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| 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 12/11/2024 |
| 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.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47298</p> <p>Based on interview and record review, the facility failed to provide rehabilitative services as determined by the comprehensive plan of care to attain, maintain, and restore the highest practicable level of physical well-being for one of three sampled residents (Resident 1) when Resident 1 did not receive physical therapy (PT) as ordered by the physician.</p> <p>This failure placed Resident 1 at risk for further decline and not meet rehabilitative goals.</p> <p>Findings:</p> <p>During an interview on 12/11/24 at 1:45 p.m. with the Physical Therapy Assistant (PTA), the PTA stated, the Physical Therapist determined the goals, amount of time and how many days a resident would require for rehabilitation based on the initial evaluation.</p> <p>During an interview on 12/11/24 at 2:13 p.m. with the PTA, the PTA stated, Resident 1 had physician's order to receive PT and Occupational Therapy (OT) five days a week. The PTA stated, Resident 1 was at the facility and receiving PT after she had a knee surgery. The PTA stated, Resident 1 worked with physical therapy to make progress with tolerance on mobility, weight bearing, transferring from bed to wheelchair and weight shifting.</p> <p>During an interview on 12/11/24 at 4:20 p.m. with the Administrator (ADM), the ADM stated, Resident 1 did not receive PT during the days of 10/19/24-10/25/24 while the PTA was out sick and there was no PT backup coverage to complete Resident 1's PT rehabilitation.</p> <p>During a concurrent interview and record review on 12/11/24 at 4:52 p.m. with Director of Nursing (DON), Service Log Matrix (SLM), dated 12/11/24, was reviewed. The SLM indicated, Resident 1 received PT on 10/4/24, 10/5/24, 10/7/24, 10/8/24, 10/9/24, 10/11/24, 10/12/24, 10/13/24, 10/16/24, 10/17/24, 10/18/24, 10/26/24, 10/27/24, 10/29/24, 10/30/24, 10/31/24 and 11/1/24. The DON stated, Resident 1 was admitted on [DATE] and was ordered to receive PT 5 times a week. The DON stated, Resident 1 did not receive PT during the days of 10/19/24 through 10/25/24 which caused her to miss 4 days of PT during this time. DON stated, it was important for Resident 1 to receive all her physician ordered days for PT due to her generalized muscle weakness.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During a phone interview on 12/13/24 at 9:40 a.m. with the Regional Director of Rehabilitation (RDR), the RDR stated, Resident 1 was admitted to the facility on [DATE] after a left total knee revision surgery. The RDR stated, Resident 1 was ordered to have PT 5 days a week. The RDR stated, Resident 1 had PT to work on exercises involving bed mobility, transferring and wheelchair mobility. The RDR stated, Resident 1 did not receive PT during the days of 10/19/24-10/25/24 because the PTA was out sick for a week without backup coverage. The RDR stated, Resident 1 received PT on 10/18/24 but missed four days total of ordered PT during the week of 10/18/24-10/24/24. The RDR stated, Resident 1 was at risk for not fully recover from surgery which could lead to muscle weakness of the lower body from not receiving PT rehabilitation.</p> <p>During record review of Resident 1's Admission Record (AR- a document that provides resident contact details, a brief medical history), the AR indicated, Resident 1 had diagnoses which included .AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY .MUSCLE WEAKNESS .DIFFICULTY IN WALKING .</p> <p>During a review of Resident 1's Minimum Data Set (MDS- a standardized assessment and care screening tool), dated 10/9/24, the MDS indicated, Resident 1's Brief Interview for Mental Status (BIMS- an evaluation of attention, orientation and memory recall) indicated a score of 13 (0-7 severe cognitive impairment, 8-12 moderate cognitive impairment, 13-15 no cognitive impairment), indicating Resident 1 had no cognitive impairment.</p> <p>During a review of Resident 1's NSG Admission/Readmission Evaluation (NARE), dated 10/3/24, the NARE indicated, .Here for PT/OT and medication management .S/P [status post] Revision of total knee (surgery to revise a previous knee replacement surgery) .on the left with non-removable knee mobilizer (a brace that prevents the knee from bending or moving) in place .</p> <p>During a review of Resident 1's Order Summary Report (OSR), dated 10/4/24, the OSR indicated, .Physical therapy evaluation and treatment as indicated .</p> <p>During a review of Resident 1's Care Plan (CP), dated 10/4/24, the CP indicated, . [Resident 1] has limited physical mobility r/t [related to] Left Knee surgery .PT, OT referrals as ordered .</p> <p>During a review of the facility's policy and procedure (P&P) titled, SPECIALIZED REHABILITATION SERVICES dated 8/18, the P&P indicated, .Each resident receives the specialized rehabilitative services as determined by their comprehensive plan of care to assist them to attain, maintain or restore their highest practicable level of physical, mental, functional and psycho-social well-being .The facility will provide specialized rehabilitative services such as .physical therapy .The facility will employ directly or contract with an outside resource to engage the qualified personnel and support staff .</p> | | |