

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2026
NAME OF PROVIDER OR SUPPLIER Guardian Care and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, interview, and record review, the facility failed to provide adequate assistance with activities of daily living (ADLs-normal daily functions required to meet basic needs such as bathing, toileting, eating, dressing, and including nail care) for one of three sampled residents (Resident 1) when, Resident 1's fingernails were untrimmed with a brown substance found underneath the nails on 6/23/26. This failure had the potential to cause discomfort, skin impairment, infection, and could negatively affect Resident 1's self-esteem and psychosocial well-being. Findings: During a review of Resident 1's admission RECORD, dated 6/23/26, the record indicated Resident 1 was admitted to the facility with diagnoses including dementia (loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life) with agitation. During a review of Resident 1's Minimum Data Set (MDS-an assessment tool), dated 5/5/26, the MDS revealed a BIMS (Brief Interview for Mental Status) score of 7 out of 15 indicating Resident 1 had severe cognitive (how the brain takes in, understands and uses information) impairment. During a review of Resident 1's Order Summary Report, active orders as of 6/23/26, the report indicated, .Monitor cognitive status (orientation, memory, judgment, and behavior changes) and assess for safety risks related to confusion and impaired thinking. During a review of Resident 1's Care Plan Report (a form where you can summarize a person's health condition, specific care needs, and current treatments), dated 1/29/26, the ADL care plan indicated, .Activity of Daily Living Self-care deficit r/t [related to] Dementia. Will be assisted by staff in performing ADLs which cannot be met by resident. The skin care plan indicated, .FRAGILE SKIN: Risk for Impaired Skin Integrity. Discoloration, Skin Tear, Skin irritation. Keep fingernails short. During an interview on 6/23/26, at 1:54 p.m. with Certified Nurse Assistant (CNA) 1, at the East Nurses' station, CNA 1 stated residents' fingernails were trimmed and cleaned during shower days and on Sundays. During an interview on 6/23/26, at 2:14 p.m. with Licensed Nurse (LN) 1, at the East Nurses' station, LN 1 stated one of her responsibilities was to check residents for adequate grooming and hygiene and to follow up when ADLs were not done including checking for trimmed and cleaned fingernails. During a concurrent observation and interview on 6/23/26, at 2:37 p.m. with the Infection Preventionist (IP) and Resident 1, in Resident 1's room, Resident 1 had untrimmed fingernails on both hands with a brown substance underneath the nails. Resident 1 stated I have long and dirty nails. The IP confirmed the appearance of Resident 1's fingernails and responded to Resident 1's statement and stated to have someone take care of her nails. During a concurrent interview and record review on 6/23/26, at 3:35 p.m. with the Director of Staff Development (DSD-a licensed nurse who coordinates education, training and state regulatory compliance for nursing staff in long-term care facilities), the facility's training record titled, Lesson Plan, dated 5/13/26, the record indicated, .Importance of good proper nail care in daily living. How providing good nail care plays an important role in resident dignity. The DSD stated nail care should be provided to prevent infections from spreading to different parts of the body with unclean and untrimmed fingernails. The DSD also stated untrimmed and unclean fingernails could become a dignity issue affecting residents' well-being. During a concurrent interview and record review on 6/23/26, at 4:15 pm with the IP, Resident 1's care plan was reviewed. The IP stated the nail care was not addressed in the ADL care plan, but it was addressed in the skin care plan. The IP stated keeping (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
--	-------	-----------

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2026
NAME OF PROVIDER OR SUPPLIER Guardian Care and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident 1's fingernails short would promote skin integrity since Resident 1 had fragile skin and long fingernails could potentially cause skin tears or cuts.During an interview on 6/23/26, at 4:39 p.m. with the Director of Nursing (DON) and Administrator (ADM), the DON stated she expected that nail care should have been done every Saturdays or as scheduled. The DON stated she expected nails were trimmed and cleaned especially for those residents with fragile skin or residents on anticoagulant (prevent blood clots from forming in the bloodstream) medications because it could increase the risk for bleeding and/or infection, skin bruising and skin tears, and could be a danger to other residents if Resident 1 would accidentally scratch another resident. The ADM stated the facility would implement a process to ensure residents' nail care would be provided regularly.During a review of the facility's undated Policy and Procedure (P&P) titled, Nail Care, the P&P indicated, .To assist the resident to maintain clean and trimmed nails.To prevent infection and possible damage to the skin resulting from long jagged nails.All residents who are unable to do so for themselves will receive proper care of fingernails.on an ongoing basis.Providing nail care to those residents who are unable to take care of their own nails.During a review of the facility's undated P&P titled, Dignity, the P&P indicated, .Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem.		