

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055935	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2024
NAME OF PROVIDER OR SUPPLIER Ceres Postacute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1711 Richland Avenue Ceres, CA 95307	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>44899</p> <p>Based on observation, interview and record review, the facility failed to post the results of the most recent abbreviated survey document titled, Statement of Deficiencies in a place readily accessible to residents and their representatives.</p> <p>This failure had the potential to violate the rights of the residents and their representatives to be informed of abbreviated survey deficiencies and the facility's plan of correction.</p> <p>Findings:</p> <p>During an observation on 5/21/24 at 9:20 a.m., a binder labeled Survey Inspection was located in a holder on the wall in the main entrance. The binder contained the 2019 health recertification survey deficiencies and plan of corrections and previous years abbreviated surveys. There were no abbreviated survey documents available from 2020 to 2024.</p> <p>During a concurrent interview and record review on 5/21/24 at 11:05 a.m., with the Administrator (ADM), a document titled, Survey Inspections, undated was reviewed. The ADM stated, the binder contained the 2019 health recertification survey deficiencies and plan of corrections and previous years abbreviated surveys. The ADM stated, there were no abbreviated survey documents from 2020 to 2024. The ADM stated, the facility had one complaint and three facility reported incidents (FRI) for the past 12 months that resulted in deficiencies and should be placed in the survey binder and they were not. The ADM stated, the survey binder allows residents and visitors to know survey deficiencies and the facility's plan of correction.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Resident Rights, dated 1/18, the P&P indicated, . Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to . w. examine survey results .</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48424</p> <p>Based on observation, interview, and record review the facility failed to ensure a safe clean comfortable homelike environment was provided for four of 21 residents when:</p> <ol style="list-style-type: none"> One third of the floor in Resident 10, 18, 19, and 26's rooms had yellow and brown stains. <p>This failure resulted in Residents 10, 18, 19 and 26 not being provided a clean comfortable homelike environment.</p> <ol style="list-style-type: none"> In Resident 6 and Resident 23 room red tape was used to attach the call light cord to the call light socket. <p>This failure resulted in a potential fire hazard and Resident 6 and 20 not being provided a safe, comfortable homelike environment.</p> <p>Findings:</p> <ol style="list-style-type: none"> During a review of Resident 10's Minimum Data Set (MDS- resident assessment tool which indicates physical and cognitive abilities), dated 4/1/24, the MDS indicated a Brief Interview for Mental Status (BIMS-an assessment of cognitive function) score of nine (0-7 severe cognitive impairment, 8-12 moderate cognitive impairment, 13-15 no cognitive impairment), indicating Resident 10 had moderate cognitive impairment. During a review of Resident 18's MDS, dated [DATE], the MDS indicated a BIMS score of 99. The MDS indicated, Resident 18 was unable to complete the interview. During a review of Resident 19's MDS, dated [DATE], the MDS indicated a BIMS score of six out of 15 which indicated Resident 19 had severe cognitive impairment. During a review of Resident 26's MDS, dated [DATE], the MDS indicated a BIMS score of nine out of 15 which indicated Resident 18 had moderate cognitive impairment. <p>During a concurrent observation and interview on 5/20/24 10:10 a.m. with Certified Nursing Assistant (CNA) 4 in Resident 19's room, one third of Resident 19's floor had yellow and brown stains. CNA 4 stated the floors looked stained and they should have been in a cleaner condition. CNA 4 stated stained floors could cause people to question the cleanliness of the facility.</p> <p>During a concurrent observation and interview on 5/20/24 at 10:18 a.m. with CNA 4 in Resident 10, 18, and 26's room, the floor had yellow and brown stains. CNA 4 stated the flooring in this room was also stained. CNA 4 stated the floor should be clean. CNA 4 stated the condition of the floor makes the room appear dirty.</p> <p>(continued on next page)</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 5/20/24 at 10:18 a.m. with Licensed Vocational Nurse (LVN) 3 in Resident 10, 18, and 26's room, one third of the floor had yellow and brown stains. LVN 3 stated housekeeping regularly mops, sweeps, and disinfects the floor but the stains do not come out. LVN 3 stated the stains on the floor do not make the room look homelike. LVN 3 stated stains on Residents 10,18, and 26's rooms was not a homelike environment,</p> <p>During an interview on 5/23/24 at 9:29 a.m. with the Housekeeping Supervisor (HS), the HS stated housekeeping staff regularly cleaned the floors in Resident 10, 18, 19, and 26's rooms and the stains could not be removed. The HS stated the floors needed to be stripped (process in which the top layer of floor's wax is removed in order to better clean the floors) and rewaxed in order to get rid of the stains, the floors should not have looked as stained as they did. The HS stated having a clean room was important because the rooms are the residents' homes. The HS stated the condition of Residents 10, 18, 19, and 26's rooms did not promote a homelike environment.</p> <p>During an interview on 5/23/24 at 9:34 a.m. with the Maintenance Staff (MAINS), the MAINS stated Residents 10, 18, 19, and 26's floors should have been stripped and waxed to remove the stains when the stains were noticed. The MAINS stated the stained floors did not provide a homelike environment.</p> <p>During an interview on 5/23/24 at 10:00 a.m. with the Director of Nursing (DON), the DON stated the flooring in Resident's 10, 18, 19, and 26's rooms should be clean and not have any stains. The DON stated a cognitively intact Resident may have expressed their concern regarding the floors' cleanliness because of the stains. The DON stated stained floors may make the residents uncomfortable when in their rooms. The DON stated stained floors did not promote a homelike environment.</p> <p>During a review of the facility's policy and procedure (P&P) titled Homelike Environment, dated 1/2018, indicated . 2. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, home like setting. These characteristics include: a. clean, sanitary and orderly environment .</p> <p>During a review of the facility's Housekeeping Supervisor job description, dated 10/19/2015, the job description indicated, . Responsibilities/Accountabilities: 1. Manages the housekeeping department to ensure the provision of a clean and safe environment for customers, visitors and staff; . 5. Inspects the center on a regular basis to determine the effectiveness of the housekeeping function; 6. Ensures that the building is maintained in an odor free and clean condition; 7. Takes immediate action on any observed deficiencies .</p> <p>During a review of the facility's Maintenance Director job description, dated 10/19/2015, the job description indicated, . the maintenance director is responsible for the overall maintenance operation of the center, and he/she is responsible for performing repairs and maintenance on equipment . Responsibilities/Accountabilities 1. Performs overall supervision of the maintenance department including 'hands on' performance of maintenance and repair work . 3. maintains the building and grounds in compliance with federal, state, and local laws . 15. performs other responsibilities, as may be required, and as directed by the administrator . 20. performs other duties as requested .</p> <p>41608</p> <p>2. During a review of Resident 6's MDS, dated [DATE], the MDS indicated a BIMS score of 12 which indicated Resident 6 had moderate cognitive impairment.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 23's MDS, dated [DATE], the MDS indicated a BIMS score of 9 which indicated Resident 23 had moderate cognitive impairment.</p> <p>During an observation on 5/20/24 at 9:58 a.m. in Resident 6 and 23's room, red tape was attached to the call light wall socket and to the call light cord. The call light was approximately two feet above the bed.</p> <p>During a concurrent observation and interview on 5/20/24 at 10:02 a.m. with the Activities Assistant (AA), in Resident 6 and 23's room, the AA validated the red tape was attached to the call light socket and call light cord. The AA stated tape should not be on the socket . it could catch fire and harm the residents .</p> <p>During a concurrent observation and interview on 5/20/24 at 10:06 a.m. with the Maintenance Staff (MAINS), in Resident 6 and 23's room, the MAINS stated . the tape was to hold the call light cord to the call light socket . the tape is electrical tape and is not flammable .</p> <p>During a concurrent observation and interview on 5/20/24 at 10:12 a.m. with the MAINS, the MAINS provided the red tape, that was used on the call light socket, the red tape was labeled on the inside of the tape was labeled Duct Tape - a multi-purpose duct tape used for discreet repairs, crafts and decorating projects.) the MAINS sated the red tape should not be used to hold the call light in place. The tape should have been removed it could be a safety hazard and does not provide a homelike environment.</p> <p>During a review of the facility's policy and procedure (P&P) titled Homelike Environment, dated 1/2018, indicated . 2. The facility staff and management maximize, to the extent possible, the characteristics of the facility that reflect a personalized, home like setting. These characteristics include: a period clean, sanitary, and orderly environment .</p> <p>During a review of the facility's Maintenance Director job description, dated 10/19/2015, the job description indicated, . the maintenance director is responsible for the overall maintenance operation of the center, and he/she is responsible for performing repairs and maintenance on equipment . Responsibilities/Accountabilities 1. Performs overall supervision of the maintenance department including hands on performance of maintenance and repair work . 3. maintains the building and grounds in compliance with federal, state, and local laws . 15. performs other responsibilities, as may be required, and as directed by the administrator . 20. performs other duties as requested .</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>44899</p> <p>Based on observation, interview, and record review, the facility failed to develop and implement comprehensive person-centered care plans (CP - a detailed approach to care customized to an individual resident's needs) for four of 13 sampled residents (Residents 4, 18, 30, and 138) when Residents 4 and 138 did not have an individualized care plan developed and implemented for the use of side rails.</p> <p>This failure had the potential for Residents 4 and 138 to be injured while using the side rails.</p> <p>Findings:</p> <p>During a review of Resident 138's Admission Record (AR- a document that provides resident contact details, a brief medical history, level of functioning, preferences, and wishes), dated 5/21/24, the AR indicated, Resident 138 was admitted from home on 5/13/24 to the facility, with diagnoses that included Chronic Obstructive Pulmonary Disease (COPD- is a chronic inflammatory lung disease that causes obstructed airflow of the lungs), Heart Failure (weakness in the heart where fluid accumulates in the lungs), Anxiety (a mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities), Hypotension (low blood pressure), and Nicotine Dependence (addiction to tobacco products caused by the drug nicotine).</p> <p>During a review of Resident 4's AR, dated 9/4/19, the AR indicated Resident 4 was admitted to the facility with the following diagnoses: hypertension (high blood pressure), bipolar disorder (condition characterized by fluctuations in mood), muscle weakness, dysphagia (difficulty swallowing), and history of falling.</p> <p>During a concurrent observation and interview with Resident 138, on 5/21/24, at 10:14 a.m., inside Resident 138's room, Resident 138 was observed resting in her bed, with upper bilateral side rails up. Resident 138 stated, she was using the side rails to transfer from her bed to her wheelchair and vice versa. Resident stated, I get up several times to smoke cigarettes in the designated smoking area.</p> <p>During a concurrent interview and record review with Licensed Vocational Nurse (LVN) 2, on 5/21/24, at 2:26 p.m., Resident 138's clinical record (CR) was reviewed. LVN 2 reviewed Resident 138's CR and stated there was no care plan developed for the use of side rails. LVN 1 stated, the use of side rails should have been care planned to include interventions such as bed inspection, education of residents about safe and proper use of side rails safely, and frequent visual checks and monitoring of side rails for continued use. LVN 2 stated, the facility failed to follow the policy on use of side rails, care planning, and potentially placed Resident 138 at risk for injury or harm.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with the Director of Nursing (DON), on 5/22/24, at 12:30 p.m., the DON stated upon reviewing the risks and benefits form for side rail use and obtaining the consent from the resident or RP, a physician order should be obtained from the Attending Physician and a care plan should be developed. The DON stated the care plan drove resident care to ensure residents care was being met. The DON stated the facility failed to follow the facility's policy and procedures related to care planning process.</p> <p>During an interview on 5/23/24 at 8:40 a.m. with Resident 4, Resident 4 stated he had been in and out of the facility for the past six years. Resident 4 stated he had used his bed rails for a long time because the bed rails helped him to move around due to having leg weakness.</p> <p>During an interview on 5/23/24 at 8:49 a.m. with Certified Nursing Assistant (CNA) 5, CNA 5 stated Resident 4 liked to use his bed rails for mobility. CNA 5 stated all nursing staff look at care plans and the bed rails should have been care planned. CNA 5 stated care plans let staff know how to properly take care of a resident. CNA 5 stated if no care plan is in place for bed rails staff might not have known if Resident 4 was using his bed rails safely or as intended and he could have gotten hurt.</p> <p>During a concurrent interview and record review on 5/23/24 at 9 a.m. with LVN 3, Resident 4's CR was reviewed. LVN 3 stated Resident 4 had no consents signed for care plans, no doctor's orders, and no safety assessment done. LVN 3 reviewed Resident 4's care plan and stated there was no care plan present prior to 5/23/24. LVN 3 stated there should have been a care plan before 5/23/24 for bed rail use due to Resident 4's known use of the bed rails. LVN 3 stated having a proper care plan in place was important because it would describe the reason for bed rail use, and it would have detailed interventions which could prevent Resident 4 from getting hurt.</p> <p>During an interview on 5/23/24 at 10:00 a.m. with The Director of Nursing (DON), The DON stated updating care plans was the responsibility of the nurses. The DON stated Resident 4 had his side rails up frequently. The DON stated she was not aware care planning and side rail assessments were needed when side rails were used for mobility. The DON stated it was important to have pertinent care plan in place in order to properly communicate to staff a resident's needs and so residents don't get hurt.</p> <p>During a review of the facility's policy and procedure (P&P) titled Care Plans, Comprehensive Person-Centered, dated 1/18, the P&P indicated, . A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for reach resident . The comprehensive, person-centered care plan will: a. include</p> <p>measurable objectives and timeframes; b. describe the services that are to be furnished to attain or maintain resident's highest practicable physical, mental, and psychosocial well-being .</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's P&P titled Proper Use of Side Rails dated 1/18, the P&P indicated, . 2. Side rails are only permissible if they are used to treat a resident's medical symptoms or to assist with mobility and transfer of residents . An assessment will be made to determine the resident's symptoms, risk of entrapment and reason for using siderails. When used for mobility or transfer, assessment will include a review of resident's bed mobility, ability to change positions, transfer to and from bed or chair . 4. The use of side rails as an assistive device will be addressed in the resident care plan .</p> <p>During a review of the facility's document titled, Job Description: Licensed Vocational Nurse, dated 10/15, the document indicated, . the Licensed Vocational Nurse delivers efficient and effective nursing care while achieving positive clinical outcomes and patient/family satisfaction . The LVN contributes to nursing assessments and care planning . Responsibilities . 2. Care Planning: . Contributes to establishing individualized patient goals . Assist in developing interventions to achieve goals . Implements the plan of care .</p> <p>48424</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>41608</p> <p>Based on observation, interview, and record review the facility failed to have an air gap (an unobstructed vertical space between the water outlet and the flood level of a fixture), under the food preparation sink.</p> <p>This failure had the potential to result in 36 of 36 residents being exposed to contaminated water (when substances pollute the water and make it unusable for cooking and drinking) which could ultimately result in food born illness from eating contaminated food.</p> <p>Findings:</p> <p>During a concurrent observation and interview with Certified Dietary Manager (CDM), on 5/20/24 at 8:52 p.m. , at the food prep sink in the facilities kitchen, the CDM validated that there was not an air gap under the food prep sink. The CDM stated she does not know why there is not an air gap under the food prep sink. The CDM stated there should be an air gap under the sink so that the water does not back up into the sink. The CDM stated that maintenance would be the person responsible for making sure there is an air gap.</p> <p>During an interview on 5/20/24 at 9:43 p.m., with Maintenance Staff (MAINS), MAINS stated that he was not aware that the food prep sink did not have an air gap under the sink. MAINS stated the facility should have an air gap under the sink to prevent the back flow of contaminateddirty water (when substances pollute the water and make it unusable for cooking and drinking) into the sink.</p> <p>During a concurrent observation and interview on 5/22/24 at 4 p.m., in the hot water heater closet, MAINS provided the location of the air gap for the food prep sink. MAINS explained that the plumbing under the sink runs through the wall into the hot water closet and drains into a drain in the corner of the hot water closet. The drain had three black pipes draining into the drain. Each pipe was a different length, there was a pipe for the handwashing sink in the hot water closet, the handwashing sink in the kitchen and the food prep sink in the kitchen. Each sink was turned on to identify the pipes. The drain for the food prep sink was less than two inches from the bottom of the drain. MAINS stated the food prep sink should be greater than two inches from the bottom of the drain and the food prep sink pipe was not greater than two inches from the bottom of the drain. The MAINS stated and the water could back flow into the food prep sink and contaminate the food and make the residents sick.</p> <p>During an interview with the Registered Dietitian (RD), the RD stated, . I did not notice the air gap . I saw the hot water closet where the air gap is located once when I first started . the food prep sink is required to have an air gap to prevent the back flow of dirty water and contamination of the food .</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During a review of the facility's policy and procedure titled, Accident-Safety Precautions [undated] indicated . Backflow Prevention/Air Gaps . An air gap is the most reliable backflow prevention device . All food preparation sinks, ice machines . or other equipment that discharge liquid waste or condensate shall be drained through an air gap into an open floor sink . An air gap between the water supply inlet (drainpipe) and the flood level rim of the plumbing fixture (floor sink drain), equipment or non-food equipment shall be at least twice the diameter of the water supply inlet and may not be less than one inch.</p> <p>During a review of the Food Code U.S Food and Drug Administration, dated 2022, indicated, . 5-202.13 Backflow Prevention, Air Gap. During periods of extraordinary demand, drinking water systems may develop negative pressure (when water flows in the opposite direction) in portions of the system. If a connection exists between the system and a source of contaminated (dirty) water during times of negative pressure, contaminated water may be drawn into and foul (to make dirty) the entire system. Standing water in sinks . and other equipment may become contaminated with cleaning chemicals or food residue .</p>

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>41608</p> <p>Based on observation, interview and record review, the facility failed to cover one of one outside trash bin with a lid.</p> <p>This failure had the potential to harbor and feed pests. This failure had the potential for an infestation of pests which could lead to unsanitary conditions and the spread of disease.</p> <p>Findings:</p> <p>During an observation on 5/22/24 at 2:01 p.m. in the parking lot of the facility, the trash bin was uncovered, the lid was open and hanging on the back of the bin.</p> <p>During a concurrent observation and interview on 5/22/24 at 3:47 p.m. with Maintenance Staff (MAINS), MAINS validated the lid of trash bin was open MAINS stated, . the lid on the trash should always be closed to prevent rodents and insects .</p> <p>During a review of the facility's policy and procedure titled, Waste Disposal dated 1/2018, indicated, .1. All . waste destined for disposal shall be placed in closeable leak proof containers .b. Disposal of all . waste shall be in accordance with applicable federal, state, and local regulations .</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>44899</p> <p>Based on observation, interview, and record review, the facility failed to maintain an effective infection control program when one of four sampled residents' (Resident 1) oxygen concentrator (a device that concentrates the oxygen from the ambient air) filters were found covered with lint and dust.</p> <p>This failure placed Resident 1 at an increased risk to develop respiratory and healthcare-associated infections.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR, a document that provides resident contact details, a brief medical history, level of functioning, preferences, and wishes), dated 5/21/24, the AR indicated, Resident 1 was admitted from an acute care hospital on 3/21/24 to the facility, with diagnoses which included Myocardial Infarction (heart attack), Hypertension (high blood pressure), Anxiety Disorder (a mental health illness characterized by a sudden feeling of panic and fear, restlessness, and uneasiness), and Morbid Obesity (overweight).</p> <p>During a review of Resident 1's Minimum Data Set (MDS, an assessment tool which indicates physical, medical, and cognitive abilities), dated 4/4/24, the MDS indicated Resident 1's Brief Interview for Mental Status (BIMS) score was 14 out of 15 (0-7 indicated severe cognitive impairment [memory loss, poor decision making-skills], 8-12 moderate cognitive impairment, 13-15 cognitively intact).</p> <p>During a review of Resident 1's Order Summary Report (OSR), dated 4/2/24, the OSR indicated, . Order Summary . Administer oxygen at 2LPM [Liters Per Minute, unit of measurement] via nasal cannula, may titrate [adjust] oxygen flow to 2-5 LPM to keep oxygen saturations equal or more than 92% [percent]. Monitor oxygen saturation with oxygen use every shift for Shortness of breath .</p> <p>During a review of Resident 1's Nursing Care Plan (CP), dated 4/2/24, the CP indicated, . Potential for Shortness of Breath and/or wheezing . Interventions . administer oxygen via nasal cannula as per MD [Medical Doctor] orders .</p> <p>During a concurrent observation and interview on 5/20/24, at 12:15 p.m., with Resident 1, in Resident 1's room. Resident 1 had an oxygen cannula (a device used to deliver supplemental oxygen) connected to an oxygen concentrator. The oxygen was operating at 2L/min (LPM-Liters Per Minute, unit of measurement). The oxygen concentrator filters were covered with white and gray material. Resident 1 stated, the dirty oxygen concentrator filters were not acceptable. Resident 1 stated, she wanted the oxygen concentrator filters to be cleaned or replaced.</p> <p>During a concurrent observation and interview on 5/20/24, at 2:22 p.m., in Resident 1's room with Licensed Vocational Nurse (LVN) 2, LVN 2 observed Resident 1's oxygen concentrator and stated the concentrator filters were not clean and were covered with dust and lint. LVN 2 stated, using a dirty oxygen concentrator was not acceptable. LVN 2 stated, Resident 1's respiratory condition could worsen. LVN 2 stated, maintaining the cleanliness of an oxygen concentrator is the responsibility of all staff.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055935	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2024
NAME OF PROVIDER OR SUPPLIER Ceres Postacute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1711 Richland Avenue Ceres, CA 95307	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/22/24, at 3:27 p.m., with the Director of Nursing (DON), the DON stated, using a dirty oxygen concentrator was not acceptable and could potentially cause residents to become ill. The DON stated, the purpose of the oxygen concentrator was to improve resident's oxygen level. The DON stated, residents using a dirty oxygen concentrators could have respiratory infection such as Pneumonia (lung infection caused by bacteria) or Bronchitis (inflammation of the airways). The DON stated, she expects the oxygen concentrator to be cleaned weekly and as needed for the safety and well-being of all residents receiving oxygen.</p> <p>During a review of the facility's document titled, Job Description: Licensed Vocational Nurse, dated 10/15, the document indicated, . the Licensed Vocational Nurse delivers efficient and effective nursing care while achieving positive clinical outcomes and patient/family satisfaction . The LVN contributes to nursing assessments and care planning, provides direct patient care, and supervises patient care provided by unlicensed staff .</p> <p>During a review of the facility's policy and procedure (P&P) titled, Infection Control, dated 1/18, the P&P indicated, . The objectives of our infection control policies and practices are to . Maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public . Provide guidelines for the safe cleaning and reprocessing of reusable resident-care equipment .</p> <p>During a review of the facility's policy and procedure (P&P) titled, Cleaning and Disinfection of Environmental Surfaces, dated 1/18, the P&P stated, . Environmental surfaces will be cleaned and disinfected according to current CDC (Center for Disease Control) recommendations for disinfection of healthcare facilities and the OSHA (Occupational Safety and Health Administration) bloodborne pathogens standard . Process . Manufacturer's instructions must be followed for proper use of disinfecting (or detergent) products .</p> <p>During a review of the oxygen concentrator manual titled, [Brand X] Oxygen Concentrator User Manual, dated 2016, the manual indicated, . Periodically clean the concentrator's cabinet as follows: 1. Use a damp cloth, or sponge, with a mild detergent such as dish washing soap to gently clean the exterior case. 2. Allow the concentrator to air dry, or use a dry towel, before operating the concentrator . To limit bacterial growth, air dry the humidifier thoroughly after cleaning when not in use .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055935	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2024
NAME OF PROVIDER OR SUPPLIER Ceres Postacute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1711 Richland Avenue Ceres, CA 95307	

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<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>44899</p> <p>Based on observation and interview during the survey period of 5/20/24 to 5/23/24, the facility failed to provide the minimum of at least 80 square feet per resident in multiple residents rooms (Rooms 1, 2, 3, 4, 5, 6, 11, 12, 13, 14, 15, 16, 17 and 18), when the amount of usable living space was not adequate for residents.</p> <p>This failure had the potential for residents in Rooms 1, 2, 3, 4, 5, 6, 11, 12, 13, 14, 15, 16, 17 and 18 to not have reasonable privacy or adequate space.</p> <p>Findings:</p> <p>During an environmental tour with the Maintenance Supervisor (MS) and Administrator (ADM), on 5/23/24, at 10:16 a.m., the inspection indicated the following rooms did not meet the minimum square footage as required by regulation. However, variations were in accordance with the particular needs of the residents. The residents had a reasonable amount of privacy. Closets and storage space were adequate. Bedside stands were available. There was sufficient room for nursing care and for residents to ambulate. Wheelchairs and toilet facilities were accessible. The waiver will not adversely affect the health and safety of residents.</p> <p>These rooms were as follows:</p> <p>Room number(#) Square feet #Residents</p> <p>1 140 2</p> <p>2 140 2</p> <p>3 140 2</p> <p>4 140 2</p> <p>5 210 3</p> <p>6 210 3</p> <p>11 140 2</p> <p>12 140 2</p> <p>13 210 3</p> <p>14 210 3</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055935	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2024
NAME OF PROVIDER OR SUPPLIER Ceres Postacute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1711 Richland Avenue Ceres, CA 95307	

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F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	15 140 2 16 140 2 17 148 2 18 168 2 Recommend waiver to be continue in effect. ----- Health Facilities Evaluator Supervisor Signature Date: