STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056216	A. Building B. Wing	06/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guardian Care and Rehabilitation Center	410 Eastwood Ave Manteca, CA 95336

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to use safe and appropriate transfer methods according to resident care needs for one of three sampled residents (Resident 3) when Resident 3 was transferred from a shower chair (a waterproof chair on wheels used to transport residents to and from the shower room) into his bed without the use of a mechanical lift (a device used to safely transfer Resident 3 from one surface to another). This failure could have been the cause of Resident 3 ' s right proximal tibia (upper part of the shin bone where it widened to help form the knee joint) fracture and right lower leg skin breakdown, which could have negatively affected his health and well-being. Findings: During a review of Resident 3 ' s admission RECORD, the document indicated Resident 3 ' s diagnoses included muscle weakness and disorders of bone density and bone structure (conditions that led to weakened bones and increased fracture risk). A review of Resident 3 ' s Minimum Data Set, (MDS- a federally mandated resident assessment and screening tool which identifies care needs) dated 3/14/25, indicated, .Section C- Cognitive Patterns .Brief Interview for Mental Status (BIMS) [tool used to screen for cognitive impairment] BIMS Summary Score .13 . A score of 13 suggested cognition was intact. A review of Resident 3 ' s MDS, dated [DATE], indicated, .Section GG-Functional Abilities and Goals . GG0115. Functional Limitation in Range of Motion .Lower extremity [hip, knee, ankle, foot] . was coded 2, which indicated, .Impairment on both sides . .GG0130 .Chair/bed-to -chair transfer . was coded 88, which indicated .Not attempted due to medical condition or safety concerns . During an interview on 6/6/25, at 2 PM, in Resident 3 ' s room, with Resident 3 and Resident 4 (the roommate and spouse of Resident 3), Resident 4 stated she observed Resident 3 being taken to the shower in a shower chair. Resident 4 further stated the Certified Nurse Assistants (CNA) got Resident 3 up thinking he could walk but he was not able to walk. Resident 4 stated Resident 3 should have been on a gurney (waterproof bed on wheels used to transport Resident 3 to and from the shower) instead of a shower chair. Resident 3 stated when he was transferred back into the bed he heard a crack sound. Resident 4 stated she did not hear the crack sound, but she heard Resident 3 say ouch. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 6/6/25, at 2:22 PM, with the Licensed Nurse (LN) 2, LN 2 stated she documented discoloration and pain to Resident 3 ' s leg on the night shift of 3/24/25. LN 2 stated Resident 3 complained of pain and that was not normal for him. During an interview on 6/6/25, at 3:13 PM, with LN 4, LN 4 stated Resident 3 refused showers and had not wanted a shower in a long time. LN 4 further stated on 3/23/25, one supervisor and two CNAs transferred Resident 3 from his bed into the shower chair and four staff members transferred him back to bed. LN 4 stated Resident 3 complained of general pain after the shower. During an interview on 6/6/25, at 3:47 PM, with the Assistant Director of Nurses (ADON), the ADON stated that she was one of four staff members who assisted Resident 3 with his shower on 3/23/25. The ADON further stated Resident 3 was usually transferred with a mechanical lift, but staff reported that Resident 3 would not take a shower if they used the lift. The ADON stated Resident 3 was transferred from the shower chair to bed with three staff members while she held the chair. The ADON stated Resident 3 ' s feet did not touch the ground during the transfer. The ADON stated it was not a safe way to transfer Resident 3. During an interview on 6/6/25, at 4:02 PM, with CNA 5, CNA 5 stated Resident 3 was transferred from the shower chair to the bed with four staff members because he frequently refused the use of the mechanical lift. CNA 5 stated she held Resident 3 ' s legs and the other two CNAs held his arms and body during the transfer. CNA 5 stated there was a little bit of redness to his legs afterwards and later in the shift he requested pain medicine. During a telephone interview on 6/10/25, at 1:02 PM, with Family Member (FM) 1, FM 1 stated Resident 4 had called her after the shower transfer and stated Resident 3 had heard a crack in his body and started to experience pain. FM 1 further stated she insisted that an x-ray was ordered. FM 1 stated the x-ray result indicated a fracture. A review of Resident 3 ' s Care Plan Report, revised 6/14/24, indicated, .Focus .Resident requires dependent assistance in ADL ' s [Activities of Daily Living, activities related to personal care needs] .Transfer with [mechanical] Lift for safety . A review of Resident 3 ' s document titled, DAILY SKIN INSPECTION/SHOWER CHECK, dated 3/23/25, by CNA 5 and CNA 6, indicated .Resident Showered .SKIN CHECK .Intact? Yes .Discoloration? No . A review of Resident 3 ' s clinical document titled, .Progress Notes ., dated 3/24/25, at 3 AM, indicated, . During rounds CNA reported skin integrity change to right shin .Discoloration with closed blisters to right shin Resident unable to specify what happened exactly .Pain is 4/10 on scale [pain scale assessment tool, 0 through 10, 0 indicated no pain and 10 indicated severe pain] . A review of Resident 3 ' s Progress Notes, dated 3/24/25, at 8:11 PM, indicated, .Type: Nurses Note .Monitor for discoloration and closed blister to right shin .As per resident [Resident 3] and his [FM 1] request for x-ray for right shin where discoloration located Order noted and carried out . A review of Resident 3 ' s clinical document titled, Radiology Interpretation, dated 3/24/25, indicated, .RIGHT TIBIA/FIBULA [lower leg bones] X-RAY .FINDINGS .A fracture of the proximal tibia is visualized . (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident 3 ' s clinical document titled, .CHANGE OF CONDITION ., dated 3/26/25, at 11:27 AM, indicated, .Assessment .Significant Change Assessment .Noted with redness, swelling, multiple fluid filled blisters to rt. [right] ant. [anterior, front] lower leg & dx [diagnosis] cellulitis [bacterial infection of the skin and tissues beneath the skin] . A review of Resident 3 ' s clinic document titled [Name] Medical Group Visit Note-April 1, 2025, indicated, . Impression/Plan XXX[AGE] year-old male paraplegic [loss of voluntary movement and sensation in the lower half of the body] . minimally displaced right proximal tib-fib [tibia-fibula] fracture at the metaphysis [wider flared portion of the bone] .injury date: 03/23/2025 . During a telephone interview on 6/10/25, at 3:18 PM, with the Director of Staff Development (DSD), the DSD stated if Resident 3 required more than two staff members to transfer, the staff should have evaluated for the use of a mechanical lift to maintain staff and resident safety. The DSD further stated it was not safe to transfer Resident 3 from a shower chair to bed with three staff members. The DSD stated even if Resident 3 declined the use the mechanical lift, the staff should not have transferred Resident 3 in an unsafe manner. During a telephone interview on 6/11/25, at 10:31 AM, with the Physical Therapist (PT) 1, PT 1 stated he assisted the DSD and trained the staff on safe transfer techniques. PT 1 further stated Resident 3 required a mechanical lift for transfers due to bilateral plantar flexion contractures (both ankles and toes are stuck in a downwards, or tiptoe position) which prevented him from standing. PT 1 stated if Resident 3 declined the use of a mechanical lift during a transfer, the staff should have left him in bed because he could not be moved safely. PT 1 further stated the CNAs were responsible for Resident 3 ' s safety and they could not have guaranteed his safety when they did not use a lift. PT 1 stated a safer alternative for Resident 3 would have been the use of a shower gurney which would have allowed staff to slide him from the bed onto the gurney instead of attempting to lift him. PT 1 stated a mechanical lift should have been used when more than two staff members were needed to perform a transfer. PT 1 stated the lift was always the safest option. During a telephone interview on 6/13/25, at 10:48 AM, with the Physician, the Physician stated Resident 3 ' s proximal tibia fracture could have occurred at any time due to his diagnosis of severe osteopenia (reduced bone density, causes weakened bones and increased risk of fracture) and she could not determine the cause of the fracture. The physician further stated due to his plantar flexion Resident 3 should have been transferred with a mechanical lift. A review of an undated facility policy titled, ' Safe Lifting and Movement of Residents, indicated, .In order to protect the safety and well-being of staff and residents, and to promote quality care, this facility uses appropriate techniques and devices to lift and move residents .Resident safety, dignity, comfort and medical condition will be incorporated into goals and decisions regarding the safe lifting and moving of residents . Manual lifting of residents shall be eliminated when feasible .