

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  04/10/2025
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>51863</p> <p>Based on interview, record review, and facility policy review, the facility failed to refer a resident to the appropriate state-designated authority for a level II preadmission screening and resident review (PASARR) when 2 (Resident #4 and Resident #11) of 2 sampled residents reviewed for PASARR were diagnosed with a new serious mental illness.</p> <p>Findings included:</p> <p>A facility policy titled Resident Assessments PASARR Screening Coordination, revised 07/2018, indicated 7. The facility will refer to the appropriate state-designated authority any resident with newly evident or possible serious mental disorder, intellectual disability or related condition.</p> <p>1. An Admission Record indicated the facility admitted Resident #4 on 06/14/2017. According to the Admission Record, the resident received a diagnosis of major depressive disorder on 08/09/2017, anxiety disorder on 04/29/2022, and bipolar disorder on 07/29/2022.</p> <p>A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/08/2025, indicated Resident #4 had a Brief Interview for Mental Status (BIMS) score of 3, which indicated the resident had severe cognitive impairment. The MDS indicated the resident had active diagnoses to include anxiety disorder, depression, and bipolar disorder.</p> <p>Resident #4's Care Plan Report revealed a focus area initiated 04/23/2022 and revised 12/26/2024, that indicated the resident was administered Depakote for a diagnosis of bipolar disorder.</p> <p>Resident #4's Care Plan Report revealed a focus area initiated 06/22/2024 and revised 01/02/2025, that indicated the resident was administered an anti-anxiety medication related to a diagnosis of anxiety disorder.</p> <p>Resident #4's Care Plan Report revealed a focus area initiated 03/12/2025, that indicated the resident was administered an antidepressant medication related to a diagnosis of depression.</p> <p>Resident #4's medical record revealed no evidence to indicate the facility referred the resident to the appropriate state-designated authority for a level II PASARR evaluation when the resident received a new mental illness diagnosis.</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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NAME OF PROVIDER OR SUPPLIER  Franciscan Post-Acute Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3169 M Street Merced, CA 95348	
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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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/09/2025 at 10:08 AM, the Quality of Life Director (QLD) stated that when a resident received a new psychiatric (mental illness) diagnosis, it was relayed to the Administrator so that a new PASARR could be completed. The QLD stated Resident #4's PASARR should have been updated when the resident received a new psychiatric diagnosis in 2022 to determine if a level II was required.</p> <p>During an interview on 04/09/2025 at 1:11 PM, the Director of Nursing stated a new PASARR should be completed when the resident received a new mental illness diagnosis.</p> <p>During an interview on 04/09/2025 at 1:19 PM, the Administrator stated he expected a new PASARR to be completed when a resident received a new mental illness diagnosis.</p> <p>39438</p> <p>2. An Admission Record indicated the facility admitted Resident #11 on 12/10/2015. According to the Admission Record, the resident received a diagnosis of schizoaffective disorder on 12/15/2022.</p> <p>The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/19/2025, revealed Resident #11 had a Brief Interview for Mental Status (BIMS) score of 5, which indicated the resident had severe cognitive impairment. The MDS indicated the resident had an active diagnosis to include schizophrenia.</p> <p>Resident #11's Care Plan Report included a focus area initiated 12/15/2022, that indicated the resident had a diagnosis of schizoaffective. Interventions directed staff to administer medication as ordered and monitor for a decrease or increase in behaviors and notify the physician if the resident did not improve (initiated 12/15/2022).</p> <p>Resident #11's medical record revealed no evidence to indicate a PASARR screening was conducted after the resident was diagnosed with schizoaffective disorder on 12/15/2022.</p> <p>During an interview on 04/09/2025 at 10:08 AM, the Quality of Life Director (QLD) stated that when a resident received a new psychiatric (mental illness) diagnosis, it was relayed to the Administrator so that a new PASARR could be completed.</p> <p>During a follow-up interview on 04/09/2025 at 11:07 AM, the QLD stated a new PASARR should have been done when Resident #11 received the new psychiatric diagnosis.</p> <p>During an interview on 04/09/2025 at 1:11 PM, the Director of Nursing stated a new PASARR should be completed when the resident received a new mental illness diagnosis.</p> <p>During an interview on 04/09/2025 at 1:19 PM, the Administrator stated he expected a new PASARR to be completed when a resident received a new mental illness diagnosis.</p>		