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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555179 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/13/2025 |
| NAME OF PROVIDER OR SUPPLIER North Point Healthcare & Wellness Centre LP | | STREET ADDRESS, CITY, STATE, ZIP CODE 668 E. Bullard Fresno, CA 93710 | |

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) |
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| <p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Keep all essential equipment working safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38961</p> <p>Based on observation, interview, and record review, the facility failed to maintain essential equipment in a safe operating condition when one of three boiler system (a device that heats water) burner tray was full of dust, debris, and water deposits across burners used to heat water for resident's shower rooms and residents room sink faucets.</p> <p>This failure contributed for a non-functioning boiler system and scheduled residents' showers on 1/11/25 were not provided.</p> <p>Findings:</p> <p>During an interview on 1/13/25 at 1:10 PM with Resident 2, Resident 2 stated she did not get a shower on Saturday. The CNA run the water for 20 minutes, but it did not get warm enough for me to take my shower. Resident 2 stated the facility had not told her when she will get a shower.</p> <p>During an interview on 1/13/25 at 1:45 p.m. with Maintenance Director (MD), the MD stated on 1/11/25 Saturday he received a call from the Director of Staff Development (DSD) the facility had no hot water to use for residents' showers. The MD stated he called and directed the Maintenance Assistant (MA) to check the facility water temperature. The MD stated the MA informed him the shower room water temperature was not warm enough to provide residents showers. The MD stated on 11/12/25 Sunday he went to the facility and checked the two-shower room water temperature. The MD stated the water temperature was below 90 degrees Fahrenheit (a temperature scale) and was lukewarm to cold. The MD stated he sent out a group text to all facility departments and the facility Administrator did not reply. The MD stated he called several plumbing companies but would not be available to come to facility until Monday.</p> <p>During an interview on 1/13/25 at 2: 45 p.m., with the DSD, the DSD stated, she was in the facility on 1/11/25 Saturday and facility staff informed her there was no hot water for residents' showers. The DSD stated, she sent a group text to the Administrator (ADM), MD and Maintenance Assistant (MA). The DSD stated the MD responded and informed her the MA was in the facility. The DSD stated she informed all nursing staff to not provide showers because there was no hot water.</p> <p>During an interview on 1/13/25 at 3: 20 p.m., with the ADM, the ADM stated, facility does not have showers scheduled on Sundays. The ADM stated she was made aware of the lack of hot water on the two-shower room on 1/13/25 Monday at around 10 a.m. The ADM stated, she was informed the laundry and kitchen had hot water.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>During an interview on 1/14/25 at 9:40 a.m., with Licensed Vocational Nurse (LVN) 1, LVN 1 stated he was scheduled to work on 1/11/25 Saturday A.M. shift. LVN 1 stated he was informed by staff at around 9 am the shower water was not hot enough to provide showers to residents. LVN 1 stated he immediately informed the DSD. LVN 1 stated residents have the right to have essentials for bathing and showering. LVN 1 stated residents have the right to be able to shower at comfortable water temperature. LVN 1 stated the facility did not meet the residents needs for bathing and showering due to inadequate water temperature.</p> <p>During an interview on 1/14/25 at 10:35 a.m., with the DSD, the DSD stated, she was informed by LVN 1 on Saturday morning regarding the lack of hot water in the shower rooms. The DSD stated she informed ADM, MD, and MS on 1/11/25 at 11:44 am the water was cold. The DSD stated residents have the right to have their showers on their scheduled days and as requested.</p> <p>During an interview on 1/14/25 at 11:00 a.m., with CNA 4, CNA 4 stated she was assigned to work on 1/11/25 Saturday A.M. shift. CNA 4 stated she was not able to shower her residents on Saturday because there was no hot water in the shower rooms. CNA 4 stated the residents have the right to be showered on their scheduled shower days. CNA 4 stated the facility bears the responsibility to meet residents needs to have a shower at the desired water temperature.</p> <p>During an interview on 1/14/25 at 12 p.m., with the ADM, the ADM stated she was notified by a group text on 1/11/25 Saturday the shower rooms did not have hot water. The ADM stated she did not receive a text message on 1/12/25 Sunday indicating the hot water issue had not been resolved. The ADM stated the hot water heater was essential part of the facilities residents to maintain a quality of life and to provide a homelike environment. The ADM stated residents have the right to shower at a comfortable water temperature.</p> <p>During an interview on 1/28/25 at 1:13 p.m. with the MD, the MD stated he does know when the last time the boiler was check by an outside vendor (a company or individual that sells goods or services) for maintenance. The MD stated he does not have an instruction for use for the old boiler. The MD stated he called the boiler company and was told he just needs to flush the boiler system monthly. The MD stated for preventative maintenance he checks the outside of the boiler for dust and flushed the system monthly. The MD stated the burner tray was located inside of the boiler and was full of dust and debris, the vendor told him it was from years of neglect. The MD stated the burner tray helps with the ignition of the boiler. The MD stated he does not have the expertise to check the inside of the boiler. The MD stated the vendor told him the boiler was old and needs to be replace and should be check annually by a professional for preventive maintenance.</p> <p>During a review of a document titled INVOICE from the {Name of Plumbing Company} dated [DATE], the document invoice indicated, .Found left hand water heater off and not lighting. Burner tray is full of dust and debris, showing water deposits across burners, .Replaced ignition module to restore heater to service .</p> <p>During a review of the facility's P&P titled, Water Temperatures, dated 01/12/2012, the P&P indicated, to ensure the health, safety, and comfort of residents, visitors and facility staff .The facility ensures water is maintained at temperatures suitable to meet the resident's needs .Water heaters that service resident rooms, bathrooms. Common area, and tub/shower areas are set to temperatures per state regulations.</p> <p>(continued on next page)</p> | | |

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| <p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>During a review of the facility's P&P titled, Unusual Occurrences Reporting, dated 05/30/2024, the P&P indicated, The facility reports the following events by phone and in writing to the appropriate State or Federal agencies .Interruptions of essential services (heating, air conditioning, food, water, linens sewage, or needed medical supplies) provided by the facility .Unusual occurrences are reported to the appropriate agency within 24 hours by telephone and then confirmed in writing .The facility conducts and documents timely and thorough investigations into all unusual occurrences and takes corrective action as appropriate .</p> |