

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Kings Healthcare & Wellness Center LP		STREET ADDRESS, CITY, STATE, ZIP CODE 851 Leslie Lane Hanford, CA 93230	

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 0912</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46258</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents' room measured at least 80 square (sq) feet (ft) per resident in 16 (Rooms 101 - 104 and Rooms 110 - 121) of 29 resident rooms in the facility.</p> <p>Findings included:</p> <p>The Client Accommodations Analysis, dated 01/13/2025, revealed the following measurements:</p> <ul style="list-style-type: none"> - In room [ROOM NUMBER], there was 76 sq ft for each resident. - In room [ROOM NUMBER], there was 76 sq ft for each resident. - In room [ROOM NUMBER], there was 77 sq ft for each resident. - In room [ROOM NUMBER], there was 75 sq ft for each resident. - In room [ROOM NUMBER], there was 71 sq ft for each resident. - In room [ROOM NUMBER], there was 73 sq ft for each resident. - In room [ROOM NUMBER], there was 75 sq ft for each resident. - In room [ROOM NUMBER], there was 76 sq ft for each resident. - In room [ROOM NUMBER], there was 75 sq ft for each resident. - In room [ROOM NUMBER], there was 76 sq ft for each resident. - In room [ROOM NUMBER], there was 75 sq ft for each resident. - In room [ROOM NUMBER], there was 76 sq ft for each resident. - In room [ROOM NUMBER], there was 75 sq ft for each resident. <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
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<p>F 0912</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- In room [ROOM NUMBER], there was 76 sq ft for each resident.</p> <p>- In room [ROOM NUMBER], there was 75 sq ft for each resident.</p> <p>- In room [ROOM NUMBER], there was 77 sq ft for each resident.</p> <p>During the initial tour of the facility on 01/13/2025 at 10:38 AM, no residents voiced any concerns regarding the size of their room.</p> <p>During the Resident Council meeting on 01/15/2025 at 10:30 AM, Resident #44 stated the room sizes were small, but it did not affect the care they received. Resident #11 stated it was tight in their room, but the staff made it work. An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/09/2024, revealed Resident #344 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition. A quarterly MDS, with an ARD of 11/04/2024, revealed Resident #11 had a BIMS score of 13, which indicated the resident had intact cognition.</p> <p>During an interview on 01/15/2025 at 12:25 PM, Certified Nurse Aide (CNA) #1 stated room size did not affect the care she provided to the residents.</p> <p>During an interview on 01/15/2025 at 2:30 PM, CNA #2 stated resident rooms were not the size they were supposed to be, but she could provide the care the residents needed without any issue.</p> <p>During an interview on 01/15/2025 at 2:34 PM, the Assistant Administrator stated the facility did not have policy for room size.</p> <p>During an interview on 01/15/2025 at 2:36 PM, Housekeeping Service Worker #3 stated there had been no issues with the room sizes affecting care and the room measurements were all accurate.</p> <p>During an interview on 01/16/2024 at 8:57 AM, the Director of Nursing stated no one had ever had issues with the room size affecting care.</p> <p>Recommend waiver continue in effect.</p> <p>Don [NAME], HFEIIS 1/27/25</p> <p>-----</p> <p>Health Facilities Evaluator Supervisor Date</p> <p>Request waiver continue in effect.</p> <p>-----</p> <p>Administrator Signature Date</p>