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	07/01/2026

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow its policy and procedure titled, Response to Falls for one of three sampled residents (Resident 1). This failure had the potential for staff not identifying Resident 1's decline in condition and potential for delay in care. Findings: During an observation on [DATE] at 9:48 a.m. in Resident 1's room, Resident 1 was lying in bed with a soft neck brace (soft foam collar to stabilize the neck). Resident 1 was not answering to questions, was unable to be interviewed. During a review of Resident 1's SBAR (situation, background, appearance, review and notify) Communication Form dated [DATE] at 2:16 p.m., the SBAR indicated Resident [1] fell in the dining area. Noted a bump to the right head and right forehead. Recommendations: orders received to monitor for 72 hours and initiate neurological [network made up of brain, spinal cord, and nerves] checks per facility protocol. During a review of Resident 1's Emergency Department Reports (EDR), dated [DATE], EDR indicated, This [Resident 1] is a [AGE] year old female history of hypertension [high blood pressure], dementia [memory loss] who presents with fall and head trauma [injury to scalp, skull or brain] today. She [Resident 1] fell three times last month and lives at the facility. They [facility staff] sent her [Resident 1] in because she hit her head today. During a review of Resident 1's Neurological Flow Sheet [NFS-assessment for level of consciousness, motor strength, and sensory function], dated [DATE], the NFS indicated the neurological assessment started at 4:15 p.m. (two hours after the fall incident) and ended 6:15 p.m. (two hours). Resident 1's NFS was not completed for 72 hours. During a review of Resident 1's Care Plan Report (CPR) dated [DATE], the CPR indicated, High risk for repeated falls due to history of falls, poor safety awareness, impulsive behavior. Interventions: Neuro checks [neurological assessment] per protocol. During a review of Resident 1's Nurses Note dated [DATE] at 1:41 p.m., the Nurses Notes indicated, Resident [1] returned from hospital. During a review of Resident 1's SBAR dated [DATE] at 9:22 p.m., the SBAR indicated, Resident [1] had unwitnessed fall hitting head. Small amount of bleeding was noted on right side/back of head. Recommendations: send to hospital. During a review of Resident 1's NFS dated [DATE] the NFS indicated only one assessment completed at 8:40 p.m. Resident 1's NFS was not completed for 72 hours. During a review of Resident 1's EDR dated [DATE], EDR indicated. Post [after] unwitnessed fall, likely chronic C2 fracture [broken bone in the neck], degenerative [condition or disease that gets progressively worse over time] changes C1-C2 [neck bone] , retrolisthesis [spinal condition where one of the bones in your backbone slips backward over the bone directly beneath it] mild C2 and C3 [neck bone].During a review of Resident 1's Nurses Notes dated [DATE] at 12:12 p.m. (approximately 16 hours after the fall incident), Resident [1] arrived to facility from hospital at approximately 12:07 p.m. Resident [1] returned to facility wearing the appropriate cervical collar [neck brace] as ordered.During a concurrent interview and record review on [DATE] at 10:20 a.m. with Director of Nursing (DON), DON reviewed the NFS dated [DATE] and [DATE]. DON stated the NFS were not completed. DON stated the neurological assessments were not completed for 72 hours.During a review of the facility's policy and procedure (P&P) titled, Response to Falls, dated [DATE], the P&P indicated, Post Fall Assessment and Monitoring: B. The Licensed Nurse will also complete the Neurological Flow Sheet for any un-witnessed fall or witnessed fall with known head injury for 72 hours following the fall.

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