STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056035	A. Building B. Wing	05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shafter Nursing Care	140 East Tulare Avenue Shafter, CA 93263

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 interview and record review, the facility failed to report an unusual occurrence with major injury for one of three sampled residents (Resident 1). This failure had the potential for negative consequences.Findings:During an interview on 5/26/26 at 1:52 p.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated Resident 1 was sent to the hospital (unknown date) for falling out of bed. CNA 1 stated Resident 1 does not move at all and is not sure how she (Resident 1) was able to fall out of bed. CNA 1 stated Resident 1 is dependent (helper does all effort) on staff for all aspects of care including moving.During an interview on 5/26/26 at 3:01 p.m. with Director of Nursing (DON), DON stated on 5/21/26 Resident 1 had an unwitnessed fall from her bed. DON stated the unwitnessed fall was shocking to the facility as she has had no previous falls in the past. DON stated Resident 1 was sent to the acute hospital for treatment due to a large (no measurements given) laceration (a jagged or irregular tear or cut in your skin) on her head (not specific where). DON stated the facility did not report this unusual occurrence to the California Department of Public Health (CDPH) because the facility thought process was only major injuries should be reported.During a review of Resident 1's Minimum Data Set (MDS) Assessment (a standardized assessment to evaluate a resident's functional abilities and healthcare needs), dated 5/29/26, under the section titled, Brief Interview for Mental Status (BIMS - an assessment of cognition [how well a person thinks, remembers, and learns]), the BIMS score was NA (unable to assess).During a review of Resident 1's MDS Assessment, dated 5/28/26, under the section titled, GG, the GG section indicated Resident 1 was completely dependent on staff for all aspects of care.During a review of Resident 1's acute hospital, History and Physical (H&P), dated 5/21/26, the H&P indicated, This is a [AGE] year-old female (Resident 1) who is nonverbal (unable to speak), with developmental delay (a person continually behind in gaining the expected skills compared to others their same age) and lives at a nursing facility. She reported to the emergency department via ambulance as reported by facility staff that (Resident 1) had a fall from her bed . she had an unwitnessed fall and she had sustained a left periorbital (around or surrounding the eye) laceration with bleeding. CT (an advanced type of x-ray) . head shows Small bilateral (both sides) intraventricular (within the ventricles [a network of four connected, fluid-filled cavities located deep inside the brain]) hemorrhage (bleeding) is present and ventriculomegaly (ventricles are larger than normal due to a buildup of fluid). Emergency department physician contacted on-call neurosurgeon (specialized doctor of the brain). Assessment/Plan . Facial laceration . Above ground fall from a low-lying bed with . intracranial (inside the skull) hemorrhage .During a review of Resident 1's acute hospital Discharge Summary (DC), dated 5/27/26, the DC indicated, Discharge Diagnosis . Traumatic (sudden severe physical harm) bilateral intraventricular hemorrhage . Traumatic head trauma . Unwitnessed fall from bed . Left-sided facial bone fractures (break in bone). 5/22/26 . CT Head . Subtle (not obvious) fracture anterior wall (front portion) of the left maxillary sinus (a hollow space in the bones around the nose). Nondisplaced fracture (a break in bone that remains lined up) of the left orbital floor (bottom part of the eye socket).During a review of the facility's policy and procedure (P&P) titled, Unusual Occurrence Reporting, dated 11/1/17, the P&P indicated, Purpose . To (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	ensure that timely reports are made to designated agencies as required by state and federal law . The Facility will follow all applicable state and federal laws and regulations regarding the reporting of unusual occurrences. The Facility has a no-retaliation policy toward anyone who makes good faith reports to the Department of Public Health or for any other reporting required by law. The Facility reports the following events by phone and in writing to the appropriate State or Federal agencies . Other occurrences that interfere with Facility operations and affect the welfare, safety, or health of residents, employees or visitors. Unusual occurrences are reported to the appropriate agency within 24 hours by telephone and then confirmed in writing.