

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555426	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2026
NAME OF PROVIDER OR SUPPLIER Fresno Postacute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1233 A Street Fresno, CA 93706	

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 ensure professional standards were met when:1) A Licensed Vocational Nurse (LVN 1) failed to accurately complete admission data for one of three sampled residents (Resident 1) when several errors were made when completing Resident 1's new admission assessment.This failure resulted in inaccurate information regarding the fall risks of Resident 1, which had the potential for inaccurate care planning to prevent falls.2) A Licensed Vocational Nurse (LVN 2) failed to wear gloves when applying a cream to the vaginal area of one of three sampled residents (Resident 2).This failure had resulted in loss of dignity and risk of contamination of infectious micro-organisms for Resident 2.1.During a review of Resident 1's admission Record (AR), dated 2/17/26, the AR indicated Resident 1 was a [AGE] year-old female admitted to the facility on [DATE]. The AR indicated Resident 1 had medical diagnoses that included muscle weakness, problems with the muscles and skeletal system, high blood pressure, and Parkinson's Disease (a movement disorder causing tremors, muscle rigidity, slowness of movement and balance issues).During a review of Resident 1's Medication Review Report dated 2/17/26, the MRR indicated she had a physician's order dated 1/9/26 for the medication ropinirole 0.25 milligrams, give 1 tablet by mouth two times a day for stiffness, tremors, muscle spasms, and poor muscle control related to Parkinsonism [Parkinson's Disease].The MRR also indicated Resident 1 had a physician's order dated 1/9/26 for the medication metoprolol tartrate 25 milligrams, give 1 tablet by mouth two times a day related to (Primary) Hypertension [high blood pressure] .During a concurrent interview and record review on 2/24/26, at 3:15 p.m., with Registered Nurse (RN) 1, of Resident 1's Nursing admission Assessment (NAA), dated 1/9/26, was reviewed. The NAA indicated the Resident 1 was assessed to have the following: Fall Risk data [Ambulates, or walks] without any problems and with devices. Balance and gait problem while standing/walking. RN 1 stated these two statements contradict each other and the assessment data entry of [Ambulates, or walks] without any problems and with devices was an error. The NAA also indicated Resident 1 does not take an antihypertensive medication (used to lower blood pressure).RN 1 stated this was an error, as Resident 1 does have a medical diagnosis of hypertension, and is prescribed an antihypertensive medication, beginning on 1/9/26.The NAA also indicated Resident 1 does not have Parkinson's Disease. RN 1 stated this was an error, has Resident 1 does have a medical diagnosis of Parkinson's Disease, and is prescribed a medication for this condition, beginning on 1/9/26.RN 1 stated these three (3) errors contributed to inaccurate assessment data, used to develop the fall risk care plan for Resident 1.During a review of the facility's Policy and Procedure (P&P), titled Falls and Fall Risk Managing, dated 11/17, the P&P indicated, Policy - To identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling. The staff, with the input of the Attending Physician, will identify appropriate interventions to reduce the risk of falls.2. During a review of Resident 2's admission Record (AR), dated 2/17/26, the AR indicated she was admitted to the facility on</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 555426	If continuation sheet Page 1 of 2

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>[DATE].During a review of Resident 2's Medication Review Report (MRR), dated 2/17/26, the MRR indicated she had a physician's order dated 1/15/26 for a medicated cream to be applied to her peri-area (the sensitive region of skin and muscle located between the thighs, specifically extending from the anus to the genitals), for MASD (Moisture-Associated Skin Damage, an umbrella term for inflammation and erosion of the skin caused by prolonged or chronic exposure to various sources of moisture). During a review of Resident 2's Progress Notes (PN), dated 1/19/26, at 6:54 a.m., the PN indicated Resident on alert charting for redness to peri area. treatment done to peri-area. The PN was written by Licensed Vocational Nurse (LVN) 2.During an interview on 2/12/26, at 12:15 p.m., with local Police Officer (LPO), LPO stated he interviewed LVN 2 and stated, He admitted to me he was not using gloves while applying the cream on 1/19/26, to Resident 2.During an interview on 2/13/26, at 3:15 p.m., with LVN 2, LVN 2 stated he recalled applying the cream to Resident 2's peri-area on the night of 1/19/26. LVN 2 stated that night, a Certified Nursing Assistant (CNA) 1, came to him and informed him that Resident 2 wanted cream applied to her peri-area. LVN 2 stated he took CNA 1 with him to Resident 2's room and applied the cream on top of her vagina, and then between her thighs and vagina because there was a lot of redness. LVN 2 stated that after the procedure, he went to wash his hands and noticed some cream on his bare fingers. LVN 2 stated the gloves he uses tend to rip. LVN 2 stated that later, an officer from the local police department telephoned him and asked him about this incident. LVN 2 stated I let him know my finger was bare. I told him my finger was exposed.During an interview on 2/18/26, at 8:23 a.m., with CNA 1, CNA 1 stated she recalled going into Resident 2's room with LVN 2 the night of 1/19/26 to apply cream to Resident 2. CNA 1 stated, I was standing right next to him, shoulder to shoulder when he applied the cream to Resident 2's peri-area, over the vaginal area, on upper thighs. He was not wearing gloves.During an interview on 2/19/26, at 10:42 a.m., with the Director of Nursing (DON), the DON stated, Nurses should wear gloves when any contact with the vagina. If a glove breaks, the protocol would be to stop the procedure right there and put on new gloves to protect the skin and stop transmission of micro-organisms. There is a dignity issue as well. He should not have done that.During a review of the facility's Policy and Procedure (P&P) titled, Standards for Clinical Practice, dated 4/05, the P&P indicated, Appropriate Care is taken to ensure the resident's right to privacy and dignity, as well as the resident's health and safety are protected during the performance of any clinical procedure. Prior to the initiation of any clinical procedure: Apply appropriate Personal Protective Equipment (gloves.) as required by the procedure. Maintain the resident's privacy and dignity during the procedure.</p>		