

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: 555426	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2026
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)		
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a homelike environment was provided to one of three sampled residents (Resident 1) when her personal belongings were not put away in her room's closet or bedside cabinet, and were left in bags on her bed for over two weeks after moving into the room. This failure had the potential for Resident 1 to feel her environment was temporary and not homelike, and the facility did not care enough about her to place her belongings in the room properly. During a concurrent observation and interview on 7/29/26, at 10:05 a.m., in Resident 1's room, room [ROOM NUMBER], Resident 1 was noted to be in bed surrounded by several bags of her belongings in the bed with her. When asked why her belongings were in bed with her, Resident 1 stated, Where am I supposed to put them? I moved into this room on 7/14/26. Look in my closet. See those clothes? Those are not my clothes. Look at that cabinet. The top drawer is full of possessions that do not belong to me. The closet was observed to be half full of men's clothing on hangers. The top drawer of the cabinet was filled with numerous items. During a review of the facility document titled 5-Day Report, dated 7/17/26, the 5-Day Report indicated Resident 1 moved to another room on 7/14/26. During a concurrent observation and interview on 7/29/26, at 10:20 a.m., with Certified Nursing Assistant (CNA), in Resident 1's room, CNA opened the closet and stated, Those are men's clothing. I will remove them now. I will also empty [the bedside cabinet's top drawer]. Those possessions are not hers. During an interview on 7/29/26, at 1:20 p.m., with the Housekeeping Supervisor (HS), the HS stated Resident 1's bags of belongings were now being sorted. The HS stated, The previous resident of room [ROOM NUMBER], his belongings should have been moved out before Resident 1 moved in. During a review of the facility's Policy and Procedure (P&P), dated 1/18, titled, Homelike Environment the P&P indicated, Residents are provided with a safe, clean, comfortable and homelike environment. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike, setting. During a review of the facility's Policy and Procedure (P&P), dated 1/26, the P&P indicated, Resident belongings are treated with respect by facility staff, regardless of perceived value.		

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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to have an effective pest control program when three live cockroaches were killed in a 35-minute period in one of one resident rooms (room [ROOM NUMBER]) that had been treated for cockroaches by a pest control company seven days prior. This failure resulted in multiple live cockroaches being observed in a resident room, increasing the risk for bringing and spreading disease-causing germs throughout the facility, despite a recent pest treatment just seven days earlier. During a concurrent interview and observation on 7/29/26, between 10:05 a.m. and 10:40 a.m., in room [ROOM NUMBER], with Resident 1, three live, juvenile cockroaches were noted crawling on the floor. The cockroaches were stepped on and killed during the interview and observation. Resident 1 confirmed that she had seen cockroaches in her room. During a concurrent interview and observation on 7/29/26, at 10:40 a.m., with the Maintenance Supervisor (MS), the three dead cockroaches were noted in room [ROOM NUMBER]. The MS confirmed they were cockroaches. The MS stated, Sometimes there are small ones. During a record review of the document titled Pest Control Service Report (PCSP) from Pest Control Company A (PCCA), dated 7/22/26, the PCSP indicated room [ROOM NUMBER] had been treated for Ants, Black Widows, Cockroaches, Earwigs, Pill bugs/Sowbugs, Spiders. The PCSP indicated the service was provided by Pest Control Service Technician (PCST). During an interview on 7/29/26, at 12:55 p.m., with PCST, he stated he recalled treating room [ROOM NUMBER] in the facility on 7/22/26. During a concurrent record review and interview, on 7/29/26, at 1:20 p.m., with the Housekeeping Supervisor (HS), the HS stated staff put cockroach sightings in the Maintenance Book. The Maintenance Book was reviewed and the document titled Maintenance Request Form indicated, Roaches were seen in room [ROOM NUMBER] on 3/18/26. The HS stated, There's no excuse for cockroaches. During a review of the facility's Policy and Procedure (P&P) titled, Pest Control, dated 1/18, the P&P indicated, Our facility shall maintain an effective pest control program.		