

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056266	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2026
NAME OF PROVIDER OR SUPPLIER Keystone Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3672 North First Street Fresno, CA 93726	
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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to accept one of four resident's (Resident 1) back after hospitalization when Resident 1 required the services provided by the skilled nursing facility (SNF) and was sent to the hospital for an urgent transfer due to a critically low hemoglobin (protein in red blood cells that carries oxygen from the lungs to the rest of the body) level of 4.5 (normal hemoglobin levels for men range from 13.5-17.5). After being stabilized at the hospital, Resident 1 was denied readmission to the SNF. This failure resulted in Resident 1 not being readmitted to the skilled nursing facility.</p> <p>Findings: During a review of Resident 1's admission Record (AR- a document that provides resident contact details, a brief medical history, level of functioning, preferences, and wishes), dated 2/4/26, the AR indicated, Resident 1 was admitted to the facility on [DATE] from an acute care hospital. Resident 1 had the following diagnoses upon admission: muscle wasting and atrophy (the loss of muscle tissue and mass), muscle weakness (a lack of muscle strength that prevents a person from performing typical muscle contractions), type 2 diabetes (a chronic condition where the body cannot regulate the amount of sugar in the blood), bipolar disorder (a mental health condition causing extreme shifts in mood, energy, and activity levels), non pressure chronic ulcer of lower leg (an open, long-lasting sore that develops between the knee and the ankle and is not caused by direct, prolonged pressure), chronic kidney disease (a progressive condition where kidney damage prevents them from filtering waste from the blood effectively), schizophrenia (a serious brain disorder causing distorted perceptions of reality), nephrotic syndrome (a kidney disorder where damaged kidney filters leak excessive protein into the urine, resulting in low blood protein and severe swelling), dependance on renal dialysis (when a person's life relies on machines to filter waste and fluid from their blood because their kidneys have failed), anemia (a condition where a person's blood doesn't have enough healthy red blood cells or hemoglobin to carry oxygen from your lungs to the rest of your body), hypertensive heart disease (heart disorders caused by chronic, untreated, or poorly managed high blood pressure), and acute kidney failure (sudden loss of kidney function, causing a rapid buildup of waste products in the blood). During an interview on 2/4/26 at 2:59 p.m. with Certified Nursing Assistant (CNA 1), CNA 1 stated Resident 1 was in the SNF to get help with medical care he needed. CNA 1 stated he had wounds to his legs, and he needed nursing care to help them heal. CNA 1 stated Resident 1 was transferred to the hospital for an issue with his blood. CNA 1 stated she was not sure if he was going to return to the SNF as they already assigned new residents to his room. During an interview on 2/4/26 at 3:12 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated Resident 1 was admitted to the SNF on 1/20/26 with wounds to his right and left legs that he needed wound treatments for. LVN 1 stated Resident 1 had his legs wrapped with bandages that were dated 1/16/26. LVN 1 stated Resident 1 needed to have regular wound treatments to prevent the wounds from getting worse and to promote healing. LVN 1 stated Resident 1 was sent to</p> <p>(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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 056266
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<p>F 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>with the Admissions Director (AD), the AD stated Resident 1 was originally admitted from a hospital outside of the area. The AD stated Resident 1 looked like an appropriate resident for the SNF before they admitted him and they were well suited to meet his care needs. The AD stated she and the Director of Nursing (DON), and the Administrator (ADM) met to discuss if he was a good fit for transfer to the facility and they agreed he was. The AD stated Resident 1 was transferred to the hospital from the SNF on 2/1/26 due to an issue with his blood levels and when the hospital was ready to release him back to the SNF on 2/2/26, the SNF refused to accept him because of his aggressive behaviors. The AD stated the hospital had wanted Resident 1 to return to the SNF but after the SNF refused him they dropped communication. The AD stated the SNF staff should have followed up with the hospital to ensure Resident 1 had found proper placement. During a concurrent interview and record review on 12/5/26 at 10:50 a.m. with the AD, the facilities, Policy and procedures (P&P) titled, admission Criteria, dated 3/19, Transfer or Discharge, Facility Initiated dated 10/22 and Bed Holds, dated 10/22, were reviewed. The admission Criteria P&P indicated, Our facility admits only residents whose medical and nursing care needs can be met . 1. The objectives of our admission criteria policy are to . b. admit residents who can be cared for adequately by the facility . e. assure that the facility receives appropriate medical and financial records prior to or upon the resident's admission . The Bed-Holds and Returns P&P indicated, . 5. The requirement that residents be permitted to return to the facility following hospitalization or therapeutic leave applies to all residents regardless of payer source . 6. Residents who seek to return to the facility within the bed hold period defined in the state plan are allowed to return to their previous room, if available . The Transfer or Discharge, Facility Initiated P&P indicated . If discharge is initiated by the facility after an emergency transfer to the hospital, the reason for discharge is based on the resident's status at the time the resident seeks return to the facility . The AD stated the facility admitted Resident 1 because they were confident they could take care of him and manage all his medical needs. Resident 1's insurance was also willing to cover his stay so the facility thought he would be a good fit. The AD stated the records from the hospital did not have any red flags so the SNF accepted Resident 1. The AD stated when Resident 1 was sent out to the hospital on 2/1/26 he had a bed on hold for him for seven days, and it was his right to return to the SNF per the bed hold policy, but the facility did not want him back because of his behaviors even though he was only sent out for a medical issue, not a behavioral one. The AD stated the facility needed to accept him back to address his medical needs. The AD stated the policies follow the regulations and the SNF was responsible for ensuring he received medical care and returned back to his bed. During a concurrent interview and record review on 12/5/26 at 11:10 a.m. with the ADM and DON the facility's P&P's titled, admission Criteria, dated 3/19, Transfer or Discharge, Facility Initiated dated 10/22 and Bed-Holds and Returns, dated 10/22, were reviewed. The admission Criteria P&P indicated, Our facility admits only residents who's medical and nursing care needs can be met . 1. The objectives of our admission criteria policy are to . b. admit residents who can be cared for adequately by the facility . e. assure that the facility receives appropriate medical and financial records prior to or upon the resident's admission . The Transfer or Discharge , Facility Initiated P&P indicated . If discharge is initiated by the facility after an emergency transfer to the hospital, the reason for discharge is based on the resident's status at the time the resident seeks return to the facility . The Bed-Holds and Returns P&P indicated . 5. The requirement that residents be permitted to return to the facility following hospitalization or therapeutic leave applies to all residents regardless of payer source . 6. Residents who seek to return to the facility within the bed hold period defined in the state plan are allowed to return to their previous room, if</p> <p>(continued on next page)</p>		

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