STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555355	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vintage Faire Nursing & Rehabilitation Center	3620-B Dale Rd Modesto, CA 95356

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure professional standards of practice were met for two of five sampled residents (Resident 4 and Resident 5) when Resident 4 and Resident 5's Registered Dieticians (RD) nutritional assessments were not completed and the RD did not complete in-person nutritional assessments on the residents at the facility.This failure had the potential to negatively impact Resident 4 and Resident 5's overall physical and nutritional health.Findings: a. A review of Resident 4's admission RECORD indicated that Resident 4 was admitted to the facility with diagnoses which included diabetes type II (a chronic condition that affects the way the body processes blood sugar), chronic kidney disease (kidneys that filter waste and save nutrients the body needs are damaged and cannot filter the blood properly), severe malnutrition (when the body does not get the right balance of nutrients, calories, or vitamins it needs to function properly) and colon cancer (a disease where cells in the large intestine [colon] grow out of control and form tumors). A review of Resident 4's care plan (a formal process which identifies existing needs and recognizes potential needs or risk for residents) dated 5/12/26 indicated that Resident 4 had a nutritional problem with an intervention for the RD to evaluate. A review of Resident 4's care plan dated 5/12/26 indicated that Resident 4 had potential for pressure ulcer (a localized injury to the skin and/or underlying tissue usually over a bony prominence, because of pressure, or pressure in combination with friction) development with an intervention to monitor Resident 4's nutritional status. A review of Resident 4's Mini Nutritional Status Assessment (MNA- a screening tool used in older adults by healthcare staff to easily identify if they are malnourished or at risk for malnourishment) dated 5/13/26 indicated that Resident 4 was malnourished with an intervention box checked to consult a dietitian per order. A review of the RDN [Registered Dietitian Nutritionist] Nutritional Assessment/Evaluation dated 5/13/26, was blank and not completed. The section labeled as the nutritional plan of care was also blank and not completed. b. A review of Resident 5's admission RECORD indicated that Resident 5 was admitted to the facility with diagnoses which included, encounter for surgical aftercare following surgery on the digestive system (organs that work together to break down and absorb food for nutrients), diabetes type II, colostomy status (a medical term indicating that a person has a surgically created opening in their stomach that connects their colon [large intestine]), pressure ulcer stage 2 (a partial thickness loss of skin layers, either dermis or epidermis, that presents clinically as an abrasion, blister, or shallow crater), post hemorrhagic anemia (a sudden drop in healthy red blood cells caused by severe blood loss), and diverticulitis of the large intestine with perforation and abscess (a serious digestive problem where small, balloon-like pouches in the large intestine [colon] become infected and burst open). A review of Resident 5's care plan dated 5/13/26 indicated that Resident 5 had a potential for malnutrition. A review of Resident 5's care plan dated 5/8/26 indicated Resident 5 had a nutritional problem due to recent colostomy surgery (procedure that creates an opening called a stoma in the abdominal wall). A review of Resident 5's MNA dated 5/13/26 indicated that she was at risk for malnutrition with a box marked to consult a dietitian if Resident 5 MNA results came back as at risk for malnutrition. A review of the RDN Nutritional Assessment/Evaluation dated 5/13/26 was blank and not completed. The section labeled as the nutritional plan of care was (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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	also blank and not completed. During a concurrent interview and record review on 5/27/26 at 1:07 PM with the Certified Dietary Manager (CDM), Resident 4's Mini Nutritional assessment dated [DATE] was reviewed. The CDM confirmed he completed the assessment for Resident 4, and it came back with a score of 5 points which indicated malnourished (MNA scoring is based on a score of 0-14, 12-14 points indicated normal nutritional status; 8-11 points indicated at risk of malnutrition; and 0-7 points indicated malnourished). The CDM further stated he completed all the face-to-face MNAs on the residents including Resident 4 and Resident 5 when he did his portion of the nutritional assessment on each newly admitted resident. The CDM explained he entered his results into the residents' medical records. The CDM stated he did not consult the RD regarding the results of the MNA evaluations. The CDM further stated that the RD usually reviewed the MNA and Part 1 of the nutritional assessment that included the residents' food preferences and food allergies, when she would complete her portion Part 2 of the admission nutrition assessment. During an interview on 5/27/26 at 12:07 PM with the RD, the RD confirmed that she was contracted through Nutrition That Works, to provide registered dietitian services to the facility. The RD stated her duties included weekly weight meetings, admission assessments, reviewing records and completing documentation. The RD stated she did not complete the nutritional assessments at bedside or observe them in person. The RD stated she did not have time and was only contracted for 24 hours per week. The RD further stated she compiled her information from record review and that the CDM saw the residents face to face. The RD confirmed the CDM was not a clinical position and could not assess the residents nutritional status or make nutritional determinations via observation. During an interview and concurrent record review on 5/27/26 at 1:51 PM with the Director of Nursing (DON), the DON reviewed Resident 4 and Resident 5's RDN Nutritional Assessment/Evaluation dated 5/13/26. The DON confirmed the assessments were not completed. The DON confirmed the CDM did not have a clinical license and could not visually assess the residents' nutritional status. The DON stated she was not aware the RD did not do face-to-face nutritional assessments on the residents and added it was her expectation the assessments were done in person. The DON added it was important for the RD to physically see the residents and gathered the objective data with observation and then compared it to the medical records. The DON stated an important part of an assessment was to gather information that included observation which used all the senses like sight and touch. The DON stated the RD needed to observe the residents to gather information and make informed decisions about the residents nutritional well-being and needs. The DON stated the risk of not being observed in person by the RD was that something could be missed. The DON added because the residents' appearance told them a lot about their nutritional status. The DON further added the risk to the residents was that the residents could become malnourished or acquired failure to thrive which would put them at risk for rehospitalization and not properly heal which was a barrier to their care plan and treatment goals. During an interview on 6/2/26 at 8:13 AM, the Administrator stated he expected the CDM to communicate findings of the assessments with the RD. The ADM further stated that he had been trying to hire an RD for more hours to be on-site at the facility. The ADM explained he expected the RD to complete all of the required tasks in the dietary consulting services contract. The ADM added that the risk to the residents for not having RD observations of the residents was a risk in quality of care and a lack of optimal nutritional care. A review of a facility policy and procedure tilted Nutrition Risk Screening (MNA), revised 4/2025, indicated, .4. Staff will communicate the results of the nutrition screening process with the Registered Dietician (RD) .Staff will notify the RD or designee and provided information for individuals with: Malnutrition as indicated by the screening tool (MNA scores 7 or less) Risk for malnutrition or (as indicted by MNA screening score of 8-11) .5. The facility RD, nutrition support staff and/or nurse manager will initiate appropriate interventions .The RD or designee will complete a comprehensive nutrition assessment and determine appropriate nutrition interventions . A review of the facility provided document, INDEPEDENT SERVICES AGREEMENT, dated 7/1/2025, indicated, .A. Scope of Services.DIETARY CONSULTING SERVICES.1. Assess (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	nutritional needs of residents and complete nutritional assessments.2. Review resident's health care plan.3. Counsel with residents and their families on special diets and nutritional assessments. A review of the facility provided advertisement job posting published on the internet site Indeed for a Registered Dietitian opening, dated August 2025, indicated, .Duties.Conduct comprehensive patient assessments to evaluate nutritional needs. A review of the on-line document by the Post-Acute and Long-Term Care Nutrition (PALTC) Scope of Practice Standards for Registered Dietitian Nutritionists (RDN), published February 2025, indicated that each RDN in Post-Acute and Long-Term Care Nutrition, .7.2 Conductions nutrition assessment.identify and collect pertinent nutrition assessment data.through interview, observations, review of medical records.7.3.4 Documents nutrition diagnosis(es).clear/concise written statement(s).as part of a comprehensive nutrition assessment and the resident's individualized care plan. https://www.cdrnet.org/vault/2459/web//20250213%20PALTC%20Scope%20and%20Standards%20Article%2

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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 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on interview and record review, the facility failed to ensure a Registered Dietitian (RD -licensed healthcare expert who handles patient nutrition) was on site enough time to carry out the responsibilities of kitchen and dietary oversight for a census of 94 residents who eat from the kitchen when the RD did not conduct any kitchen or sanitation audits (evaluation of food service operation to ensure compliance with food safety laws and hygiene standards), in-service trainings (education about food safety to employees) and observation of meal preparations or tray line (food assembly location used in healthcare facilities) services. This failure placed the residents at risk of compromised food safety, insufficient nutritional care and risk for foodborne illness (any sickness caused by eating harmful bacteria, viruses or toxic chemicals).Findings: A review of the facility provided document INDEPEDENT SERVICES AGREEMENT, dated 7/1/2025 with the service provider, Nutrition That Works, LLC, indicated the following expectations: .A. Scope of Services.DIETARY CONSULTING SERVICES.1. Assess nutritional needs of residents and complete nutritional assessments.2. Review resident's health care plan.3. Counsel with residents and their families on special diets and nutritional assessments.5. Provide guidance and training to the Food Service Director and dietary staff.6. Planning and conducting in-service education programs related to dietary rules, policies, and procedures.12. Inspect all area of the dietary department, including sanitation, equipment functioning and food service operations.Service Provider shall be available at various mealtimes to observe dining operations. During a concurrent interview and record review on 5/27/26 at 1:07 PM, with the Certified Dietary Manager (CDM), the printed reports titled, DIETARY SERVICES - KITCHEN SANITATION/FOOD STORAGE, dated 3/16/26, 4/17/26, and 5/14/26, were reviewed. The CDM confirmed that he completed the kitchen sanitation and food storage monthly audit reports. The CDM confirmed that the RD was responsible for the kitchen sanitation and food storage audits and reports. The CDM stated his process was to complete the monthly audit of the kitchen and sanitation and forward a copy to the infection preventionist, then file the original report in his office. The CDM further stated the RD did not review or sign off on the monthly kitchen and sanitation audit reports. The CDM stated that the RD was on site at the facility approximately once per week for a meeting. The CDM further stated that the RD did not provide education or in-service training for the kitchen staff. The CDM further added that the RD did not observe tray line. The CDM stated it was important for the RD to complete the kitchen and sanitation audit monthly because they were another set of eyes to visualize potential problems with sanitation and food storage. The CDM added it was important for the RD to have oversight of the kitchen since the RD was a clinician and trained to make sure that everything done in the kitchen was done to dietary standards. During an interview on 5/27/26 at 12:07 PM with the RD, the RD confirmed that she was contracted through Nutrition That Works, to provide registered dietician services to the facility. The RD stated her duties included weekly weight meetings, admission assessments, record reviews and completed documentation. The RD explained that she did not go into the kitchen or provide oversight of dining operations, complete in-service training, or kitchen sanitation audits and reports. The RD further explained that she was only contracted for 24 hours per week and that amount of time was not enough to complete the required tasks. The RD added that she only had time to review charts, make recommendations based on record reviews, and could not physically observe and assess each new resident that was admitted due to time restraints. During an interview 5/27/26 at 1:51 PM with the Director of Nursing (DON), the DON stated the RD usually came to the facility once per week on Thursdays for the weekly weight meetings. The DON stated she was aware that the CDM was completing the kitchen and sanitation monthly audit reports and did not know why the RD was not completing them. The DON added it was her expectation that the RD also physically observed each new resident. The DON added it was important to gather the objective data with observation and then compared if needed to medical (continued on next page)

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F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	records. The DON stated an important part of assessment was to gather information that included using all the senses like sight and touch. The DON stated the RD needed to see the residents to gather information and make informed decisions about the residents' nutritional well-being and needs. During an interview on 6/2/26 at 8:13 AM, the Administrator stated he was unaware that the RD did not have oversight of the kitchen as required by their contract. The ADM further stated that he had been trying to hire an RD for more hours to be on-site at the facility. The ADM added that the risk to the residents for not having RD oversight in the kitchen was risk in quality of care and optimal nutritional care. A review of the facility provided advertisement job posting published on the internet site Indeed for a Registered Dietitian opening, dated August 2025, indicated, .Duties.Conduct comprehensive patient assessments to evaluate nutritional needs.Supervise dietary department staff, ensuring compliance with established protocols and high standards of care.