STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055996	A. Building B. Wing	03/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Covenant Post Acute	3408 East Shields Avenue Fresno, CA 93726

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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to implement their written policy and procedure when Resident 1 had a unwitnessed fall on 3/4/26 that resulted in a hip fracture and required surgical intervention and the facility did not report the injury until 3/18/26 (14 days later) for one of three sampled residents.This failure resulted in a delay in investigating the unwitnessed fall with severe injury and the potential for abuse to go undetected.During a concurrent observation and interview on 3/24/26 at 10:55 a.m. with Certified Nursing Assistant (CNA) 1, in Resident 1's room, Resident 1's bed was empty without out linen with a call light sitting on top. CNA 1 stated Resident 1 was not currently in the facility.During an interview on 3/24/26 at 1:17 p.m. with Licensed Vocation Nurse (LVN) 2, LVN 2 stated, while a CNA was caring for Resident 1's roommate, Resident 1 touched the CNA, and when the CNA checked on Resident 1 she was on the floor. LVN 2 stated she went right away to the room and Resident 1 told her she turned and fell. LVN 2 stated she assessed Resident 1 and documented assessment in Resident 1's progress notes. LVN 2 stated Resident 1 reported she had pain in her back. LVN 2 stated she did not move Resident 1 back to her bed. LVN 2 stated she called 911 for ambulance to the hospital. LVN 2 stated Resident 1 had not returned to the facility.During a review of Resident 1's Progress Notes (PN) dated 3/4/26, the PN indicated, . At around of 0530 [5:30 a.m.] writer [LVN 2] was called . CNA said she was attending roommate (to change) when she fell, cna felt something hit on her back. When CNA turned around she noted the resident was on the floor already, the CNA was not able to see, what happened exactly because the curtain was pulled to give privacy to the roommate resident was around. Writer, was immediately called for the help while writer was passing the meds. Upon entering in the room noted resident was laid between the bed A and bed B . Writer immediately initiated the eval [evaluation], asked the resident what happened resident said she fell and she wants to go to her bed. Resident stated I fell but I don't know how happened. noted that she said she turned and she was already on the floor. writer evaluated the resident for any injuries or skin tears, not noted any skin tear or any visible injuries, but she complain of pain on her lower back and Left hip. Facial grimacing noted . writer ask the resident if she was able to move her legs she can not do it because of the pain . Writer kept the resident in same position, avoided any further movement of the extremities. She was kept on the floor. MD [doctor name] was contacted via phone an orders to send to acute [hospital] further evaluation and tx [treatment] if indicated. Writer immediately called 911. paramedics arrive around 0538 .During an interview on 3/24/26 at 2:11 p.m. with the Director of Nursing (DON), the DON stated the facility had received documents from the hospital indicating Resident 1 had a hip fracture on 3/17/26. The DON stated Resident 1's fall with hip fracture was reported to California Department of Public health (CDPH) on 3/18/26. The DON stated the facility's Director of Business Development (DBD) called the hospital and was notified Resident 1 had an injury and needed surgery. The DON stated she and the Administrator (ADM) were notified by the DBD of Resident 1's injury and need for surgery. The DON stated a hip fracture was a serious injury. The DON stated a report should be made to CDPH As soon as we know they have an injury. The DON stated they did not report to CDPH (continued on next page)

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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	because they were waiting on the hospital records. The DON stated they could have reported it without having hospital records. The DON stated the ADM was responsible for reporting falls with severe injuries to CDPH. The DON stated it was important for CDPH to be notified immediately so the investigation started on time and the facility could get guidance and on things that need to change.During an interview on 3/26/26 at 8:39 a.m. with the DBD, the DBD stated part of her job responsibility was to request hospital records when residents are transferred to the hospital. The DBD stated she called the hospital on 3/4/26 and confirmed Resident 1 was admitted for a hip fracture due to fall and needed surgery. The DBD stated the process at the facility was to report admission status to the DON and ADM. The DBD stated she notified the DON and the ADM on 3/4/26 of Resident 1's hip fracture. The DBD stated she documented the information in a progress note. The DBD stated the progress note was documented on 3/9/26 as a late entry (a note documented for a previous encounter) for 3/4/26.During a review of Resident 1's PN dated 3/4/26, the PN indicated, . LATE ENTRY . Spoke with nurse at [hospital name]. Confirmed pt [patient] admitted for fractured hip due to fall. Pt scheduled for surgery tomorrow (3/5) .During an interview on 3/26/26 at 8:54 a.m. with the ADM, the ADM stated, he was responsible for reporting falls with severe injuries to CDPH. The ADM stated Resident 1 fell on 3/4/26 and was diagnosed with a fracture of the hip. The ADM stated the fall with fracture was reported to CDPH on 3/18/26. The ADM stated they try and get the full story of what diagnosis, and the extent of the injuries are when they send residents out to the hospital. The ADM stated the facility's practice was to report to CDPH after they had documentation of the injury within 48 hours. The ADM stated if there was a suspicion of severe injury from a fall the facility could have been reported prior to receiving documentation from the hospital. The ADM would not answer when asked if documentation was required to make a report to CDPH. The ADM stated he was notified by the DBD on 3/4/26 that Resident 1 had a hip fracture. The ADM stated it was important to report to CDPH within 24 hours so that the fall could be investigated and abuse ruled out. The ADM stated the facility was making an adjustment in reporting to CDPH when any initial indication of serious injury would be reported rather than waiting on official documentation.During a review of Resident 1's INCIDENT REPORT dated 3/18/26, the INCIDENT REPORT indicated, . Incident type Fall w/fx [fall with fracture] Date/Time of Incident: 3/4/26 approx. 0530 [5:30 a.m.] Location of Incident: [facility name] . On 03/04/2026 at approximately 0530, the resident sustained an unwitnessed fall in their shared room while staff were assisting the roommate behind a privacy curtain and was subsequently transferred to the acute hospital, where follow-up confirmed a hip fracture . Nursing staff responded immediately . and noted complaints of left hip and lower back pain with Inability to move due to pain; the resident was kept in position to prevent further injury. The physician was notified and ordered transfer to the hospital . Multiple requests were made to the hospital to receive records of Injury. Documentation was received from [acute hospital name] on 3/18/26.During a review of Resident 1's ED [emergency department] to Hosp [hospital]-admission notes dated 3/4/26, the ED to Hosp-Admission indicated, . Procedure(s): 1) left hip hemiarthroplasty [surgical procedure replacing the femoral head in the hip] Imaging Results: XR [x-ray] Femur [long bone located in the thigh] Result Date: 3/4/2026 IMPRESSION: 1. Acute fracture [broken bone] of the femoral neck [part of the femur located near the top] with impaction [ends of a broken bone are jammed together] and angulation [broken bones are tilted at an angle].During a review of Resident 1's admission Record (AR) dated 3/24/26, the AR indicated, Resident 1 was admitted to the facility on [DATE] with diagnoses of Generalized Muscle Weakness and Altered Mental Status.During a review of the facility's policy and procedure (P&P) titled, Unusual Occurrence Reporting dated 2007, the P&P indicated, . Policy Interpretation and Implementation . Our facility will report the following events to appropriate agencies . Other occurrences that interfere with facility operations and affect the welfare, safety, or health of residents . Unusual occurrences shall be reported via telephone to appropriate agencies as required by current law and/or regulations within twenty- four (24) hours of such incident .