for residents suspected of having an infection.specific information that should be obtained when an order for an antibiotic is received.administrative and management personnel with clinical oversight responsibilities will receive initial orientation and ongoing training on.the rationale for judicious use of antibiotics.how and when to gather data to present to the infection prevention and control committee.during the drug regimen review, the consultant pharmacist will identify, and flag, orders for antibiotics that are not consistent with the antibiotic stewardship practices.During a review of the professional reference retrieved from https://www.cdc.gov/antibiotic-use/hcp/core-elements/nursing-homes-antibiotic-stewardship.html titled, The Core Elements of Antibiotic Stewardship for Nursing Homes, dated 9/10/25, the professional reference review from The Centers for Disease Control and Prevention (CDC) stated, .standardize the practices which should be applied during the care of any resident suspected of an infection or started on an antibiotic.perform reviews on resident medical records for new antibiotic starts to determine whether the clinical assessment, prescription documentation and antibiotic selection were in accordance with facility antibiotic use policies and practices. When conducted over (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	time, monitoring process measures can assess whether antibiotic prescribing policies are being followed by staff and clinicians.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure food was stored and prepared safely in accordance with professional standards of food service safety for 95 out of 98 residents receiving food at the facility when:1. An open bag of potato chips inside a zip lock bag did not have a use by (a crucial safety indicator found on perishable foods like meats and salads, marking when it is no longer safe to eat, even if it appears fine) date.2. The food preparation sink did not have an air gap (space between the end of sink pipe and top of sink to prevent backflow). These failures had the potential to result in the serving of expired, spoiled, or contaminated food and items which could result in foodborne illness (illness caused by food contaminated with bacteria, viruses, parasites, or toxins) to 95 residents receiving food from the kitchen.Findings:During an observation current observation on 3/17/26 at 9:31 a.m. in the storage room with the Certified Dietary Manger (CDM), a zip lock bag containing an open bag of potato chip was not labeled with a use by date.During an interview on 3/20/2026 at 1:34 p.m. with the Certified Dietary Manager (CDM) the CDM stated products should have used by date. The CDM stated labeling the products was needed to ensure there was no spoilage. The CDM stated labeling the products was needed to prevent residents from consuming items beyond the use by date. The CDM stated residents could have gotten sick from foodborne illness from consuming items past their use by date. The CDM stated all dietary staff should be labeling all items when they are open with a use by date.During a concurrent interview and record review on 3/20/2026 at 2:10 p.m. with the Registered Dietician (RD), the RD stated all food items should have been labeled to prevent residents from consuming expired items. The RD stated, residents could have nausea, vomiting and diarrhea from consuming items past their use by date. The RD stated not labeling items could have potential for food poisoning and foodborne illness. The RD stated the facility's policy and procedure were not followed. During a review of the facility's policy and procedure (P&P) titled, Food Storage Policy Undated, the P&P indicated, To ensure the safe storage and handling of non-refrigerated food items and related supplies in order to maintain food quality, prevent contamination, and comply with health and safety standards.clearly labeled with the product name and a use by date.2. During an observation on 3/19/26 at 11:35 a.m. in the food prep sink, a pipe from the food prep sink was draining into the ground, there was no air gap between the pipe and drainage area. During an interview on 3/20/26 at 1:39 p.m. with the Certified Dietary Manager (CDM), the CDM stated the sink should have an air gap to prevent cross-contamination. The CDM stated backflow from dirty water from the sewer could have gotten into the sink and caused cross-contamination. The CDM stated the sink was used to prep vegetables and the vegetables could have been cross-contaminated. The CDM stated residents could have gotten sick with foodborne illnesses causing nausea and vomiting which could have led to hospitalization. During an interview on 3/20/26 at 2:14 p.m. with the Registered Dietician (RD), the RD stated there should be a one-inch air gap between the pipe and the drainage. The RD stated the air gap was needed to create a space to prevent the dirty water from coming up into the food prep sink. The RD stated the backflow could have caused cross-contamination to food items washed in the sink prep area. The RD stated residents could have gotten foodborne illness from consuming food that was cross-contaminated. The RD stated residents could have been hospitalized from foodborne illness from nausea, vomiting, diarrhea and dehydration. During an interview on 3/20/26 at 4:52 p.m. with the Administrator (ADM) the ADM stated she has been an administrator for 29 years and was not aware the food prep sink needed an air gap. The ADM stated she understands why we need to prevent back flow and cross-contamination. The ADM stated she had one for the ice machine but not the food prep sink and will have it done.During a review of the professional reference titled, FDA Food Code 2022, section 5-402.11 Backflow Prevention, .(A) A direct connection may not exist between the sewage system and a drain originating from equipment in which food, portable equipment, or utensils are placed. (B) (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Equipment and fixtures used for food preparation or utensil washing must be installed with an air gap or air brake as required to prevent backflow of sewage into the equipment.

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure two of 10 sampled residents (Resident 74 and Resident 75) were informed, in advance, by the physician or other practitioner, of the risks and benefits of proposed treatment when:1. Resident 74 did not have a signed physician informed consent (a process in which a healthcare professional educates a patient about the risks, benefits, and alternatives of a given procedure or intervention) prior to receiving psychotropic (a drug or other substance that affects how the brain works and causes changes in mood, awareness, thoughts, feelings, or behavior) medications Mirtazapine (a drug used to treat depression) and buspirone (a medication used to treat generalized anxiety disorder).2. Resident 75 had an order for [Brand name for lorazepam] (psychotropic, anti-anxiety medication used to alter mood and behavior) as needed and the informed consent was not signed by the provider.These failures resulted in the violation of Resident 74 and Resident 75's Responsible Party's (RP-individual authorized to act on a residents behalf regarding care) right to be informed, in advance of alternative treatment options and the risks and potential side-effects (unintended or unwanted effects that can occur when taking a medicine) of the psychoactive medications which could have led to illness or hospitalization. Findings: 1. During a concurrent observation and interview on 3/18/2026 at 12:32 PM with Resident 74, in Resident 74's room, Resident 74 was observed wearing a gown in bed, laying on her left side with a wound covered with a clear dressing on her right outer thigh and her left hand contracted (a permanent tightening of the muscles, tendons, skin, and nearby tissues that causes the joints to shorten and become very stiff). Resident 74 stated she was unable to get up due to her wound. A food tray was observed in front of Resident 74 covered with a lid. Resident 74 stated she did not want to eat her meal. During a review of Resident 74'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 3/20/26, the AR indicated Resident 74 was admitted to the facility from an acute care hospital on 2/11/26 with diagnoses of hemiplegia (paralysis [the loss of the ability to move and sometimes to feel anything] of one side of the body) and hemiparesis (muscle weakness or partial paralysis on one side of the body that can affect the arms, legs, and facial muscles) affecting the left non-dominant side, cellulitis (a deep infection of the skin caused by bacteria) of the back, infection of intervertebral disc (one or more of the discs that separate the bones of the spine, [vertebrae]), sacral (the triangular shaped bone at the base of the back) and sacrococcygeal (pertaining to both the sacrum and coccyx [tailbone] region), bed confinement status (completely confined to bed with no ability to move independently), anxiety disorder (a mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities), and depression (persistent feelings of sadness, despair, loss of energy, and difficulty dealing with normal daily life). During a review of Resident 74's Minimum Data Set (MDS - a resident assessment tool used to identify cognitive [mental processes] and physical functional level assessment), dated 2/13/26, the MDS section C indicated Resident 74 had a Brief Interview for Mental Status (BIMS - a test given by medical professionals to determine cognitive (involving the process of thinking, learning and understanding) understanding on a scale of 1-15) score of 15 (a score of 0-7 suggests severe cognitive impairment, 8-12 suggests moderately impaired, 13-15 suggests cognitively intact), which suggested Resident 74 was cognitively intact. (continued on next page)

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 3/20/2026 at 9:08 a.m. with Charge Nurse (CN) 1, Resident 74's Order Summary Report (OSR,) dated 3/20/26 was reviewed. The OSR indicated, .buspirone HCl oral tablet 7.5 milligram [MG – a unit of measurement] give 1 tablet by mouth two times a day for anxiety.verified informed consent obtained by physician [MD] from Responsible Party [RP].mirtazapine oral tablet 7.5 MG give 1 tablet by mouth at bedtime for depression. verified informed consent obtained by MD from RP.venlafaxine HCl [a medication used to treat depression] extended release [ER] oral capsule.24 hour 75 MG give 1 capsule by mouth one time a day for depression. verified informed consent obtained by MD from RP CN 1 stated the orders indicated an informed consent was obtained by the physician from Resident 74's RP. During a concurrent interview and record review on 3/20/2026 at 9:08 a.m. with CN 1, Resident 74's electronic record was reviewed. CN 1 stated there were no consents in Resident 74's record for buspirone or mirtazapine. During an interview on 3/20/2026 at 2:32 p.m. with the Nurse Consultant (NC), the NC stated Resident 74 should have had a signed consent before receiving psychotropic medications. The NC stated consents were important so residents knew the risks and benefits of taking the medication and would have been able to determine if they wanted to take the medications or not. The NC stated the residents may not have known what the potential side effects were and may not have wanted the medications. During a review of the facility policy and procedure (P&P) titled, Resident Rights, dated 2/2021, the P&P indicated, .resident's right to.be informed of, and participate in, his or her care planning and treatment. During a review of the facility's P&P titled, Psychotropic Medication Use, dated 7/2022 indicated, .a psychotropic medication is any medication that affects brain activity associated with mental processes and behavior.drugs in the following categories are considered psychotropic medications.anti-depressants.anti-anxiety medications.when determining whether to initiate, modify, or discontinue medication therapy, the Interdisciplinary Team {IDT} conducts an evaluation of the resident. the evaluation will attempt to clarify whether.the actual or intended benefit of the medication is understood by the resident/representative.residents [and/or representatives] have the right to decline treatment with psychotropic medications.the staff and physician will review with the resident/representative the risks related to not taking the medication as well as appropriate alternatives. 2. During a concurrent interview and record review on 3/20/26 at 10:57 a.m. with Charge Nurse (CN) 1, Resident 75's Order Summary Review, dated 3/20/26, Informed Consent-Psychoactive Medication (IC), dated 3/9/26, and Medication Administration Record, dated 3/20/26, was reviewed. CN 1 stated Resident 75 was on hospice and had a Responsible Party (RP) making informed decisions on his behalf. CN 1 stated on 3/9/26 [Brand name for lorazepam] 1 MG as needed (PRN) for 14 days was ordered for anxiety related to behaviors of yelling, restlessness and agitation. CN 1 stated the [Brand name for lorazepam] order had not been administered to Resident 75 since it had been ordered because he had not had any more behaviors. CN 1 stated [Brand name for lorazepam] was an antianxiety medication that required informed consent. CN 1 stated the provider had not signed Resident 75's [Brand name for lorazepam] IC. CN 1 stated Resident 75 was at risk of being administered [Brand name for lorazepam] without a complete IC. CN 1 stated without a provider signature, on Resident 75's [Brand name for lorazepam] informed consent, it could not be ensured Resident 75 and Resident 75's RP were informed of, in advance of, medication treatment risks and (continued on next page)

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	benefits by a provider. CN 1 stated licensed nursing staff were responsible for ensuring informed consents were completed after psychotropic medications were ordered. CN 1 stated the Medical Records (MR) was responsible for reviewing informed consents for completion and accuracy. During a concurrent interview and record review on 3/20/26 at 11:07 a.m. with Medical Records (MR), Resident 75's Informed Consent-Psychoactive Medication (IC), dated 3/9/26, was reviewed. The MR stated Resident 75's IC for [Brand name for lorazepam] did not include a provider's signature. The MR stated she could not locate any additional documentation which indicated the provider obtained informed consent for Resident 75's [Brand name for lorazepam] order. The MR stated that without a providers' signature Resident 75's [Brand name for lorazepam] informed consent was not complete or valid. The MR stated it was important that the provider signed psychotropic informed consents to ensure the RP was made aware of, and agreed to, the medication treatment, risks, benefits, and/or side effects, in advance. The MR stated without a provider's signature it could not be ensured a provider spoke to Resident 75's RP and obtained informed consent. During an interview with the Nurse Consultant (NC) on 3/20/26 at 5:30 p.m. the NC stated she reviewed Resident 75's [Brand name for lorazepam] order and IC. The NC stated Resident 75's [Brand name for lorazepam] informed consent was not complete or valid because it did not have a provider's signature. The NC stated Resident 75's [Brand name for lorazepam] had not been administered since it was ordered on 3/9/26. The NC stated Resident 75 was at risk of being administered [Brand name for lorazepam] at any time because it was an as needed medication. The NC stated without a provider's signature on the informed consent it could not be guaranteed Resident 75's RP was made aware of, and agreed to, the medication treatment, risks, benefits, and/or side effects, in advance. The NC stated facility policy and procedures were not followed when Resident 75's [Brand name for lorazepam] informed consent did not contain a provider's signature. During a review of Resident 75's AR, dated 3/20/26, the AR indicated Resident 75 was admitted to the facility on [DATE] with diagnoses of Alzheimer's (progressive, irreversible brain disorder that destroys memory and thinking skills), vascular dementia (changes in thinking and memory that occur when there isn't enough blood flow to the brain), and anxiety disorder. The AR indicated Resident 75's daughter was his RP (individual authorized to act on a resident's behalf regarding care). During a review of Resident 75's OSR, dated 3/20/26, the OSR indicated, .[Brand name for lorazepam] oral tablet 1 MG.give 1 tablet by mouth every 6 hours as needed for anxiety.for 14 days.order date 3/9/26.start date 3/9/26.end date 3/23/26. During a review of Resident 75's document titled, Informed Consent-Psychoactive Medication (IC), dated 3/9/26, the IC indicated, .[Brand name for lorazepam] oral tablet 1 MG.give 1 tablet by mouth every 6 hours as needed. The IC did not indicate a provider signature was present, physically or electronically. During a review of the facility's policy and procedure (P&P) titled, Psychotropic Medication Use, dated 7/2022, the P&P indicated, .a psychotropic medication is any medication that affects brain activity associated with mental processes and behavior.drugs in the following categories are considered psychotropic medications and are subject to prescribing, monitoring, and review requirements specific to psychotropic medications.anti-anxiety medications.residents (and/or representatives) have the right to decline treatment with psychotropic medications.the staff and physician will review with the resident/representative the risks related to not taking the medication as well as appropriate alternatives.

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Modesto Post Acute Center	159 E. Orangeburg Avenue Modesto, CA 95350

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a homelike environment was maintained for one of eight sampled residents (Res 2) when the Resident's Clothing and Possession Inventory on admission (RCPIA-a sheet used for inventorying residents' personal items) was not updated to reflect current items in the closet on 3/20/26.This failure resulted in Res 2's personal items being inaccurately inventoried, which could lead to clothing and items being unaccounted for when missing and has the potential to cause upset and inconvenience for residents and their families.Findings:During a review of Res 2' s admission Record (AR- a document that provides resident contact details, a brief medical history, level of functioning, preferences, and wishes), dated 3/20/26, the AR indicated Res 2 was admitted to the facility on [DATE] with diagnoses of dysphagia (difficulty swallowing), acute kidney failure (sudden decrease in kidney function occurring over hours or days, causing waste buildup, fluid retention, and electrolyte imbalances), diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), anemia (condition where the body does not have enough healthy red blood cells) and gastrotomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems).During a review of Res 2's Minimum Data Set (MDS- resident assessment tool which indicated physical and cognitive abilities), dated 2/4/26, the MDS indicated a Brief Interview for Metal Status (BIMS- an assessment of cognitive function) score of 1 (0-7 severe cognitive impairment, 8-12 moderate cognitive impairment, 13-15 no cognitive impairment), indicating Res 2 had severe cognitive impairment.During an interview on 3/17/26 at 2:39 p.m. with Family Member (FM)1, FM 1 stated Res 2 had blankets and personal items missing in the past. FM 1 stated she stopped taking items to the facility due to items gone missing. FM1 stated Res 2's cellular phone was missing for one year. FM 1 stated Res 2 used her cellular phone to play games. FM 1 stated Res 2 was attached to her personal items. During an interview on 3/20/26 at 8:51 a.m. with Certified Nursing Assistant (CNA) 5, CNA 5 stated, The family will give us the items, and we should have updated in the RCPIA. CNA 5 stated residents have the right to have personal items with them in the facility without it going missing. CNA 5 stated staff were responsible for safeguarding resident's personal items. CNA 5 stated residents could have been upset and anxious when their personal items went missing. CNA 5 stated residents have a right to have their personal belongings in a safe and homelike environmentDuring a concurrent record review and interview on 3/20/26 at 9:42 a.m. with Registered Nurse (RN) 3, Res 2's RCPIA dated 12/22/24 was reviewed. The RCPIA indicated, sweater [with] hood, pants.color: black.sweatshirts.color: pink. The RCPIA had FM 1's signature without a date and facility representative signature dated 2/26/25. RN 3 stated, There should be another sheet with new inventory update. RN 3 stated all staff were responsible for ensuring residents' items were not missing. RN 3 stated personal items meant a lot to residents. RN 3 stated residents could have been upset when their personal items went missing. RN 3 stated It is their right to have personal items here. RN 3 stated It is their home. RN 3 stated residents have the right to have their items protected and not missing. RN 3 stated Res 2 did not have an updated RCPIA.During an observation and interview on 3/20/26 at 3:04 p.m. with CNA 6, Res 2's closet was observed. CNA 6 stated Res 2 had one beige short, one gray pajama pant, one green pajama top, one green long sleeve top, one green shirt, basket with hair products, four underwear, one baby doll and a plushie (stuff animal). CNA 6 stated, I did not know she has stuff here. CNA 6 sated All items were not on the inventory list.During an interview on 3/20/26 at 3:15 p.m. with the Social Services Director (SSD) the SSD stated, When family brings items in, the CNAs should be doing an inventory and it should be in the resident's chart. The SSD stated, Each time the family brings in the items they should be signing a new inventory sheet, and it should be kept in the nursing station. The SSD stated residents' personal (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	items should be inventoried to know what they had. The SSD stated the main purpose of keeping an inventory list was to make sure the facility was keeping track of residents' personal items. The SSD stated it was important to keep updated RCPIA to keep track of lost or missing items. The SSD stated residents have their right to have their personal items. The SSD stated residents could have mood changes, behavior changes and family and could be upset when items went missing. The SSD stated it was a not homelike environment when items go missing. The SSD stated, Residents are entitled to their own personal belongings and should not have it missing. During an interview on 3/20/26 at 6:06 p.m. with the Administrator (ADM) the ADM-stated residents have the right for their property to not be lost or stolen. The ADM stated, We should keep items from being missing. The ADM stated, We did not follow our policy and procedure.During a review of the facility's policy and procedure (P&P) titled, Resident Rights dated 2/2021, the P&P indicated, Federal and state law guarantee certain rights to all residents of this facility. These rights include the resident's right to.c. be free from.misappropriation of property.During a review of the facility's policy and procedures (P&P) titled, Homelike Environment dated 2/2021, the P&P indicated, Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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** Based on interview and record review, the facility failed to revise and implement, in a timely manner, a person-centered comprehensive care plan (CP- a personalized, written document detailing an individual's health needs, goals, and the specific services or support required to manage them) for two of eight residents (Res 2 and Res 70) when:1. Res 2 ?s had continued CP' for not swallowing and pocketing (the act of holding food in the mouth) food when returned from the hospital with a percutaneous endoscopic gastrostomy (PEG tube-a feeding tube inserted through the abdomen into the stomach) and was NPO (nothing by mouth) on 12/22/24.2. Res 70's had a continued short term care plan to observe for dark amber urine past the 48-to-72-hour timeframe.These failures had the potential to result in the goals and care interventions for Res 2 and Res 70 not being resident-centered and failing to adequately meet their needs.Findings:1.During an interview on 3/17/26 at 2:47 p.m. with Family Member (FM) 1, FM 1 stated she was not aware when Res 2 was seen by the dentist.During a concurrent interview and record review on 3/19/26 at 9:59 a.m. with Charge Nurse (CN) 3, Res 2 CP dated 11/26/24 was reviewed. The CP indicated, [focus box Res 2] . not swallowing and pocketing food. CN 3 stated the Minimum Date Set Registered Nurses (MDS) were responsible for creating and updating the long term [for residents. CN 3 stated the CP should have been updated when Res 2 stopped eating by mouth. CN 3 stated Res 2 was no longer eating and pocketing food. CN 3 stated nurses should have used the CPs to monitor residents' interventions were effective. CN 3 stated CPs were needed to ensure the nurses were providing the right care for residents. CN 3 stated CP should be individualized and specific to each resident's needs. CN 3 stated without CPs residents' need would not be met.During a concurrent interview and record review on 3/20/26 at 3:33 p.m. with the MDS, Res 2 Order Summary Report (OSR- a written order from a licensed practitioner (physician, nurse practitioner, or physician assistant) that authorizes specific care, tests, treatments, or medications for a residents) dated 3/20/26 was reviewed. The OSR indicated, .Enteral Feed Order NPO.Order date: 12/22/24. The MDS stated admission nurses were responsible for the initial the CPs for new admits. The MDS stated she checked and added more CPs after interviewing the residents or family members. The MDS stated We should be reviewing the care plan as needed. The MDS stated long term ?CP' should be updated every three months. The MDS stated the nurses should be discontinuing any CPs which no longer apply to the residents. The MDS stated CPs should have been developed to identify areas of concern for residents. The MDS stated the CPs should have goals and appropriate interventions for each resident. The MDS stated the CPs were used to communicate among nurses for provide care for the residents. The MDS stated all CPs should have been resident centered. The MDS stated Res 2 return to the facility on with a PEG tube on 12/22/24 and was NPO. The MDS stated Res 2's CP should have been revised the moment she had a physician order (PO- a written, verbal, or electronic directive from a licensed practitioner (physician, PA, or NP) authorizing specific care, treatments, medications, or tests for a residents) for NPO. The MDS stated CP for swallowing and pocketing food could have caused confusion for the nurse who provided care for her and was not appropriate. The MDS stated Res 2's goals, interventions and needs could have been missed when the CPs were not specific. The MDS stated the nurses were responsible for updating the CPs. During a review of Res's 2 admission Record (AR- a document that provides resident contact details, a brief medical history, level of functioning, preferences, and wishes), dated 3/20/26, the AR indicated Res 2 was admitted to the facility on [DATE] with diagnoses of dysphagia (difficulty swallowing), acute kidney failure (sudden decrease in kidney function occurring over hours or days, causing waste buildup, fluid retention, and electrolyte imbalances), diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), anemia (condition where the body does not have enough healthy red blood cells) (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and gastrotomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems).During a review of Res 2' OSR dated 12/22/24, the OSR indicated, [Dietary line] NPO diet NPO texture, NPO consistency. This OSR was indicating Res 2 was to have nothing by mouth.2. During a concurrent interview and record review on 3/19/26 at 4:11 p.m. with CN 3, Res 70's CP dated 12/23/25 was reviewed. The CP indicated, [focus box] Observed resident to have dark amber urine.[goal box] the resident will demonstrate improved hydration as evidence by urine color changing from dark amber to pale yellow and maintaining adequate urine output within 48 [to]72 hours, with staff encouragement and assistance with fluid intake as needed.[intervention box] collect UA [urinalysis-a urine sample], [Medical Doctor and Responsible Party] MD&R/P notified.monitor for pain and discomfort. CN 3 stated Res 70 had a short-term CPs for dark amber urine that should have been updated and discontinued. CN 3 stated CPs should have been updated every three months. CN 3 stated nurses would not have known if residents declined or improved without the CP being specific to their needs.During a review of Res 70's AR dated 3/20/26, the AR indicated Res 70 was admitted to the facility on [DATE] with diagnoses of Alzheimer's disease (a disease characterized by a progressive decline in mental abilities), dementia (a progressive state of decline in mental abilities), diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), hypertension (high blood pressure) and depression.During an interview on 3/20/26 at 5:24 p.m. with the Nurse Consultant (NC) the NC stated CPs should have been updated quarterly and as needs to reflect the care for the residents. The NC stated residents' needs could have not been met. The CP stated we did not follow our policy and procedure. During a record review of the facility's policy and procedures (P&P) titled, Care Plans, Comprehensive Person-Centered Revision dated 3/2022, the P&P indicated, A comprehensive., person-centered care plan that includes measurable objectives and timetables to meet the residents' physical, psychosocial and functional needs is developed and implemented for each resident.11: assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions changes.at least quarterly, in conjunction with the required quarterly MDS assessment.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure professional standards of practice for two of six sampled residents (Resident 87 and 104) when:1.Resident 87 was administered amiodarone (blood pressure [force of blood pushing against artery walls] medication used to treat irregular heart rhythms), four times, outside of ordered parameters. This failure resulted in Resident 87 receiving amiodarone on 2/3/26, 2/5/26, 2/13/26 and 3/11/26 when it should have been held, according to order parameters, which could lead to decreased blood pressure, cardiac distress and adverse effects. 2.The facility failed to ensure a physician order was received for an Incentive Spirometer (IS - handheld plastic device that acts as exercise equipment for the lungs, helping take slow, deep breaths to keep them active and clear after surgery or illness), for one of nine residents (Resident 104).This failure had the potential to delay strengthening of respiratory muscles, lung capacity, and clearing of mucus after surgery. Findings: 1.During a concurrent interview and record review on 3/19/26 at 3:10 p.m. with Charge Nurse (CN) 2, Resident 87's Order Summary Report (OSR) and Medication Administration Record (MAR), dated 3/19/26 was reviewed. CN 2 stated Resident 87 was admitted to the facility with low blood pressure (BP) which was amplified when standing or working with physical and/or occupational therapy. CN 2 stated Resident 87 received amiodarone 100 milligrams (mg- a unit of medication measurement) two times a day for atrial fibrillation (AFib- rapid irregular heart rhythm) with order parameters to hold the medication if his systolic blood pressure (SBP- top number in blood pressure reading which measures the maximum pressure in the arteries when the heart contracts and beats) was less than 100 or if his heart rate was less than 60 beats per minute. CN 2 stated Resident 87 was administered his 4:00 p.m. amiodarone dose, outside of ordered BP parameters, on 2/3/26 for a BP of 96/58, on 2/5/26 for a BP of 99/58, on 2/13/26 for a BP of 99/61, and on 3/11/26 for a BP of 98/59. CN 2 stated amiodarone worked by lowering blood pressure and heart rate. CN 2 stated Resident 87 had low BP's on 2/3/26, 2/5/26, 2/13/26 and 3/11/26 and by administering amiodarone Resident 87 was placed at risk for further decreasing his blood pressure which could result in cardiac distress or inability to participate in therapy sessions. CN 2 stated it was important to ensure Resident 87 received medication as prescribed to meet his care needs. CN 2 stated it was expected licensed nursing staff administered medication as prescribed. During an interview on 3/19/26 at 3:27 p.m. with the Director of Rehabilitation (DOR), the DOR stated Resident 87 was admitted to the facility with low BP and when Resident 87 stood or worked with therapy his BP decreased further. The DOR stated Resident 87's therapy sessions were modified when his BP was low and resumed when his BP improved. The DOR stated Resident 87 met his therapy goals, but was at risk of not meeting his goals if amiodarone was administered outside of ordered parameters and he was unable to participate in therapy due to low BP. During a concurrent observation and interview on 3/19/26 at 4:02 p.m. with Resident 87, in Resident 87's room, Resident 87 was observed lying in bed. Resident 87 stated he had low BP and took amiodarone for AFIB. Resident 87 stated amiodarone further decreased his BP. Resident 87 stated his BP was frequently low when he stood or worked with therapy. Resident 87 stated therapy would resume or restart once his BP increased. During an interview on 3/20/26 at 5:30 p.m. with the Nurse Consultant (NC), the NC stated Resident 87 had systolic BP's less than 100 on 2/3/26, 2/5/26, 2/13/26 and 3/11/26. The NC stated Resident 87 was at risk, four times, for further decreasing his blood pressure, cardiac distress and adverse (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	effects when he was administered amiodarone outside of provider parameters. The NC stated licensed nursing staff were expected to administer medication as prescribed for Resident 87's plan of care to uphold his quality of care. During a review of Resident 87'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 3/20/26, the AR indicated Resident 87 was admitted to the facility on [DATE] with diagnoses of AFIB, heart failure (chronic, progressive condition where the heart muscle cannot pump enough blood to meet the body's needs) and hypotension (low BP). During a review of Resident 87's Minimum Data Set (MDS - a resident assessment tool used to identify cognitive [mental processes] and physical functional level assessment), dated 1/20/26, the MDS indicated Resident 87 had a Brief Interview for Mental Status (BIMS - a test given by medical professionals to determine cognitive (involving the process of thinking, learning and understanding) understanding on a scale of 1-15) score of 15 (a score of 0-7 suggests severe cognitive impairment, 8-12 suggests moderately impaired, 13-15 suggests cognitively intact), which suggested Resident 87 was cognitively intact. During a review of Resident 87's OSR, dated 3/20/26, the OSR indicated, Resident 87 had an active order for, .amiodarone HCl oral tablet 100 mg.give 1 tablet by mouth two times a day for AFIB hold if [systolic blood pressure] is less than 100 or [heart rate] is less than 60.order start date 1/18/26. and .monitor for blood pressure closely while on amiodarone.inform [Medical Doctor] for any changes and call.for any changes. During a review of Resident 87's Care Plan Report (CP), dated 1/17/26, the CP indicted, administer anti-hypertensive medications as ordered. amiodarone is intended for use only in patients with indicated life-threatening arrythmias. for additional information see physician orders. During a professional reference review retrieved from https://www.nccmerp.org/recommendations-enhance-accuracy-administration-medications titled, Recommendations to Enhance Accuracy of Administration of Medications, dated 3/30/23, the professional reference review from the National Coordinating Council for Medication Error Reporting and Prevention indicated, . any order that is incomplete, illegible, or poses any concern should be clarified before preparation and administration.the right medication, in the right dose, to the right person, by the right route, using the right dosage form, at the right time, for the right reason. 2. During a concurrent observation and interview on 03/17/2026 at 11:21 a.m. with Resident 104 in her room, Resident 104 stated she wanted to use the IS to prevent her from having lung and breathing problems after receiving back surgery. Resident 104 stated she received the incentive spirometer from the nursing staff at the acute care hospital after her surgery and had been using the IS while in the acute care hospital. During a review of Resident 104's Admissions Record (AR - a document containing pertinent resident profile information), dated 3/19/26, the AR indicated, Resident 63 was admitted to the facility on [DATE] with diagnoses which included, Lumbago with Sciatica (lower back pain [lumbago] combined with pain, numbness, or tingling that radiates from your lower back, through the hips, and down one or both legs [sciatica]), Spinal Stenosis, Lumbar Region without Neurogenic Claudication (narrowing of the spinal canal in the lower back that squeezes nerves, causing pain or stiffness, but (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	without the specific, severe leg cramping/weakness [claudication] triggered by walking), Spinal Fusion (a surgery that permanently joins two or more vertebrae [back bones] together into one solid bone to stop painful movement between them) ,Lumbar region (a surgical procedure that permanently connects two or more vertebrae in the lower spine using bone grafts and metal hardware to treat instability, severe pain, or herniated discs). During a concurrent interview and record review on 03/20/26 at 5:12 p.m. with Registered Nurse (RN) 2, Resident 104's Electronic Medical Record (EMR) dated 3/20/26 was reviewed. The EMR indicated there was not an order for Resident 104 to use an IS. The RN 2 stated, . there is not an order for Resident 104 to use an IS, there should be an order for everything the resident uses ., During an interview on 3/20/26 at 6:15 p.m. with the Administrator (ADM), the ADM stated there should have been an order for the IS, Resident 104 came to the facility after having a back infusion. The IS would help the resident prevent respiratory illness. During an interview on 03/20/2026 at 6:17 p.m. with Director of Nursing (DON), the DON stated that she had provided Resident 104 with a new IS when Resident 104 requested to use an IS. The DON stated she did not check to see if Resident 104 had an order or a care plan to use an IS. The DON stated she looked for a policy regarding the usage of the IS and the facility did not have one. During a professional reference titled, What is the proper procedure for prescribing and incentive spirometer to a pharmacy?, undated, retrieved from https://www.droracle.ai/articles/158406/what-is-the-proper-procedure-for-prescribing-an-incentive, the professional reference indicated, . Incentive spirometers are not prescribed through a pharmacy as they are considered medical devices rather than medications . providers can write a prescription . indicating the specific type of incentive spirometer needed and usage instructions .

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure vegetables were prepared to conserve appearance and palpability for three of eight sampled residents (Res 25, Res 60 and Res 69) when the Italian blend vegetables with carrots and squashes were soft and mushy, and string beans were split in half with bean pods exposed for lunch served on 3/19/26.,This failure had the potential to result in vegetables not being consumed for Res 25, Res 60 and Res 69 and not meeting their recommended daily allowance (RDA- the average daily dietary intake level sufficient to meet the nutrient requirements of nearly all (97.5 percent) healthy) leading to malnutrition (a dangerous imbalance between the nutrients the body needs and those it receives).Findings:During a review of Res's 25 admission Record (AR- a document that provides resident contact details, a brief medical history, level of functioning, preferences, and wishes), dated 3/20/26, the AR indicated Res 25 was admitted to the facility on [DATE] with diagnoses of Alzheimer's disease (a progressive neurological disorder and the most common cause of dementia), low back pain, and falls.During a review of Res 25's Minimum Data Set (MDS- resident assessment tool which indicated physical and cognitive abilities), dated 12/30/25, the MDS indicated a Brief Interview for Metal Status (BIMS- an assessment of cognitive function) score of 15 (0-7 severe cognitive impairment, 8-12 moderate cognitive impairment, 13-15 no cognitive impairment), indicating Res 25 had no cognitive impairment.During a review of Res 25's Meal Card (MC- a versatile tool used for either meal planning) dated 3/19/26, the MC indicated, Regular diet, regular texture.Italian blend [vegetables].During a record review of Res 60's AR dated 3/20/26, the AR indicated Res 60 was admitted on [DATE] with a diagnoses of Hemiplegia (severe or total paralysis (loss of the ability to move) affecting one side of the body), diabetes mellitus type 2 (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), hypertension (high blood pressure), and muscle weakness.During a review of Res 60's MDS dated 2/3/26, the MDS indicated, Res 60 had a BIMS of 15 indicating she had no cognitive impairment.During a review of Res 60' MC dated 3/19/26, the MC indicated, Consistent Carbohydrate [CC- diet a meal plan designed to manage blood sugar by eating roughly the same amount of carbohydrates at the same time each day] diet. regular texture.Italian blend [vegetables].During a record review of Res 69's AR dated 3/20/26, the AR indicated Res 69 was admitted on [DATE] with diagnoses of anemia (a condition where the body does not have enough healthy red blood cells), muscle weakness, and shortness of breath (difficulty breathing). During a review of Res 69's MDS dated 2/24/26, the MDS indicated, Res 60 had a BIMS of 12 indicating he had moderate cognitive impairment.During a review of Res 69 's MC dated 3/19/26, the MC indicated, Regular diet, regular texture.Italian blend [vegetables].During an interview on 3/19/26 at 9:23 a.m. during resident council meeting (formal, independent group run by residents to discuss concerns, improve quality of life, and influence care decisions) Res 25, Res 60 and 69 stated the vegetables during mealtime were soft and overcooked. Res 60 stated she liked her vegetables crunchy. Res 60 stated she notified the kitchen staff about the vegetables being overcooked. Res 60 stated there were no changes.During an observation and interview on 3/19/26 at 12:08 p.m. with the Certified Dietary Manager (CDM), Registered Dietician (RD) and another nurse evaluator, during lunch time, a regular diet (nutritionally adequate, balanced meal plan for individuals without health conditions) test tray (a tray from the kitchen use to evaluate meal quality) was observed. The regular diet test tray had Italian mixed vegetables consisting of carrots, green beans and squash. The regular diet test tray had carrots with soft texture which melted in the mouth when consumed and did not require chewing. The squash was disintegrating and did not hold the texture or form. The green beans fell apart and were split in half exposing the pods appearing more as peas. There was no crunch to the Italian mixed vegetables. The CDM stated the squash and carrots were too soft. The CDM stated the Italian blend vegetable texture should have been harder with the squash holding its form. The CDM stated (continued on next page)

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	055849	A. Building B. Wing	03/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Modesto Post Acute Center	159 E. Orangeburg Avenue Modesto, CA 95350

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	residents should have the vegetables served like they were served at home. The CDM stated residents on regular diet would not have wanted their carrots, green beans, and squash soft. The CDM stated We should have made sure it was within their diet and texture should have been within their food preferences.During an interview on 3/20/26 at 1:19 p.m. with Dietary [NAME] (DC), the DC stated, We put the vegetables in the steamer and transfer it to the warmer. The DC stated she should have ensured the vegetable texture was followed according to the recipes. The DC stated the vegetables should have had the texture of what the residents wanted. The DC stated residents would not be happy with their vegetables texture being soft and mushy and would not consume their vegetables. During an interview on 3/20/2026 at 1:46 p.m. with the CDM, the CDM stated she was responsible for updating the food preferences for the residents. The CDM stated the kitchen staff should have ensured the vegetables were more palpable and held their texture. The CDM stated residents would not consume their vegetables when it was not in their food preferences. The CDM stated the facility should have ensured it was not overcooked during tray- line. During an interview on 3/20/26 at 2:17 p.m. with the RD, the RD stated, Each vegetable should have each own bite each vegetable should have its own bite [meaning that each type of vegetable served should maintain its individual form and texture.] The RD stated, the squash and the beans did not hold their form and was not there anymore. The RD stated residents would not consume their vegetables when they were not served to their preferences. The RD stated the residents would not get 100 percent of their RDA when they did not consume their vegetables. The RD stated, Residents could have malnutrition.During a review of the facility's policy and procedures (P&P) titled, Menus dated 10/2017, the P&P indicated, Menus are developed and prepared to meet resident choices.menus meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board (National Research Council and National Academy of Sciences).

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to establish and maintain an effective infection prevention and control program for one of four sampled residents (Resident 103) when Personal Protective Equipment (PPE - clothing and equipment that is worn or used to provide protection against hazardous substances and/or environments) was not worn during care for Resident 103 who was on Enhanced Barrier Precautions (EBP- an infection control intervention designed to reduce transmission of resistant organisms [bacteria that have become resistant to certain antibiotics] that requires gown and glove use during high contact resident care activities). This failure placed Resident 103 at risk for cross-contamination (the process when germs are unintentionally transferred from one substance or object to another, which causes a harmful effect) and infection (an invasion of the body by germs that cause disease).Findings:During an observation on 3/17/26 at 11:19 a.m. outside Resident 103's room, an EBP sign was observed on Resident 103's door, and a green sticker was observed next to Resident 103's name.During a concurrent observation and interview on 3/17/2026 at 11:20 a.m. with Resident 103 in Resident 103's room, Resident 103 was observed dressed, in bed, wearing an oxygen (O2) nasal cannula (a small plastic tube, which fits into the person's nostrils for providing supplemental oxygen) with pillows supporting her legs. Resident 103 grimaced in pain when she moved. Resident 103 stated her back and leg hurt and she received pain medication which helped her pain.During a review of Resident 103'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 3/20/26, the AR indicated Resident 103 was admitted to the facility from an acute care hospital on 2/24/26 with diagnoses of acquired loss of left leg (surgical removal of finger, toe, hand, foot, arm or leg) above the knee, peripheral vascular disease (the reduced circulation of blood to the arms or legs), chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), pressure ulcer Stage 2 (a pink or red open wound, resulting from an injury that causes the first layer of skin to be lost, exposing the dermis[the middle layer of skin]) of the sacral region (the triangular shaped bone at the base of the back), resistance to multiple antibiotics, and anxiety disorder (a mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities).During a review of Resident 103's Minimum Data Set (MDS - a resident assessment tool used to identify cognitive [mental processes] and physical functional level assessment), dated 3/2/26, the MDS section C indicated Resident 103 had a Brief Interview for Mental Status (BIMS - a test given by medical professionals to determine cognitive (involving the process of thinking, learning and understanding) understanding on a scale of 1-15) score of 15 (a score of 0-7 suggests severe cognitive impairment, 8-12 suggests moderately impaired, 13-15 suggests cognitively intact), which suggested Resident 103 was cognitively intact.During an observation on 3/18/2026 at 10:20 a.m., Certified Nursing Assistant (CNA) 1 was observed with another staff member repositioning Resident 103 by moving her linens off Resident 103, grabbing the sheet underneath her and pulling her up towards the head of her bed. Both staff members did not wear gowns when they repositioned Resident 103.During a review of Resident 103's Care Plan (CP), undated, the CP indicated, .resident [103] requires Enhanced Barrier Precautions [EBP] related to surgical wound.date initiated: 2/25/26.use gown and gloves during high contact resident care activities [dressing, bathing, transfers, hygiene, toileting, brief changes, changing linens, device care, wound care].During an interview on 3/19/2026 at 8:07 a.m. with CNA 1, CNA 1 stated residents on EBP had a sign posted on their door and a green dot by their name. CNA 1 stated EBP means staff needed to wear a gown and gloves for resident care. CNA 1 stated EBP were for residents who had a catheter (a common type of indwelling catheter inserted into the bladder, used to drain urine), residents with COVID-19 (a highly contagious respiratory disease, C. diff (a bacterium [germ] that causes an infection of the colon [the longest part of the large intestine]), or any infection that could (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	have spread to other residents. CNA 1 stated close contact included touching the resident's skin, repositioning, or changing the resident. CNA 1 stated she should have worn a gown when she repositioned Resident 103. CNA 1 stated a gown limited germs the resident might have had, from getting on the CNAs or other staff and protected other residents from getting germs transmitted to them. During an interview on 3/19/2026 at 3:10 p.m. with the Director of Staff Development (DSD), the DSD stated residents on EBP had a sign on their door and green dot by their name, which signified which resident was on EBP. The DSD stated her expectation was for CNAs to wear appropriate PPE when providing personal care, transferring the residents, positioning residents in bed, or handling resident's linens. The DSD stated wearing the appropriate PPE was to protect residents from getting germs from staff. The DSD stated if staff came in contact with an infectious resident they could have transferred the germs to another resident. During a review of the facility's policy and procedure (P&P) titled, Enhanced Barrier Precautions, dated 8/2022, the P&P indicated, .Enhanced barrier precautions [EBPs] are utilized to prevent the spread of multi-drug resistant organisms [MDROs] to residents.EBPs employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply.gloves and gown are applied prior to performing the high contact resident care activity.personal protective equipment [PPE] is changed before caring for another resident.examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include.transferring.changing linens.wound care [any skin opening requiring a dressing].EBPs are indicated.for residents with wounds and/or indwelling medical devices regardless of MDRO colonization.During a review of the facility's P&P titled, Policies and Practices - Infection Control, dated 10/2018, the P&P indicated, .this facilities infection control policies and practices are intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections.the objectives of our infection control policies and practices are to.establish guidelines for implementing isolation precautions.

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F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. Based on observation, interview, and record review during the survey period of 3/17/26 through 3/20/26, the facility failed to provide the minimum of at least 80 square feet per resident in 27 of 37 multiple resident rooms (rooms 101, 102, 103, 104, 105, 106, 107, 108, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 128, 130, 131, 132, 133, 134, 135, 136, and 137).This failure had the potential for residents to not have reasonable accommodations for privacy or adequate space for care to be rendered.Findings:During a concurrent observation and interview on 3/20/2026 at 9:16 a.m. with the Maintenance Director (MND), an environmental tour was conducted. The MND measured two rooms and stated the rooms did not meet the minimum square footage per resident as required by regulation. However, variations were in accordance with the particular needs of the residents. There was sufficient room observed for nursing care and resident ambulation. Wheelchairs and toilet facilities were accessible. The closets and storage space were adequate. Bedside stands were available. The waiver will not adversely affect the health and safety of residents.During a review of the facility document titled, Client Accommodations Analysis, undated, the document indicated:Room Beds Square Feet101 3 229.99 102 3 229.99103 3 229.99104 3 229.99 105 3 229.99106 3 229.99107 3 229.99108 3 229.99115 3 216 116 3 216117 3 216118 3 216119 3 216120 3 219121 3 219122 3 219123 3 219124 3 219128 3 254.57130 3 228.99131 3 228.99132 3 228.99133 3 228.99134 3 228.99135 3 228.5136 3 228137 3 218.5Recommend waiver continue in effect._____HFES Signature Date Request waiver continue in effect._____ Facility Administrator Signature Date