STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056281	A. Building B. Wing	03/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Countryside Care Center	925 North Cornelia Fresno, CA 93706

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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain a functioning communication system (call light system-an alerting device used by residents to request assistance from nursing staff) for 11 out of 59 resident beds (11A, 11B, 11C, 8A, 8B, 14A, 14B, 17B, 17D, 15A, 15B) when the patient call light system was not activated when the call light was pressed and one resident was missing a call light button. This failure resulted in the affected facility residents being unable to call for help or receive immediate assistance from staff, which placed residents' health and safety at risk.During a concurrent observation and interview on 3/2/26 at 9:57 a.m. with Resident 1, in the resident's room, Resident 1 stated his call light had been working intermittently since his admission on [DATE]. Resident 1 stated his call light stopped working again on 3/1/26 and was still not functioning. Resident 1 pushed on his call light button and there was no light above the door, sound or light at the bed station panel (a wall mounted communication component of the call system that the call light cord plugs into). Resident 1 stated the light on the panel above where the call light cord inserts will usually turn on if the call light was working. The panel had a splitter adapter plugged into the jack and there were two call light cords plugged into the adapter. Resident 1 stated in the past he had gotten out of bed by himself to his wheelchair and went to the door to yell for help. Resident 1 stated he was not steady when transferring and required help to do it safely. Resident 1 stated there was one day a few weeks prior that he had a bowel movement and had to wait for approximately an hour to be cleaned up because his call light was not working. Resident 1 stated the Director of Maintenance (DOM) had come into his room about 3 weeks prior to fix the call light but was unable to fix it. Resident 1 stated the DOM would say he ordered the wrong part or parts were not coming in to fix it. Resident 1 reported when the light first stopped working, he was really upset but now he had gotten used to it. Resident 1 stated he was frustrated that the light continues to not work correctly. During Resident 1's interview, the DOM walked into the room holding a call light cord and stated he received a work order to replace the cord, the DOM received a phone call and stepped out without replacing Resident 1's cord and Resident 1 shook his head and said, he didn't fix it [the call light]. During a review of Resident 1's admission Record (AR), undated, the AR indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including mastoiditis (infection of the mastoid bone located just behind the ear), Bell's Palsy (sudden weakness of muscles in one side of the face), muscle weakness, and repeated falls. During a review of Residents 1's Minimum Data Set (MDS- a resident assessment tool used to identify resident cognitive and physical function) assessment dated [DATE], indicated Resident 1's Brief Interview of Mental status assessment (BIMS - assessment of cognitive status for memory and judgement) scored 13 of 15 (a score of 13-15 indicates cognitively intact, 08-12 indicates moderately impaired, and 00-07 indicates severe impairment). The BIMS assessment indicated Resident 1 was cognitively intact. During an interview on 3/2/26 at 10:29 a.m. with the DOM, the DOM stated there were five call lights not working in the facility. The DOM stated staff completed work order requests on Sunday 3/1/26 regarding the call lights in rooms 8, 11 and 14. The DOM had the paperwork in his hands and stated he had not been told previously that Resident 1's call light was not working intermittently for the past six weeks. The DOM stated, First I have heard of (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

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	these not working. The DOM stated he walked into Resident 1's room to replace the call light cord because there was a loose contact in the panel, he was going to tighten it and put a new cord in. The DOM stated he was not sure if he had received a previous work order for Resident 1's room.During a concurrent observation and interview on 3/2/26 at 10:35 a.m., in Residents 2 and 3's room. Resident 2 was alert with some confusion and stated I do not have a call light, somebody stole it. Resident 2's bed area was observed and there was no call light near the resident or her bed area. Resident 3's bed area was observed and there was a small silver bell on her overbed table. Resident 3 did not have a call light within her bed area. Resident 3 had partial deformity noted to her hands, making it difficult to use the silver bell.During a review of Resident 2's AR, undated, the AR indicated Resident 2 was admitted to the facility on [DATE] with diagnoses including anxiety (feelings of fear, dread, and uneasiness) and dementia (a progressive state of decline in mental abilities).During a review of Residents 2's Minimum Data Set (MDS- a resident assessment tool used to identify resident cognitive and physical function) assessment dated [DATE], indicated Resident 2's Brief Interview of Mental status assessment (BIMS - assessment of cognitive status for memory and judgement) scored 13 of 15 (a score of 13-15 indicates cognitively intact, 08-12 indicates moderately impaired, and 00-07 indicates severe impairment). The BIMS assessment indicated Resident 1 was cognitively intact.During a concurrent observation and interview on 3/2/26 at 10:42 a.m. with the DOM, room [ROOM NUMBER] beds A and B's call lights were checked. The DOM pressed the button for each bed, and the call light did not turn on. The DOM checked the panel and stated the plug was loose and slightly pulled out of the panel. The DOM pushed the plug back into the panel and the call lights started to work. room [ROOM NUMBER]'s call lights were checked and the resident in 11 A did not have a call light. The DOM looked under the bed and behind the bedside table and stated, I don't know where it is. room [ROOM NUMBER] B was observed and there was no call light, but the resident had a silver bell on her overbed table. The DOM stated the silver bell was there because the call light was not working. The DOM went to 11C and pushed the call light, and there was no light or sound from the call light. The DOM stated he received a work order to check room [ROOM NUMBER]'s call lights that morning.The following call lights were checked and not working:8 A-did not work8 B- did not work-The DOM stated I have a new cord and will be ordering a dual panel for the room.11 A- no call light11 B- no call light11 C- did not work14 A- did not work14 B- did not work17 B- did not work17 D-did not work15 A- did not work15 B- did not workThe DOM stated it was very important for the call lights to work properly because the residents needed a way to call the staff for help if they need attention.During an interview on 3/2/26 at 1:40 p.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated she was assigned to rooms [ROOM NUMBERS] but was unaware the call lights were not working. CNA 1 stated the previous shift had not reported there was an issue with the call lights in those rooms. CNA 1 stated the residents needed a way to call for help, if they needed water and to prevent falls. CNA 1 stated the call lights were an important way for residents to communicate their needs to the staff.During an interview on 3/2/26 at 2:05 p.m. with CNA 2, CNA 2 stated she did not know there were issues with multiple call lights in the facility. CNA 2 stated the call light to room [ROOM NUMBER] C would not work at times, and the cord would come slightly out of the panel and would have to be pushed back in to start working again. CNA 2 stated call lights were important to call for help, prevent falls and for resident safety.During an interview on 3/2/26 at 2:26 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated she was not aware the call lights in room [ROOM NUMBER] were not working. LVN 1 stated she was not aware there were other call lights in the facility not working.During a concurrent interview on 3/2/26 at 2:36 p.m. with the Administrator (ADM) and the DOM, the ADM stated he and the DOM checked several call lights and found some of the panels needed the socket tightened on the wall where the call light plugs in. The ADM stated they found there were issues with the call light cords loosening when the beds were hitting them and any small movement caused the lights to not work. The DOM stated he adjusted the panel in room [ROOM NUMBER] because there was not a lot of grip on the end of the call light causing it to slide out and (continued on next page)

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	not work.During a concurrent interview and record review on 3/2/26 at 2:42 p.m. with the ADM, the ADM stated the department heads do Angel Rounds (department heads checking on assigned residents in the morning for issues and reporting them during the stand-up meeting) in the mornings and were supposed to check for call light function during rounds. The ADM stated if the department heads found call light issues they would report them during their stand-up meeting otherwise call light issues were reported to the DOM on a maintenance request form by the staff and placed in a binder at the nurses' station. The ADM stated the DOM would review the forms and address the issues. The facility's Maintenance request forms (MRF), dated 1/13/26, was reviewed, the form indicated, . 14D call light not working. Maintenance response. Date completed: 1/20/26. comments: call light working again. The MRF, dated 2/3/26, indicated, . Rm [room] 14 call light system not working for all beds. The MRF, dated 2/3/26, was reviewed and indicated, . call light system not working. Location/room. 8B. date completed: 2/5/26. call light had bad connection in wall. The MRF, dated 2/3/26, indicated, . need call light for both beds. Location/room. 18. completed: 2/9/26. comments: 2/5/26 split connector ordered will replace when arrives. The MRF, dated 2/4/26, indicated, . Call light don't work for room [ROOM NUMBER]. Maintenance response. Date completed: 2/5/26. Call lights working again for all beds in room [ROOM NUMBER]. The facility's MRF, dated 2/20 (2026), indicated, . 11 a doesn't have a call light. Maintenance response . Date completed: 2/23/26. comments call light put in for A bed. The MRF, dated 02/26/26, indicated, . room [ROOM NUMBER]. call light not working. Maintenance response. Date completed: 3/2/26. call lights checked & are good. The ADM stated he was unaware there were several call lights not functioning properly and had not been notified room [ROOM NUMBER] had four maintenance request forms.During an interview on 3/2/26 at 3:00 p.m. with LVN 2, LVN 2 stated room [ROOM NUMBER]'s call lights had not worked for approximately two months. LVN 2 stated there were portable call light buttons given to the residents and there was a receiver plugged in at the nurses' station which would ring when the buttons were pressed. LVN 2 stated she was aware room [ROOM NUMBER] had issues with the call lights at least twice in the previous month. LVN 2 stated if call lights were not working, it was reported to the DOM via a request form. LVN 2 stated it was important to notify the next shift in report if the call lights were not working and to set up frequent checks for resident safety.During an interview on 3/2/26 at 3:23 p.m. with the Scheduler (SCH), the SCH stated she did Angel Rounds for rooms [ROOM NUMBERS]. The SCH stated room [ROOM NUMBER]'s call lights were not working for approximately 2 months, and the residents had been provided with silver bells which were then replaced with the portable call buttons. The SCH stated she thought she checked the call lights earlier in the day but was unaware the resident in 11 A did not have a call light or bell.During a concurrent interview and record review on 3/2/26 at 4:00 p.m. with the DOM, the MRF, forms were reviewed, the DOM stated there were multiple MRFs for room [ROOM NUMBER] because there were issues with different call lights at different times. The DOM stated he did not remember there had been a previous request form for room [ROOM NUMBER] B in February and stated he brought a new call light to the room this morning because of a request he received this morning.The DOM stated he did not do routine maintenance checks on the call lights in the facility, but they were checked by department heads during Angel Rounds. The DOM stated the department heads would report if there were any issues found with the call lights in the morning stand up meeting.During an interview on 3/2/26 at 4:13 p.m. with the Director of Nursing (DON), The DON stated room [ROOM NUMBER] call lights had not been working since January and the facility gave the residents portable call lights to be used until they could be fixed. The DON stated she was told there were connection issues with the call light system in room [ROOM NUMBER]. The DON stated she was unaware the resident in 11 A did not have a call light. The DON stated it was important for the call lights to work properly so the staff could tend to the residents' needs, especially for activities of daily living (bathing, dressing, toileting, transferring, and eating) assistance. The DON stated it could also be a safety issue if the residents tried to get up for help increasing the risk of falls.During a review of the facility's Angel Rounds form untitled, for rooms (continued on next page)

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	[ROOM NUMBERS], dated 2/23/26-2/26/26, the form indicated, . Day 2 [2/24/26] . call light button broken. Rm [room] 11.During a review of the facility's policy and procedure (P&P) titled Call Lights: Accessibility and Timely Response, dated 9/2/2022, the P&P indicated, . The purpose of this policy is to assure the facility is adequately equipped with a call light. Staff will be educated on the proper use of the resident call system, including how the system works and ensuring resident access to the call light. staff will ensure the call light is within reach of resident and secured. Staff will report problems with a call light or call system to the supervisor and/or maintenance director.During a review of the facility's job description titled Maintenance Director, dated 8/2025, the job description indicated, . Responsible for the building, the equipment and other materials located in and around the physical property. maintain it in good, clean, and safe order. Maintain a safe and secure environment for all staff, residents and guests.