

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555200	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/23/2026
NAME OF PROVIDER OR SUPPLIER Almond View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1224 E Street Williams, CA 95987	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure food safety and sanitation guidelines were followed in the kitchen when opened food items were not labeled and dated. This failure increased the risk of residents being served unsafe food, placing them at risk for foodborne illness. Findings: During a review of the facility's policy and procedure (P&P) titled, Labeling and Dating of Foods, dated 2023, indicated, that all food items stored in the storeroom, refrigerator, and freezer must be labeled and dated. The policy further indicated that opened food items must be resealed, labeled with the open date, and used within the applicable storage guidelines. During a concurrent observation and interview on 7/20/26 at 10:14 am, with the Dietary Assistant (DA) in the kitchen dry storage area, an open container of oatmeal was observed without an open date. The DA confirmed the container did not have an open date and indicated that a new label had not been applied when the oatmeal was transferred from its original container into the storage container earlier that day. During a concurrent observation and interview on 7/20/26 at 10:16 am, with the DA in the kitchen dry storage area, an open container of dry cereal was observed without an open date. The DA confirmed the cereal container did not have an open date and indicated that the date it had been opened was unknown. The DA then removed the container from the pantry and discarded it in the trash. During an interview on 7/22/26 at 11:16 am, with the facility Registered Dietician (RD), the RD indicated that all food stored in the kitchen was required to be labeled and dated, including open dates and expiration dates, in accordance with the facility policy. The RD indicated that proper labeling and dating helps ensure food is used within recommended storage time frames and confirmed that expired food or improperly dated food can increase the risk of foodborne illness.		

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview, and record review the facility failed to maintain adequate measures of infection control while administering medications. Licensed Nurse (LN) D failed to properly clean or sanitize medical equipment and medication containers for one of two residents sampled (Resident 40) when:1.The blood pressure cuff (medical device placed on the arm to measure blood pressure), was not cleaned nor sanitized prior to nor after it was used on Resident 40.2.The pulse oximeter (medical device clips on finger to measure blood oxygen saturation and heart rate), was not cleaned nor sanitized prior to nor after it was used on Resident 40.3.The Lidocaine Pain Relief Patch (a pain patch) 4% (percent), package was opened prior to administration, taken into Resident 40's room, and set on the resident's bedside table with no barrier. Resident 40 refused the Lidocaine pain patch and LN D returned it to the medication cart and was available for use.4.The container for Dorzolamide Solution 2% (eye drops) was taken into Resident 40's room and set on the resident's bedside table with no barrier. The eye drops were administered and the container returned to the medication cart without being cleaned nor sanitized before replacing it in the cart with the other medication containers.These failures had the potential to result in unknowingly spreading infection and disease to residents during medication administration creating an unclean habitat for uncontrolled bacterial and viral growth resulting in increased infectious processes, undue recurrent health deterioration, mental and emotional distress, and quality of life complications.During a review of the facility's policy titled, Administering Medications, dated Revised April 2019, indicated, Staff follows established facility infection control procedures.for the administration of medications.During a review of the facility's policy titled, Cleaning and Disinfection of Resident-Care Items, Surfaces and Equipment, dated Revised January 2026, indicated, Resident-care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current CDC (Centers for Disease Control, national public health agency) recommendations for disinfection and the OSHA (Occupational Safety and Health Administration, government agency created to provide safety) Bloodborne Pathogens Standards.Single resident-use items are cleaned/disinfected between uses by a single resident.Single-use items are disposed of after a single use.Durable medical equipment (DME) must be cleaned and disinfected before reuse by another resident.During a concurrent observation and interview on 7/22/26 at 07:35 am, with LN D on station two. LN D was preparing to administer medication to Resident 40. This required taking Resident 40's BP and HR as per standard of care guidelines. LN D completed medication administration to Resident 2, returned to the medication cart with the blood pressure cuff and pulse oximeter without cleaning or sanitizing them. LN D then prepared the medications for Resident 40; included was the plastic box container for eye drops, and the Lidocaine Pain Relief Patch within its packaging container. Additionally, LN D went into Resident 40's room with the reusable blood pressure cuff, pulse oximeter, and stethoscope (medical device used to listen to internal body sounds). 1.The BP cuff was not cleaned after use with Resident 2, it was then taken into Resident 40's room and used on Resident 40's left arm. Upon completion it was set on Resident 40's bed. It was removed from the room but not cleaned nor sanitized before going into the next resident's room for use.2.The pulse oximeter was not cleaned after use with Resident 2, it was then taken into Resident 40's room and used on Resident 40's finger. Upon completion it was set on Resident 40's bed. It was removed from the room but not cleaned nor sanitized before going into the next resident's room for use.3.The lidocaine pain patch was cut open for easy access prior to administration and taken into Resident 40's room. The patch was then placed on the resident's bedside table amongst the resident's personal effects with no barrier present. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident 40 refused the application of the patch for the shift, requesting to have the next shift apply the nighttime dose at bedtime. Upon completion of medication administration, LN D removed the patch from the room and returned it to the medication cart, the packaging was not cleaned nor sanitized. LN D stated the lidocaine patch packaging would be resealed and held in the cart for the nighttime shift to apply. 4.The plastic eye drop container was taken into Resident 40's room and placed on the resident's bedside table amongst the resident's personal effects with no barrier present. The eye drops were administered and returned to the plastic container. The plastic container was removed from the room, it was not cleaned nor sanitized and was then returned to the drawer in the medication cart amongst other resident medication containers.LN D cleaned the stethoscope, but not the BP cuff nor the pulse oximeter and prepared to go to the next resident's room. Upon questioning, LN D confirmed that in hindsight the BP cuff and pulse oximeter needed to be cleaned and sanitized prior to being used on the next resident, and the plastic container the eye drops were in needed to be cleaned and sanitized before returning to the medication cart drawer. LN D also confirmed the lidocaine patch package container could not be resealed, nor cleaned and sanitized, nor saved for the next shift, but that it needed to be placed in the bin for destruction.During an interview on 7/22/26 at 11:50 am with DON, in DON's office. DON confirmed that all DME must be cleaned and sanitized before and after using on different residents. Medication containers that are taken into resident's rooms must be cleaned and sanitized prior to returning them into the medication cart. Additionally, open single use packaging for topical medication cannot be cleaned and saved for later applications, but must be destroyed.		

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to revise the comprehensive care plan for one of three residents (Resident 24) reviewed for activities to include Resident 24's expressed preference for one-on-one walking after identifying Resident 24's activity needs were not met. This failure resulted in Resident 24 remaining socially isolated and feeling lonely, placing Resident 24 at risk for diminished psychosocial well-being and quality of life. Findings: During the review of the facilities policy and procedure (P&P) titled, Comprehensive Care Plans, dated 1/2025, the P&P indicated the facility would develop and implement a comprehensive, person-centered care plan for each resident based on the comprehensive assessment to address identified medical, nursing, mental, and psychosocial needs. The policy further indicated care plans would include measurable goals, interventions, and time frames, be reviewed and revised after comprehensive and quarterly assessments, and updated as needed to monitor progress and reflect changes in the residence needs. During a review of Resident 24's admission record indicated that Resident 24 was admitted on [DATE] with diagnoses that included breast cancer, heart disease (conditions that affect the structure and function of the heart or its surrounding blood vessels), abnormal mobility, glaucoma (eye disease that damage the optic nerve), and depression. During a review of Resident 24's Minimum Data Set (MDS-assessment tool) section C, dated 6/6/26, indicated Resident 24 had a Brief Interview for Mental Status score of 13 out of 15, indicating no cognitive impairment. During a review of Resident 24's MDS section GG, dated 7/7/26, indicated Resident 24 was able to walk 150 feet with supervision or touch assistance. During a review of Resident 24's Care Plan Report, dated 7/6/25 and revised on 4/11/26, the care plan indicated that Resident 24 would be invited to activities of interest, provided a calendar of events, and offered activities compatible with the resident's physical and mental abilities, known interest and preferences, and adapted as needed to meet the resident's individual needs. The care plan further indicated Resident 24 would receive one-on-one bedside in-room visits if unable to attend out-of-room activities. The care plan did not identify Resident 24's expressed preference for assisted walking as a preferred individualized activity or include interventions to provide routine walking opportunities. During an interview on 7/23/26 at 10:15 am, in the resident's room, Resident 24 indicated that prior to admission, she had been very active but now spends most of her time alone in her room because she is unable to participate in activities due to her limited vision. Resident 24 indicated she had attempted to participate in activities, including bingo, but was unable to enjoy the activity because her vision impairment prevented her from seeing the bingo card. Resident 24 further indicated that her vision impairment made it difficult to meet other residents, causing her to feel lonely as though she was surrounded by strangers. Resident 24 indicated that her preferred activity was taking walks but required staff assistance because she was unable to see. Resident 24 stated that she hardly ever got to go for walks and was lucky if staff took her walking once a week. As a result, Resident 24 indicated she remained isolated in her room most of the time. During an interview on 7/23/26 at 10:28 am, with the facility Activities Director (AD), the AD indicated that Resident 24 enjoyed walking and acknowledged there was no regularly scheduled walking program or individualized activity care, plan in place for the resident. The AD indicated staff occasionally approached the resident to ask if she would like to walk but confirmed this was not planned or scheduled. During an interview on 7/23/26 at 11:36 am, with the facility Administrator (Admin), the Admin indicated that the facility's expectation was for activities to be person-centered and (continued on next page)		

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	individualized to each resident's preference. The Admin indicated that resident 24's preferences had been incorporated into the care plan upon admission but acknowledged the interdisciplinary team (IDT, a group of facility managers that oversee quality care), had not been informed that Resident 24's preferred activity had changed to walking. The Admin confirmed that Resident 24 primarily participated in in-room activities and acknowledged the care plan could have been revised to include routine walking as a preferred activity. The Admin further indicated the AD should have communicated Resident 24's expressed preference for walking to the IDT so the comprehensive care plan could have been revised accordingly.		

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation, and record review, the facility failed to ensure one of three residents reviewed for activities (Resident 24) received an individual activity program that accommodated the residents vision impairment and supported the resident's interest, independence, and psychosocial well-being when the facility failed to identify and implement meaningful individualized activities that promoted social interaction and engagement consistent with the residents preferences and abilities. This failure resulted in Resident 24 remaining socially isolated and feeling lonely, placing Resident 24 at risk for diminished psychosocial well-being and quality of life. Findings: During the review of the facilities policy and procedure (P&P) titled, Activity Programs, dated 9/2025, the P&P indicated that the activity program was to provide individualized, person-centered activities based on each resident's assessment, interest, preferences, and abilities to support physical, cognitive, emotional, and psychosocial well-being. The policy further indicated residents were to have opportunities to participate in planning activities, and the activities were to be adapted to reflect the resident's individual choices, needs, and preferences. During a review of Resident 24's admission record indicated that Resident 24 was admitted on [DATE] with diagnoses that included breast cancer, heart disease (conditions that affect the structure and function of the heart or its surrounding blood vessels), abnormal mobility, glaucoma (eye disease that damage the optic nerve), and depression. During a review of Resident 24's Minimum Data Set (MDS-assessment tool) section C, dated 6/6/26, indicated Resident 24 had a Brief Interview for Mental Status score of 13 out of 15, indicating no cognitive impairment. During a review of Resident 24's MDS section GG, dated 7/7/26, indicated Resident 24 was able to walk 150 feet with supervision or touch assistance. During an observations conducted on 7/21/26 at 8:54 am, 7/22/26 at 3:04 pm, and on 7/23/26 at 10:10 am, Resident 24 was observed alone in her room lying in bed. During an interview on 7/23/26 at 10:15 am, in the resident's room, Resident 24 indicated that prior to admission, she had been very active but now spends most of her time alone in her room because she is unable to participate in activities due to her limited vision. Resident 24 indicated she had attempted to participate in activities, including bingo, but was unable to enjoy the activity because her vision impairment prevented her from seeing the bingo card. Resident 24 further indicated that her vision impairment made it difficult to meet other residents, causing her to feel lonely as though she was surrounded by strangers. Resident 24 indicated that her preferred activity was taking walks but required staff assistance because she was unable to see. Resident 24 stated that she hardly ever got to go for walks and was lucky if staff took her walking once a week. As a result, Resident 24 indicated she remained isolated in her room most of the time. During a review of the Activity Director (AD) job description, dated 2023, the job description indicated that the AD was responsible for developing, implementing, and evaluating an individualized activity program based on each resident's comprehensive assessment, interest, abilities, and preferences. Responsibilities included contributing to the comprehensive care plan, planning individual and group activities, ensuring individualized activities were provided for residents unable or unwilling to participate in group activities, evaluating residents' responses to activities, and revising activity approaches as needed to meet each resident assessed needs. During a concurrent interview and record review on 7/23/26 at 10:28 am, with the facility AD, the facility's July Activity Log for Resident 24 was reviewed. The activities log indicated Resident 24 had been offered a walk on 11 occasions during July and contained daily documentation indicating Resident 24 had participated in physical activity or exercise. When asked about the documentation, the AD indicated the notation A (continued on next page)		

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	indicated the activity was active and had been documented because the resident was capable of performing the activity independently in her room. The AD acknowledged Resident 24 was unable to walk independently in the hallway due to her vision impairment. The AD further indicated Resident 24 enjoyed walking but confirmed there was no regularly scheduled walking program or individualized activity plan in place. The AD indicated staff occasionally asked Resident 24 if she wanted to go for a walk but confirmed the walks were not planned or routinely scheduled. The AD also indicated that audio books were available but had not been offered to Resident 24. The AD indicated Resident 24 did not like attending activities in the dining room because her vision impairment prevented her from seeing or interacting with other residents and acknowledged Resident 24 would benefit from more personalized activities that took her vision impairment and individual preference into account. During an interview on 7/23/26 at 11:36 am, with the facility Administrator (Admin), the Admin indicated that the facility's expectation was for activities to be person-centered and individualized to each resident's preference. The Admin indicated that resident 24's preferences had been incorporated into the care plan upon admission but acknowledged the interdisciplinary team (IDT, a group of facility managers that oversee quality care), had not been informed that the residents preferred activity had changed to walking. The Admin confirmed that Resident 24 primarily participated in in-room activities and acknowledged the care plan could have been revised to include routine walking as a preferred activity. The Admin further indicated the AD should have communicated the resident's expressed preference for walking to the IDT so the comprehensive care plan could have been revised accordingly.		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review the facility failed to label and store medications in accordance with professional standards for two of four medication carts when:1. Latanoprost Solution 0.005% (percent) (eye drops) container was found in Cart B on the locked dementia unit that was labeled with an expiration date that had already passed.2.An Insulin Lispro Kwikpen - 100 units (multi-dose insulin syringe) that required refrigeration prior to opening was found unopened and unrefrigerated in the medication cart on station one.These failures had the potential to result in residents receiving medications that are inactive and unable to provide effective results for the health conditions the residents are receiving the medications for, placing residents at risk for physical deterioration, emotional distress, and overall diminished quality of life.During a review of the facility's policy titled, Storage of Medications, dated Revised June 2026, indicated, Discontinued, outdated, or deteriorated drugs or biologicals are placed on designated appropriate bins for destruction.Medications requiring refrigeration are stored in a refrigerator.1.During a concurrent observation and interview on 7/22/26 at 10:38 am, with Licensed Nurse (LN) A and LN B, medication cart B on the locked dementia unit was examined. A plastic container containing Latanoprost Solution 0.005 % was observed with a past expiration date of 7/2/26, and still available for use. LN A and LN B confirmed the eye drops were expired, and the current eye drops were on Cart A. The expired eye drops should have been removed and placed in the bin for destruction.During an interview on 7/22/26 at 11:50 am, with Director of Nursing (DON), in DONs office, DON confirmed expired medications should have been removed from the medicine cart and placed in the destruction bin.2.During a concurrent observation and interview on 7/22/26 at 12:25 pm, with LN C, on station one, the medication cart on station one was examined. An unopened package of Insulin Lispro Kwikpen - 100 units was observed labeled with instructions to refrigerate until opened. LN C confirmed that the insulin pen was not opened and was not refrigerated.During a concurrent observation and interview on 7/22/26 at 12:35 pm, with DON on station one, the medication cart on station one was examined. An unopened package of Insulin Lispro Kwikpen - 100 units was found labeled with instructions to refrigerate until opened. DON confirmed that the insulin pen was not opened and was not refrigerated per instructions and per pharmacological guidelines.		