

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056207	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2026
NAME OF PROVIDER OR SUPPLIER Pacific Gardens Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 577 S. Peach Ave. Fresno, CA 93727	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on interview and record review, the facility failed to meet professional standards of quality and the standard of practice according to the facility's policy and procedure (P&P) titled, Charting and Documentation for five of five sampled residents (Resident 1, 2, 3, 4, and 5), when: Licensed Vocational Nurse (LVN) 1 did not document the wound (any physical injury that disrupts the anatomical structure and functional integrity of skin, mucous membranes, or other body tissues) care for Resident 1 on 12/27/25 during the day shift. LVN 2 did not document the wound care for Resident 2 on 12/4/25 during the night shift. LVN 2 did not document the wound care for Resident 3, 4, and 5 on 1/21/26 during the night shift. This failure had the potential to result in infection and delayed wound healing for Resident 1, 2, 3, 4, and 5. Findings: During a record review of Resident 1's admission Record (AR), dated 4/1/26, the AR indicated Resident 1 had a history of Metabolic Encephalopathy (a brain dysfunction caused by systemic illness, organ failure, or toxicities, rather than structural damage), Chronic Obstructive Pulmonary Disease (COPD-a chronic, progressive and typically irreversible inflammatory lung disease that causes obstructed airflow making it difficult to breathe), Chronic Venous Hypertension (a condition of sustained high blood pressure within the leg veins that allow blood to pool rather than flow back to the heart) with Ulcer (wound) and Inflammation (the body's natural immune response to injury, infection, or irritation designed to protect tissues and initiate healing characterized by redness, heat, swelling, pain, and loss of function) of the Left Lower Extremity (left leg), Prediabetes (blood sugar levels higher than normal but not high enough for a diagnosis representing a critical and reversible stage), Dependence on Respirator (a medical condition where a patient cannot sustain independent breathing and relies on a machine for life support), and Dependence on Supplemental Oxygen (a medical condition where a patient requires a device to deliver higher than atmospheric concentrations of oxygen to maintain adequate blood oxygen levels). During a record review of Resident 1's Order, dated 12/6/25, the Order indicated, Cleanse venous stasis [a medical condition characterized by the slow or sluggish flow of blood in the veins, usually in the lower extremities, causing blood to pool] to right lower leg with normal saline [a sterile mixture of 0.9 percent [%] sodium chloride in water], pat and dry, cover with abdominal pads [a type of gauze], wrap with kerlix [a type of dressing] and ace wrap [a type of dressing] every day shift. Start date: 12/6/25. During a record review Resident 1's Order, dated 12/22/25, the Order indicated, Cleanse the skin tear to right arm with normal saline, pat [and (&)] dry, apply [brand name antibiotic (abx)-a class of medications specifically designed to treat or prevent infections caused by bacteria] apply abdominal pad and cover it with kerlix and ace wrap every day shift. Start date: 12/22/25. During a record review Resident 1's Order, dated 12/22/25, the Order indicated, Cleanse the skin tear to left arm with normal saline, pat & dry, apply [brand name] abx apply abdominal pad and cover it with kerlix and ace wrap every day shift. Start date: 12/22/25. During a concurrent interview and record review on 4/1/26 at 10:41 a.m. with the Assistant Director of Nursing (ADON), Resident 1's Treatment Administration Record (TAR), dated 12/1/25 to 12/31/25 was reviewed. The TAR indicated on 12/27/25, for the day shift administration time, there were no licensed staff initials in the box for Resident 1's venous stasis to right lower leg wound, skin tear to the right arm wound and skin tear to the left arm wound to demonstrate the wound care was provided as ordered. The ADON stated LVN 1 (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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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>was assigned to Resident 1 during the day shift and should have checked and initialed the box on 12/27/25 to indicate that the wound care was provided for the day shift as ordered and it was not. The ADON stated, If it wasn't documented, it wasn't done. During a review of Resident 2's AR, dated 4/1/26, the AR indicated Resident 2 had a history of Diabetes Mellitus Type 2 (a chronic metabolic disorder characterized by high blood sugar due to insulin resistance), and Cervical Disc Disorder at C5-C6 with Radiculopathy (a condition where a damaged, herniated, or degenerated intervertebral disc at the C5-C6 level causes compression or inflammation of the nerve root, leading to pain, numbness, or weakness radiating from the neck into the shoulder, arm, or hand) and Malignant Neoplasm of Skin (an abnormal growth of cells on the skin). During a concurrent interview and record review on 4/1/26 at 12:49 p.m. with the Director of Nursing (DON), Resident 2's TAR, dated 12/1/25 to 12/31/25 was reviewed. The TAR indicated, Cleanse with [normal saline (NS)], pat dry and apply dressing to right hand every shift for rash to right hand. Order date: 11/19/25. [discontinued (D/C)] date: 12/8/25. The TAR indicated on 12/4/25, for the night shift administration time, there was no licensed staff initials in the box to demonstrate the wound care was provided as ordered. The DON stated LVN 2 was assigned to Resident 2 during the night shift and LVN 2 should have checked and initialed the box on 12/4/25 to indicate that the wound care was provided and it was not. The DON stated, If LVN 2 did not document that the wound care was provided, LVN 2 did not provide the wound care. During a review of Resident 3's AR, dated 4/1/26, the AR indicated Resident 3 had a history of Hypertensive Heart (a chronic condition caused by high blood pressure which forces the left ventricle to work harder, causing it to thicken and stiffen which may progress to heart failure), Dementia (a decline in mental ability severe enough to interfere with daily life, characterized by the loss of cognitive functions such as thinking, remembering, reasoning, and behavioral changes), Diabetes Mellitus Type 2, Malignant Neoplasm of Prostate (a cancerous tumor that forms in the tissues of the prostate gland), and Presence of Cardiac Pacemaker (a small, battery-operated medical device implanted under the skin usually near the collarbone to treat abnormal heart rhythms by delivering low-energy electrical pulses). During a concurrent interview and record review on 4/1/26 at 12:49 p.m. with the DON, Resident 3's TAR, dated 1/1/26 to 1/31/26 was reviewed. The TAR indicated, Skin Tear with flap site: Left dorsal hand [back of hand]: Cleanse with NS, apply steri-strips [a sterile, breathable adhesive strips used as a non-invasive alternative to stitches or staples for closing small, shallow cuts and surgical incisions] and cover with dry dressing. Change dressing every day, leave steri-strips in place [for seven (x 7)] days. Order date: 1/17/26. The TAR indicated on 1/21/26, for the night shift administration time, there was no licensed staff initials in the box to demonstrate the wound care was provided as ordered. The DON stated LVN 2 was assigned to Resident 3 during the night shift and LVN 2 should have checked and initialed the box on 1/21/26 to indicate that the wound care was provided for the night shift and it was not. The DON stated, If LVN 2 did not document that the wound care was provided, LVN 2 did not provide the wound care. During a review of Resident 4's AR, dated 4/1/26, the AR indicated Resident 4 had a history of Paraplegia (a medical condition characterized by partial or complete paralysis of the lower half of the body), Diabetes Mellitus Type 2, Hypertensive Chronic Kidney Disease (a medical condition where long-term, uncontrolled high blood pressure damages the small blood vessels, in the kidneys, leading to progressive kidney impairment), Severe Morbid Obesity (a chronic health condition defined by a body mass index [BMI] of 40 or higher with obesity-related complications) and Malignant Neoplasm of Large Intestine (a cancerous tumor that develops in the tissues of the colon or rectum). During a concurrent interview and record review on 4/1/26 at 12:49 p.m. with the DON, Resident 4's TAR, dated 1/1/26 to 1/31/26 was reviewed. The TAR indicated, Rash peri-anal [the area of skin and tissue immediately surrounding the anus, located between the buttocks]: apply [brand name] powder [an antifungal medication designed for external use to treat skin infections] to rash on peri-anal every shift and as needed after incontinence [involuntary, accidental leakage of urine or feces due to loss of bladder or bowel control] episodes until healed. Order date: 11/19/26. The TAR indicated on 1/21/26, for the night shift administration (continued on next page)</p>		

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