

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 03/25/2026
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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>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.</p> <p>Based on interview and record review the facility failed to designate a Registered Nurse (RN) to serve as the Director of Nursing (DON) on a full-time basis when the facility had no full time DON. This failure had the potential to not to meet the critical needs of high acuity residents (individuals requiring intensive, specialized care, constant monitoring, and frequent medical interventions due to severe or complex health conditions) causing serious injury, harm and impairment. During an interview on 3/19/26 at 2:00 p.m. with the Administrator (ADM), the ADM stated he's been the administrator of the facility for eight days. The ADM stated the facility does not have a DON or an interim (in the meantime, temporary or acting) DON. The ADM stated the facility's current census was 71. During an interview on 3/19/26 at 4:28 p.m. with RN 1, RN 1 stated the facility had no DON since the previous DON left two weeks ago. RN 1 stated there was no acting DON. RN 1 stated she called and notified the physician and the administrator for residents' change of condition such as falls. During an interview on 3/19/26 at 3:20 p.m. with the Minimum Data Set Coordinator (MDSC), the MDSC stated they do not have a DON and their previous DON resigned. The MDSC stated they have a Corporate RN that they can contact via phone for clinical questions and she visited the facility last Tuesday (3/10/26). The MDSC stated the Corporate RN was not acting DON. The MDSC stated previous DON's last day at the facility was 3/6/26. During an interview on 3/19/26 at 4:45 p.m. with Licensed Vocational Nurse (LVN) 3, LVN 3 stated there was no DON in the facility. LVN 3 stated she asked for help from RN on their shift when she needed help for a change of condition like falls. During an interview on 3/19/26 at 4:59 p.m. with RN 2, RN 2 stated they do not have a DON, and she notified the DSD regarding staffing and clinical questions. RN 2 stated the facility's DSD was LVN. During an interview on 3/19/26 at 5:00 p.m. with LVN 4, LVN 4 stated they do not have a DON and their DON left. LVN 4 stated she asked RN in her shift for help when needed. LVN 4 stated the facility was looking for a new DON. LVN 4 stated there were RNs working on a.m. and p.m. shifts, and no RN on night shift. During an interview on 3/20/26 at 1:41 p.m. with the ADM, the ADM stated the facility does not have a DON and, We are actively recruiting. The ADM stated the DON position was posted. The ADM stated it's a regulation to have a full time DON and the DON should be onsite. The ADM stated it was very important to have a DON because DON was in charge of nursing services, staffing and in-services (training that is given to employees during the course of employment). The ADM stated they have qualified RNs in house, but they were not appointed as DON. The ADM stated their corporate asked him if he knew someone, a qualified DON and stated, I don't know of one. During an interview on 3/20/26 at 4:51 p.m. with the MDSC, the MDSC stated the facility does not have a DON or an acting DON. The MDSC stated the facility was actively looking for a potential candidate. The MDSC stated the facility should have full-time DON onsite or an acting DON to direct nursing personnel in ensuring the best quality of care was being delivered to all residents. The MDSC stated if there is no DON there could be a potential risk of medication errors, improper resident assessment, and non-compliance with the facility's policies and procedures (P&Ps). During a review of facility's P&P titled Director of Nursing Services, dated 1/2018, the P&P indicated, The nursing services department is under the direct supervision of a registered nurse. 1. The nursing services department (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
---	-------	-----------

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 03/25/2026
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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>is managed by the director of nursing services. The director is a registered nurse (RN), licensed by this state, and has experience in nursing service administration, rehabilitative and geriatric nursing. 2. The director is employed full-time (40-hours per week) and is responsible for, but not necessarily limited to: b. developing standards of nursing practice; c. administer medications as needed; j. overseeing Licensed Nurses schedule;. l. ensuring that all health services notes are informative and descriptive of the supervision and care rendered including the resident's response to his or her care;. p. assuring that nursing care personnel are administering care and services in accordance with the resident's assessment and care plan.During a review of professional reference retrieved from https://www.justice.gov/sites/default/files/nursing_home_staffing_standards_in_state_statutes_and_regulation titled NURSING HOME STAFFING STANDARDS IN STATE STATUTES AND REGULATIONS, dated 1/2008, the professional reference indicated, .FEDERAL STAFFING: 1 RN 8 consecutive hrs/7days/wk & 1 RN/LVN for 2 remaining shifts. Must have 1 RN who is Full Time DON (5days/wk); if fewer than 60 residents, DON may also be Charge Nurse.During a review of professional reference retrieved from https://canhr.org/nursing-home-care-standards/ titled Nursing Home Standards, dated 6/24/25, the professional reference indicated, .Adequate Staffing.A skilled nursing facility must have a full-time director of nursing who is a registered nurse (RN). 42 CFR S483.35(b), 22 CCR S72327.</p>