

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: 555240	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/20/2024
NAME OF PROVIDER OR SUPPLIER Turlock Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1111 E Tuolumne Road Turlock, CA 95380	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27137 Based on observation, interview, and record review, the facility failed to ensure 1 of 3 sampled residents (Resident 2) had bed rails installed as determined by the facility's Bed Rails - Safety Assessment (BRSA) . (The United States Food and Drug Administration's website page, titled, Adult Portable Bed Rail Safety, dated 2/27/23, indicated, Adult portable bed rails are used by many people to help create a supportive and assistive sleeping environment in homes, assisted living facilities and residential care facilities. This type of equipment has many commonly used names, including side rails, bed side rails, half rails, safety rails, bed handles, bed canes, assist bars, grab bars, and adult portable bed rails. [These devices are] intended to assist individuals who are disabled, injured, or recovering from surgery or hospitalized with transfer in and out of bed or repositioning, intended to reduce risk of falling or fracture or mitigate the risk of falling due to the effects of balance disorders or other medical conditions.) This failure resulted in the potential for injury, including a fall, in the event Resident 2 attempted to get in or out of bed without the bed rails. Findings: During an observation on 12/20/24, at 12:40 p.m., of Resident 2's bed, no side rails or grab bars were noted attached to his bed. Resident 2 was not present. During a review of Resident 2's Admission Record (AR) , dated 12/20/24, the AR indicated he was admitted to the facility on [DATE] with diagnoses that included Muscle Weakness. During a review of Resident 2's Bed Rails - Safety Assessment (BRSA) , dated 12/14/24, the BRSA indicated, Type of Bed Rail to be Used: Grab/Transfer Assist Bars or rails (i.e. 1/4 Rails, 1/8 Rails)[.] Benefits / Indication(s) for use. Facilitate enhanced bed mobility[.] Provide stability during transfers[.] Assist to enter and exit bed independently[.] Prevent falling for slipping onto floor.[.] Resident / Responsible Party request for sense of security (fear of falling from bed)[.] During a review of Resident 2's Order Summary Report (OSR), dated 12/20/24, the OSR indicated a listing of his current Physician's Orders. The OSR did not contain an order for side rails. (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 2's Care Plan (CP), dated 12/13/24, the CP indicated a Focus as Self-Care Deficit As Evidenced by Needs assistance with ADLs Related to. weakness, impaired mobility. The Care Plan did not contain interventions for Bed Rails. During a review of Resident 2's Verification of Informed Consent ([NAME]) , dated 12/13/24, the [NAME] indicated, 1/2 Bed Rails were to be used Every Shift for Mobility / Transfer. The [NAME] was signed by Resident 2. During a concurrent record review, observation, and interview with the Minimum Data Set Registered Nurse (MDS RN), on 12/20/24, at 2:03 p.m., Resident 2's bed was observed. The MDS RN verified no bed rails were in place on Resident 2's bed. The MDS RN stated if the facility's BRSA indicated that bed rails, side rails, or grab bars are to be used, then there should be a corresponding physician's order to that effect, and this should also be included in Resident 2's Care Plan. The MDS RN verified Resident 2's physician's orders did not contain an order for bed rails. The MDS RN stated grab bars were a smaller version of bed and/or side rails. The MDS RN stated Resident 2's bed should have had 1/2 side rails installed on his bed. During a review of the facility's Policy and Procedure (P&P) titled Side-Rails, Use and Safety Of , undated, the P&P indicated, It is the policy of this facility to utilize bed side-rails in a safe manner, which prevents injury, when any type of frail is required to assist with bed mobility or used per resident's request for an increased sense of security. PURPOSE[:] To meet resident's safety needs. To use side rails safely. PROCEDURE[:] Side-rail safety assessment will be done by a licensed nurse and/or the IDT on admission. and when changes to existing bed rail use is deemed indicated. (Side-rail types include: two full rails, one full rail, and one or two partial rails such as 1/4, 3/4, or 1/2 rails). The need for use of a side-rail will be added to the care plan.		