

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055988	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER Golden Merced Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3170 M Street Merced, CA 95340	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27137</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of three sampled residents (Resident 3) had a care plan intervention in place by not placing a non-skid mat on the seat of her wheelchair, in an effort to reduce her frequent falls.</p> <p>This failure had the potential to result in an increased risk for falls for Resident 3.</p> <p>Findings:</p> <p>During a review of Resident 3's Admission Record (AR) , dated 11/22/24, the AR indicated Resident was admitted to the facility on [DATE]. The AR indicated Resident 3 had diagnoses that included anemia (a condition where the body doesn't have enough healthy red blood cells to carry oxygen throughout the body, often resulting in weakness and feeling tired), muscle weakness, difficulty in walking, abnormalities in gait and mobility, and dementia (a chronic, progressive disease affecting mood, memory, and judgement).</p> <p>During a review of Resident 3's Minimum Data Sheet (MDS, a comprehensive, standardized assessment tool) , dated 10/10/24, the MDS indicated at Question C0500 a score of 8 out of a possible 15, which indicated Resident 3's cognition (having sufficient judgment, planning, organization, self-control, and the persistence needed to manage the normal demands of the resident's environment) was moderately impaired . The MDS indicated at Question GG0170 - E, a score of 2 , which indicated Resident 3 needed Substantial/maximal assistance - Helper does MORE HAN HALF the effort when transferring to and from a bed to a chair (wheelchair). The MDS indicated at Question GG0170 - I, a score of 88 , which indicated Resident 3's ability to walk 10 feet was Not attempted due to medical condition or safety concerns.</p> <p>During a review of Resident 3's EVG - IDT Post Fall Meeting (IDT Post Fall Meeting) , dated 10/4/24, at 8:41 a.m., the IDT Post Fall Meeting indicated, IDT [Interdisciplinary Team, comprised of representatives of different disciplines of the healthcare team, such as nursing, activities, dietary, and social services] met to discuss residents unwitnessed fall that occurred on 10/3/24 [at] approximately [11:04 p.m.]. IDT RECOMMENDATIONS . Dycem [the brand name of a type of non-slip mat designed to hold the resident in place whilst they are in transit] to be placed on wheelchair.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 3's IDT Post Fall Meeting , dated 10/7/24, at 8:15 a.m., the IDT Post Fall Meeting indicated, IDT met to discuss residents unwitnessed fall that occurred on 10/6/24 [at] approximately 10:16 a.m. IDT RECOMMENDATIONS . Dycem to be placed on wheelchair.</p> <p>During a review of Resident 3's IDT Post Fall Meeting , dated 10/29/24, at 7:45 a.m., the IDT Post Fall Meeting indicated, IDT met to discuss residents unwitnessed fall that occurred on 10/28/24 [at] approximately 9:11 a.m. IDT RECOMMENDATIONS . Dycem to be placed on wheelchair.</p> <p>During a review of Resident 3's IDT Post Fall Meeting , dated 11/14/24, at 8:20 a.m., the IDT Post Fall Meeting indicated, IDT met to discuss residents unwitnessed fall that occurred on 11/13/24 [at] approximately 4:45 [a.m.] IDT RECOMMENDATIONS . Dycem to be placed on wheelchair.</p> <p>During a review of Resident 3's Care Plan , undated, the Care Plan indicated Resident 3 is at risk for falls related to Deconditioning, unaware of safety needs, dementia, muscle weakness, difficulty waking, use of psychotropic medications [a class of medications that can cause problems with balance, increased sleepiness and are known to increase the risk of falls]. The Care Plan indicated, Interventions . Dycem on wheelchair, blue information sheet above bed.</p> <p>During a review of Resident 3's Care Plan , undated, the Care Plan indicated Resident 3 is on the Fall Program, due to being high risk and recent falls. Interventions. Blue Information sheet above bed. Dycem on wheelchair.</p> <p>During a concurrent interview and record review, on 11/22/24, at 11:42 a.m., with LVN 2, Resident 3's clinical record was reviewed. LVN 2 stated Resident 3's clinical record indicated she was to have a Dycem non-skid mat on the seat of her wheelchair.</p> <p>During a concurrent observation, interview, and record review, on 11/22/24, at 11:44 a.m., in Resident 3's room, with LVN 2, Resident 3 was noted to be sitting in her wheelchair. No Dycem non-skid mat was noted to her wheelchair. LVN 2 stated she did not see any Dycem on Resident 3's wheelchair. LVN 2 reviewed a blue information sheet on the wall over Resident 3's bed, and confirmed the sheet indicated Resident 3's name and Dycem on w/c [wheelchair] for safety.</p> <p>During an interview on 11/22/24, at 11:45 a.m., with CNA 1, in Resident 3's room, CNA 3 stated, I just changed her [incontinent brief] a little while ago, and there was no Dycem in her wheelchair.</p> <p>During an interview on 11/22/24, at 12 p.m., with the Administrator, the Administrator stated there should have been Dycem on Resident 3's wheelchair.</p> <p>During a review of the facility Policy and Procedure (P&P), titled, Falls and Fall Risk, Managing , dated 9/23, the P&P indicated, Based on previous evaluation and current data, the staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling. The staff, with the input of the Attending Physician, will identify appropriate interventions to reduce the risk of falls.</p>		