

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555352	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2026
NAME OF PROVIDER OR SUPPLIER Grace Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2939 S. Peach Avenue Fresno, CA 93725	
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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on interview and record review, the facility failed to provide the services of a Registered Nurse (RN) for at least eight consecutive hours a day, seven days a week for an average daily occupancy of 60 residents according to the facility's policy and procedure (P&P) titled, Staffing, Sufficient and Competent Nursing. This failure had the potential to impact the quality of care and outcomes of residents who require advanced care activities such as assessments, developing and evaluating care plans, consulting with physicians, and administering intravenous fluids or medications. During a concurrent interview and record review on 7/24/26 at 12:58 p.m. with the Director of Nursing (DON), the Staffing Schedule (SS) dated 7/2026 was reviewed. The SS indicated there were no RN's scheduled during the AM shift on 7/1/26, 7/7/26, 7/8/26 and there were no RN scheduled during the PM shifts on Wednesdays, Thursdays, Fridays and Saturdays for the month of July. The DON stated the AM and PM shifts were 12 hour shifts. The DON stated RNs were required to do rounds (structured, regular checks by the RN to evaluate resident safety, manage care plans, and prevent medical issues) each shift. The DON stated RNs had more advanced scope of practice than Licensed Vocational Nurses (LVNs). The DON stated RNs were required to work eight consecutive hours a day, seven days a week for 60 beds or more. The DON stated the facility had a 64 bed capacity and was recently licensed to expand the bed capacity to 101 beds. During a review of the facility's Daily Census (DC), dated 7/24/26, the DC indicated the total number of residents was 62. During a review of the facility's License, dated 6/17/26, the License indicated, License: 040000154. Effective: 6/17/26. Expires: 11/30/26. Licensed Capacity: 101. During an interview on 7/24/26 at 1:34 p.m. with the Administrator (ADM), the ADM stated the RN clinical skills had a higher scope of practice than the LVN and the facility did not have enough RNs to cover at least eight consecutive hours a day, seven days a week. The ADM stated the facility was licensed for a total of 101 beds last month and required more LVNs and RNs to provide sufficient staffing. The ADM stated the facility had posted LVN and RN positions and the facility was opened to staffing RNs from registry agencies (an organization or database that matches temporary healthcare workers with the healthcare provider). During a review of the facility's P&P titled, Staffing, Sufficient and Competent Nursing, dated 3/2026, the P&P indicated, Policy Statement: The facility provides sufficient nursing staff with the appropriate skills and competency necessary to provide nursing and related services for all residents in accordance with resident care plans and the facility assessment. Policy Interpretation and Implementation: Sufficient Staff. 1. A registered nurse provides services at least eight (8) consecutive hours every 24 hours, seven (7) days a week. RNs may be scheduled more than eight (8) hours depending on the acuity of the residents and based on the facility assessment. During a review of the facility's document titled, RN Charge Nurse job description (RNJD), undated, the RNJD indicated, Job Summary: The charge nurse is to ensure that effective, efficient and comprehensive resident care is (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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	provided as prescribed by the physician and as required by this facilities policies to no more than 64 residents and to evaluate the duty performance of the CNA's (Certified Nursing Assistant) under their charge. The charge nurse reports to and is directly responsible to the DON (Director of Nursing) .		

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F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. Based on interview and record review, the facility failed to designate an individual as the Infection Preventionist (IP) who is responsible for the facility's Infection Prevention Control Program (IPCP - a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment) for 62 residents and staff when the IP resigned in 6/2026. This failure had the potential for the development and transmission of communicable diseases and infections resulting in an unsafe, unsanitary, and uncomfortable environment for residents and staff. Findings: During a review of the facility's Daily Census (DC), dated 7/24/26, the DC indicated the total number of residents were 62. During an interview on 7/24/26 at 11:36 a.m. with the Director of Staff Development (DSD), the DSD stated she was the IP until 6/2026 after the previous DSD resigned in 4/2026. The DSD stated the IP position has been vacant since 6/2026, and no one has filled the position. The DSD stated the IP's duties and responsibilities were to ensure the facility's IPCP was implemented. The DSD stated the primary goal of the IPCP was to prevent the spread of infection. The DSD stated the IP was required to monitor the antibiotic stewardship program (a coordinated health system designed to measure, optimize, and improve how antimicrobial drugs are prescribed and used), provide in-services (training and education) on infection control such as hand hygiene and proper use of PPE (personal protective equipment such as gloves, gowns, and eye shields). The DSD stated the IP was required to monitor signs and symptoms of infected individuals and keep track of vaccinations administered to residents and staff. The DSD stated the only infection control activity she was currently working on was reporting to the NHSN (National Healthcare Safety Network) on tracking Covid, Flu and RSV (Respiratory Syncytial Virus - a very common germ that infects the nose, throat, and lungs with cold-like symptoms). The DSD stated no one was providing oversight of the IPCP. During an interview on 7/24/26 at 12:58 p.m. with the Director of Nursing (DON), the DON state there is no IP to provide oversight of the IPCP at the facility. The DON stated an IP was needed full time to check on residents with G-tube (gastrostomy tube - a flexible tube inserted directly into the stomach through the abdomen to deliver food, liquid, and medication) for infection, observe infection control practice, in charge of the antibiotic stewardship program, and keep a line list of staff and residents' vaccination. The DON stated the purpose of having a full time IP was to prevent the spread of infection. During an interview on 7/24/26 at 1:34 p.m. with the Administrator (ADM), The ADM stated there was not an IP since 6/2026 at the facility. The ADM stated the IP position was currently vacant and an interview for a full time IP was conducted on 7/15/26. The ADM stated an offer was given and he was still waiting for a response. The ADM stated the facility required a full time IP to implement the facility's IPCP. The ADM stated the IP was responsible to ensure staff followed infection protocol, enforce PPE, monitor and track the antibiotic stewardship program, and manage and monitor infection to prevent spread of infection. During a review of the facility's policy and procedure (P&P) titled, Policies and Practices - Infection Control, dated 10/2018, the P&P indicated, Policy Statement: This Facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary comfortable environment and to help prevent and manage transmission of diseases and infections. Policy Interpretation and Implementation: .2. The objective of our infection control policies and practices are to: a. prevent, detect, investigate, and control infections in the facility.c. establish guidelines for implementing isolation precautions, including standard and transmission-based (continued on next page)		

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F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	precautions; d. establish guidelines for the availability of supplies and equipment necessary for standard and transmission-based precautions; e. maintain records of incidents and corrective actions related to infections; and f. provide guidelines for safe cleaning and reprocessing of reusable resident-care equipment. During a review of the Infection Control Nurse job description (ICNJD), undated, the ICNJD indicated, Position Description: The Infection Control Nurse will be a licensed nurse with clinical experience and a reasonable working knowledge of the principles of epidemiology and infectious disease. Position Responsibilities: . Clinical: Responsible for assessment and management of nursing care issues as related to residents in the area of infection control including but not limited to: 1. Performs resident assessments for appropriateness of resident's care with regard to infection control and adherence to isolation policies and procedures. 2. Performs clinical rounds for surveillance to verify status of resident, treatment, and necessary follow-up care needs and staff development. 3. Surveillance rounds to examine the environment factors that may impact on infection control issues. 4. Reviews culture reports and follow-up procedures. 5. Performs surveillance rounds to ensure that nursing personnel are performing in accordance with infection control procedures an standards. 6. Investigates outbreaks of infection and assesses presences/absence of cross-contamination, and related data. 7. Evaluates data for indicators of cause of infection. 8. Interacts with nursing and laboratory personnel to coordinate and facilitate services.		