

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555209	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025
NAME OF PROVIDER OR SUPPLIER Adventist Health Sonora - D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 179 South Fairview Lane Sonora, CA 95370	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide radiology services (a branch of medicine that uses imaging technology to diagnose and treat disease) for one resident (Resident 1) in a sample of five residents when the Medical Doctor (MD) ordered an x-ray (a photographic or digital image of the internal composition of a part of the body) three days after a known injury and the x-ray was not done until five days after the injury.</p> <p>These failures put Resident 1 at risk for increased pain and delayed the identification of a left finger fracture (a partial or complete break in a bone) that could lead to loss of normal finger use.</p> <p>Findings:</p> <p>During a concurrent interview and record review with the Practice Administrator (PA) of Resident 1's electronic medical record on 5/20/25, at 12:49 p.m., the PA stated Resident 1 sustained an injury to his left hand and fourth finger on 11/8/25, orders for ice and splint (device used to support and protect a body part, often one with a fracture or injury) were obtained, but no x-ray order was received until 11/11/24. The PA confirmed Resident 1 did not have an x-ray of the injured hand and fingers until 11/13/25 which was five days after the injury occurred.</p> <p>During an interview on 5/20/25 at 1:35 p.m. with the Interim Director of Nursing (IDON), the IDON stated, Resident 1 was taken to the hospital on [DATE] as an outpatient (medical services, treatments, and diagnostic tests that are provided to patients who do not require hospitalization) via facility transport, the hospital's radiology department did not accept the x-ray order as it was not written by the MD, and Resident 1 was brought back to the facility. The IDON further stated, on 11/13/24 at 6:15 p.m. she was made aware Resident 1 had not gotten the x-ray of the injured finger and hand, contacted the MD, and obtained a new order to send Resident 1 to the ED (emergency department) via ambulance for the x-ray. The IDON confirmed, her expectations were not met when Resident 1 had to wait five days for an x-ray of his left hand and fingers as Resident 1 was experiencing pain and swelling. The IDON explained, she did not know why obtaining the x-ray took so long, it should have been done earlier, and the situation did not meet her expectations for care.</p> <p>During an interview on 5/20/25 at 4:40 p.m. with the Administrative Director (ADMIN), the ADMIN stated Resident 1 not having an x-ray done for five days after an injury when a fracture was suspected, did not meet her expectations.</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
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