

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055979	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/16/2024
NAME OF PROVIDER OR SUPPLIER  Franciscan Post-Acute Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3169 M Street Merced, CA 95348	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>27137</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of one sampled residents (Resident 1) was free from injury when his shoeless left foot fell off his wheelchair and scraped on the pavement while out of the facility for an appointment. This failure resulted in Resident 1 experiencing abrasions to four of his toes on his left foot which caused pain, daily dressing changes by nursing staff, and an increased risk for infection.</p> <p>Findings:</p> <p>During a review of the facility document titled, Facility Reported Event (FRE) dated 7/30/24, the FRE indicated, On July 25, 2024, [Resident 1] had an appointment at [a medical clinic]. Transportation was arranged for [Resident 1] . He was picked up in the lobby by the driver. He had a footrest on the left side of his wheelchair due to mobility and sensory impairment to his left side, and right foot out to support independent mobility while self-propelling per his baseline. [Resident 1] was then taken to the scheduled appointment by the . transport driver. Upon his return to the facility, the toe area of the sock on his left foot was worn off, and his toes were exposed. He had skin injuries to the top of four of his toes. There were skin injuries noted on four toes on [Resident 1 ' s] left foot. Upon return the left sock was completely worn down, exposing all his toes. Sometime during the transport from the facility to his physician ' s office, his foot must have dragged under the wheelchair without being noticed by the transport employee causing the sock to wear down and the skin injuries to his foot.</p> <p>During a review of Resident 1 ' s Admission Record (AR), dated 8/16/24, the AR indicated he was admitted to the facility with diagnoses that included hemiplegia (a severe or complete loss of strength on one side of the body) and diabetes (inability to regulate blood sugar, which can lead to many different complications, such as risk for infection and delayed wound healing, especially to the feet and toes).</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 8/16/24, at 10:55 AM, with Resident 1, in his room, a bandage was noted to his left foot. The bandage was dated 8/16/24, and covered his lower foot, with the ends of his toes visible. Resident 1 stated he recalled the incident on 7/25/24, and, Once at the appointment, the driver started pushing me, after unloading me from the van, the ground was cement, you know? I felt a bump, like a big bump, and my foot had slipped off of my right leg. Little did I know, my left leg got caught under my wheelchair. I guessing the driver was not aware of this happening. We were kind of in a hurry, we had trouble finding the place, finding the right address, we were kind of in a hurry, trying to make the appointment on time. I have a little bit of sensation in my left leg, but I felt it when the wheel of my wheelchair rolled over my left foot. I felt the sensation all the way up into my abdomen. I got loaded back up into the van, returned to the facility. Once back at the facility, a nurse said to me: ' Your sock is all ripped and bloody. ' I saw my foot and it was all bloody.</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS, a comprehensive, standardize assessment tool), dated 7/17/24, the MDS indicated at question C500, Brief Interview for Mental Status, of score of 14 out of a possible 15, which indicated he was cognitively intact.</p> <p>During a review of Resident 1 ' s Progress Notes (PN), dated 7/25/24, at 7:28 PM, the PN indicated, [Resident 1] in the hallway coming back from his appointment with abrasions noted on his 4 toes. [Resident 1] noted no shoes during transport and only sock is on both feet. [Resident 1] refusing taking meds and [blood glucose] check because is upset.</p> <p>The PN dated 7/26/24, at 4:07 PM, the PN indicated a nurse performed a dressing change to Resident 1 ' s left foot. The PN indicated Resident 1 was able to feel some discomfort during wound care. When ask if he can feel the pain to toes, he said ' yes. ' Acetaminophen, a pain reliever, was given for pain.</p> <p>The PN dated 7/26/24, at 8:34 PM, indicated Resident 1 complained of pain, rated at a 3 out of a 10 (with 10 being worst pain).</p> <p>The PN dated 8/6/24, at 11:48 AM, indicated, Resident was noted complaining that his current pain medication is not working. Verbalized discomfort with the left [upper part] foot, and that a new order was obtained for Norco [a strong, narcotic-based pain reliever] to be given routinely twice a day for pain.</p> <p>The PN dated 8/15/24, at 10:45 AM, indicated, [Resident 1] continues on enhanced barrier precautions [an infection control measure used to reduce the spread of disease-causing organisms] related to open wound, gloves and gown used by staff during high contact activities. The PN was written by the Infection Prevention nurse.</p> <p>During a review of Resident 1 ' s Care Plan (CP), dated 7/25/23, the CP indicated Resident 1 has a Skin injury skin abrasion of the left foot 2nd, 3rd, 4th 5th[toes] has diagnoses of [diabetes]. The CP indicated that in intervention is to provide shoes when going out for appointment.</p> <p>During a review of Resident 1 ' s Wound Evaluation (WE), dated 7/25/24, the WE indicated Resident 1 had an abrasion to the left foot that measured 8.36 centimeters in length by 2.99 centimeters in width.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/22/24, at 1:25 PM, with the Director of Occupational Therapy (DOT), the DOT stated she was with Resident 1 when he was being assisted into the transport van for his appointment on 7/25/24. The DOT stated that she noticed he had left the building without his left wheelchair legrest, but she applied it before he entered the transport van. The DOT stated he did not have shoes on and was wearing only socks on his feet and stated, I don ' t know why he had only socks on.</p> <p>During an interview on 9/3/24, at 11:30 AM, with the Director of Nursing (DON), the DON stated it would be her expectation that residents wear shoes when leaving the facility for appointments. The DON stated she would also expect the transportation staff to be attentive to residents in wheelchairs and notice when a resident ' s leg falls off of the wheelchair leg rest and to replace it safely.</p> <p>During an interview on 9/3/24, at 11:55 AM, with Licensed Vocational Nurse (LVN) 1, LVN 1 stated she was familiar with Resident 1 and the wounds to his toes, and has performed treatments to them. LVN 1 stated when leaving the facility for appointments, I would expect all residents to on have socks, shoes, and leg rests. LVN 1 stated she would expect the transportation drivers to be attentive to the needs of the resident and ensure they remain safely in the wheelchair and notice if a resident ' s leg fell off of the leg rest and to replace it safely.</p>