

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  09/17/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42123</p> <p>Based on observation, interview, and record review, the facility to ensure services provided met professional standards of practice for one of four sampled residents (Resident 1) when the facility staff failed to perform hourly monitoring of Resident 1 in accordance with the facility ' s policy and procedure (P&amp;P) titled, Rounding Using the 4 P ' s Rounding Tool.</p> <p>This failure had the potential to result for Resident 1 to fall and suffer significant injury.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record, (AR) undated, the AR indicated, Resident 1 was admitted to the facility on [DATE] with diagnosis including Type 2 diabetes mellitus with hyperglycemia (chronic condition that occurs when a person ' s blood sugar levels are consistently high and potentially dangerous), history of falling, difficulty in walking, dementia (impairment of brain function such as memory loss and judgement) and muscle weakness.</p> <p>During a review of Residents 1 ' s Minimum Data Set (MDS- a resident assessment tool used to identify resident cognitive and physical function) assessment dated [DATE], indicated Resident 1 ' s Brief Interview of Mental status assessment (BIMS - assessment of cognitive status for memory and judgement) scored 09 of 15 (a score of 13-15 indicates cognitively intact, 08-12 indicates moderately impaired, and 00-07 indicates severe impairment). The BIMS assessment indicated Resident 1 ' s cognition was moderately impaired.</p> <p>During a concurrent observation and interview on 9/17/24 at 9:27 a.m. with Resident 1, Resident 1 was lying in bed with a white sling on her left arm. Resident 1 stated she had fallen the previous week, hit her shoulder on the bathroom door and fractured her arm.</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
---	-------	-----------

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  09/17/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 9/17/24 at 10:22 a.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated Resident 1 had a fall on 9/2/24. Resident 1 ' s fall care plan dated 9/2/24 was reviewed and indicated, . had an unwitnessed fall on 09/02/24 with fracture of left humerus . Interventions . Added on 4 ps [P ' s-pain, positioning, personal needs, personal items] monitoring . LVN 1 stated the 4 P ' s program was a rounding (practice where staff check on patients at regular intervals) tool and the staff would check on the residents in the program at a set time interval such as hourly to make sure all their needs were met. LVN 1 stated Resident 1 was started on the 4 P ' s program after her fall as an intervention to prevent falls. LVN 1 took out a binder titled 4 P ' s and opened it Resident 1 ' s logs. LVN 1 stated Resident 1 was supposed to have hourly rounds, but the log dated for 9/17/24 had not been signed off in the prior four hours. LVN 1 stated Resident 1 was scheduled for hourly rounds according to the 4 P ' s program and the log should have been signed off. Resident 1 ' s 4 P ' s logs were reviewed and found to have missing entries as follows:</p> <p>9/10/24 eight entries - 7 a.m., 8 a.m., 9 a.m., 10 a.m., 11 a.m., 12 p.m., 1 p.m. and 2 p.m.</p> <p>9/13/24 six entries - 7 a.m., 8 a.m., 9 a.m., 10 a.m., 11 a.m., 12 p.m. and 1 p.m.</p> <p>9/14/24 three entries- 6 a.m., 7 a.m. and 8 a.m.</p> <p>9/15/24 one entry - 7 a.m.</p> <p>9/17/24 four entries-7 a.m., 8 a.m., 9 a.m. and 10 a.m.</p> <p>LVN 1 stated Resident 1 ' s care plan interventions and the 4 P ' s program were not followed to prevent falls.</p> <p>During a review of Resident 1 ' s IDT (Interdisciplinary Team-- group of professional doctors, nurse, and social workers working towards achieving resident healthcare goals) Note, dated 9/3/24 at 12:51 p.m., the IDT note indicated, . IDT met to review a fall occurring on 9/2/24 . Resident had an unwitnessed fall in her room as she turned to go to bathroom and tripped . IDT recommends . 4 Ps monitoring program .</p> <p>During a concurrent interview and record review on 9/17/24 at 10:46 a.m. with the Director of Nursing (DON), the facility ' s P&amp;P titled, Rounding Using the 4 P ' s Rounding Tool, dated 4/2019 was reviewed. The P&amp;P indicated, . Intent . The 4 Ps rounding system is designed to improve resident satisfaction, decrease falls, reduce skin breakdown, and improve staff satisfaction . Guideline . The 4Ps stand for Pain, Positioning, Personal Needs, Personal Items . Licensed and non-licensed staff will be expected to utilize the 4 Ps tool . Facility management will verify use of the 4 Ps with the residents while conducting daily rounding . If management identifies that staff is not utilizing the 4 P ' s system of rounding, retraining, coaching, and mentoring will be initiated by management . The DON stated the expectation for 4 P ' s program was for staff to check on the residents at the scheduled time interval for each of the 4 P ' s-pain, position, personal needs, and personal items. The missing entries on Residents 1 ' s 4 P ' s logs were reviewed. The DON stated Resident 1 was started on the 4 P ' s program as an intervention to prevent falls and staff should have rounded on her every hour and documented in the log when done. The DON provided a document with the resident names who were on the 4 P ' s program, this document indicated, . 4 P ' s is a fall prevention program used as an IDT intervention . The DON stated it was her expectation for the staff to follow the 4 P ' s guidelines. The DON stated Resident 1 ' s care plan and 4 P ' s program had not been followed.</p>		