

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2026
NAME OF PROVIDER OR SUPPLIER Chowchilla Memorial Healthcare District		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 Ventura Ave. Chowchilla, CA 93610	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on observation, interview, and record review, the facility failed to conduct background checks (a screening process that reviews past employment, education, criminal records, driving records prior to hire) according to the facility's policy when five of five sampled employees (Licensed Vocational Nurse [LVN] 2, LVN 3, Certified Nurse Assistant [CNA] 1, CNA 2, CNA 3) did not have background or reference checks in their personnel files. This failure placed residents at risk for abuse which could lead to serious physical and psychological harm (lasting mental harm caused by severe distressing events that overwhelm an individual's ability to cope). Findings: During a concurrent interview and record review on 2/18/26 at 2:14 pm with the Director of Nurses (DON), LVN 2's personnel file (PF), dated 11/5/21 was reviewed. The PF indicated LVN 2 was hired on 11/5/21 and the facility did not perform a check of LVN 2's previous employment records (ER), or verification the applicant was a not on the Office of Inspector General Exclusion Program's (OIG) list of excluded individuals/Entities (LEIE - individuals with reported cases of patient abuse or neglect). The DON stated their Human Resources (HR) completed the screening and hiring process, and she did not know why the background screening was not completed. During a concurrent interview and record review on 2/18/26 at 2:16 pm with the DON, LVN 3's PF dated 1/7/09 was reviewed. The PF indicated LVN 3 was hired on 1/7/09 and the facility did not perform a check of LVN 3's ER, or verification the applicant was not on the OIG list of LEIE. The DON stated HR completed the screening and hiring process, she did not know why the background screening was not completed. During a concurrent interview and record review on 2/18/26 at 2:18 pm with the DON, Certified Nurse Assistant (CNA) 1's PF, dated 1/26/26 was reviewed. The PF indicated CNA 1 was hired on 1/26/26 and the facility did not perform a check of CNA 1's ER, or verification the applicant was a not on the OIG list of LEIE. The DON stated HR completed the screening and hiring process, she did not know why the background screening was not completed. During a concurrent interview and record review on 2/18/26 at 2:20 pm with the DON, CNA 2's PF dated 10/28/25 was reviewed. The PF indicated CNA 2 was hired on 10/28/25 and the facility did not perform a check of CNA 2's ER, or verification the applicant was not on the OIG list of LEIE. The DON stated HR completed the screening and hiring process, and she did not know why the background screening was not completed. During a concurrent interview and record review on 2/18/26 at 2:25 pm with the DON, CNA 3's PF dated 1/26/26 was reviewed. The PF indicated CNA 3 was hired on 1/26/26 and the facility did not perform a check of CNA 2's ER, or verification the applicant was not on the OIG list of LEIE. The DON stated HR completed the screening and hiring process, and she did not know why the background screening was not completed. The DON stated she could understand why a background check would be important. During a concurrent interview and record review on 12/18/25 at 2:30 p.m. with the Administrator (ADM), the facility's policy and procedure (P&P) titled, Employment Policy, dated 01/26 was reviewed. The PNP indicated, . Prior to hiring a new employee, Human Resources will do the following: Verifying via the internet status of certification and licenses of applicants, if required for a position, through respective California Licensing boards. Verify through the Office of Inspector General Exclusion Program (OIG), website (List of Excluded Individuals/Entities (LEIE), any reported cases of patient abuse or neglect. The ADM stated, In Chowchilla everyone knows everybody. We have never done background checks. The (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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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	ADM stated he was aware that background checks were mandatory and will help protect the residents from abusive employees. During an interview on 12/18/25 at 4:30 p.m. with the facility's Chief Executive Officer (CEO), the CEO stated, the facility had always been a small facility, has never checked backgrounds and most of the staff were referred by other employees. The CEO stated she was aware that background checks were a State and Federal requirement as well as the facility's Employment Policy.		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure food was stored, prepared, and served in a safe and sanitary environment when: A bowl of shredded cheese, a bowl of sour cream and a bowl of sliced jalapenos were prepared and stored undated and unlabeled inside refrigerator 1. An opened bag of dry cereal was undated and unlabeled inside the dry storage room. These failures had the potential to contaminate resident food sources that could cause foodborne illness (feeling sick or not healthy) in a vulnerable population resulting in severe patient harm. Findings: 1. During an observation on 2/17/26 at 10:03 a.m. inside refrigerator 1, a bowl of shredded cheese, a bowl of sour cream and a bowl of sliced jalapenos were prepared to serve and stored undated and unlabeled. During an interview on 2/19/26 at 11:56 a.m. with the Certified Dietary Manager (CDM), the CDM stated a bowl of shredded cheese, a bowl of sour cream and a bowl of sliced jalapenos, stored inside refrigerator 1 were undated and unlabeled. The CDM stated the cheese, sour cream and jalapenos had been prepared Monday [2/16/26] for taco Tuesday lunch [2/17/26]. The CDM stated the policy for food receiving and storage required that once food was opened, prepared and stored in the refrigerator or freezer, it must be dated and labeled. The CDM stated the importance of labeling food was to acknowledge when the food was received, opened and to make sure nothing was expired. The CDM stated food with no date or label should be discarded, as consuming it could cause an upset stomach. During an interview on 2/19/26 at 2:15 p.m. with the Registered Dietician (RD), the RD stated, I expect all food items to be labeled and dated. The RD stated food with no date and label should be thrown away. The RD stated the importance of labeling and dating food was to ensure food safety. 2. During a concurrent observation and interview on 2/18/26 at 1:45 p.m. with the CDM inside the dry storage room, an opened bag of dry cereal was undated and unlabeled. The CDM stated, it is important to date and label the food to determine its freshness. The CDM stated the label and date on the dry cereal had worn off and was no longer visible, therefore the product should be discarded. The CDM stated labeling and dating food was important to ensure quality and safety for the residents. During an interview on 2/19/26 at 2:25 pm with the RD, the RD stated the opened bag of dry cereal inside the dry storage room was undated and unlabeled. The RD stated all food items should be labeled and dated. The RD stated kitchen staff were responsible for all the food items once they entered the kitchen and must be properly labeled and dated. The RD stated improper labeling and dating food items may compromise health risk and may cause someone to become sick. During a review of the facility's policy and procedure (P&P) titled, Food Receiving and Storage, dated November 2022, the P&P indicated, . Dry foods that are stored. labeled and dated. All foods stored in the refrigerator. are covered, labeled and dated.		

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F 0559 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and recorded review, the facility failed to provide a written notice, including the reason for change, prior to moving one of 12 sampled residents (Resident 20), to a different room within the facility. This failure resulted in Resident 20 being moved without appropriate written communication which had the potential to result in emotional distress and a violation of the resident's rights to make informed decisions regarding her care environment. Findings: During a concurrent observation and interview on 2/18/26 at 12:03 p.m. with Resident 20, in Resident 20's room. Resident 20 stated she had been moved to a new room a few days after she was admitted on [DATE] but did not receive written notice of the change and was not asked to sign anything. Resident 20 stated staff spoke with her about the room change but she was still unsure about the reason for the room change. Resident 20 further stated staff wanted her down the hall to be alone. During the concurrent interview and record review on 2/19/26 at 10:27 a.m. with the Director of Nursing (DON), Resident 20's Electronic Medical Record (EMR), undated was reviewed. The DON stated and acknowledged no written notice or supporting documentation was provided to Resident 20 prior to the room change. The DON stated the facility did not have a specific written policy to room changes and reported the facility provided verbal notice, documented the notification through progress notes and monitored the residents for three days. During the interview the surveyor reviewed the regulatory requirements for advanced notice with the DON, the DON stated she was unaware the written notice was required. The DON stated and acknowledged it was important for a resident to receive documentation so they could be properly informed and have the right to make a choice. The DON further stated she documented Resident 20 was agreeable to the move. The DON stated the EMR indicated a progress note entered as a late entry indicated the note did not state advanced written notice was provided nor did it include documentation of the reason for the room change. The facility was unable to provide documentation demonstrating compliance with the requirement to provide advance written notice prior to a room change. During a review of the facility's document titled, Resident Rights, undated, the document indicated, Quality of Life. Accommodation of needs. (2) Receive verbal notice before the resident's room or roommate in the facility is changed-alert charting for up to 3 days. The documentation did not reference advance written notice. The facility was unable to provide a written policy or procedure addressing the requirement for advanced written notice prior to a room change.		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review, the facility failed to ensure proper storage and disposal of medication and biologics in accordance with facility policy and procedures in one of one sampled medication cart and one of one sampled wound cart when:1.In the medication cart an inhaler (A device for giving medicines in the form of a spray that is inhaled (breathed in) through the nose or mouth) was observed opened and used despite being past the expiration date. This failure had the potential to cause an increased risk of contamination, unsafe administration, and reduced effectiveness which could cause inadequate treatment of illnesses.2. The wound treatment cart was left unlocked and unattended.This failure had the potential for residents to gain access to the medications, and sharp instruments used to treat wounds and could potentially injure themselves or contaminate sterile equipment.Findings: 1. During a concurrent observation and interview on 2/18/26 at 2:20 p.m. with Licensed Vocational Nurse (LVN) 1 at the medication cart, Resident 18's inhaler was observed with an orange-colored label that indicated, Date opened 12/31/25 discard 42 days after opening. Discard on 2/10/26. LVN 1 stated the inhaler had expired and should have been removed from the medication cart and disposed of. LVN 1 stated it was the night shift's nurse's responsibility to check for expired and discontinued medications. LVN 1 further stated that, ultimately, it was the responsibility of all nurses to check the medication cart. LVN 1 indicated there was no logbook or method to track whether checks of the medication cart for outdated items had been completed. During a concurrent interview and record review on 2/18/26 at 4:33 p.m. with LVN 1, Resident 18's Pharmacy Order Summary (POS), indicated Resident inhaler in question was discontinued on 1/13/26. LVN 1 stated it was important to remove all expired medications and discontinued medications to reduce the potential for medication errors. During an interview on 2/19/26 at 10:27 a.m. with the Director of Nursing (DON), the DON stated and acknowledged Resident 18's inhaler expired. The [NAME] stated it was the expectation of the night shift nurses to complete weekly checks of the medication cart for all outdated and discontinued medication and dispose of the medications properly. The DON stated it was important to complete the weekly medication cart checks to reduce the potential harm for medication errors. 2. During a concurrent observation and interview on 2/17/26 at 12:20 p.m. with LVN 2, in the hall outside Nurse Station One, the wound treatment cart was observed unlocked without any staff present. LVN 2 stated the wound treatment cart should be locked so the residents did not get into the cart and take another resident's medication or have access to sterile supplies that were kept in the cart. During an interview on 2/17/26 at 12:23 p.m. with the DON, the DON stated the wound cart should be locked at all times to prevent residents from getting into the wound cart and injuring themselves. During a review of the facility's Policy & Procedure (P&P) titled, Medication Storage, dated 01/2023, indicated . In order to limit access to prescription medications, only licensed nurses, pharmacy staff, and those lawfully authorized to administer medications . are allowed access to medication carts. Medication rooms, cabinets and medication supplies should remain locked when not in use or attended by persons with authorized access .Outdated, contaminated, discontinued or deteriorated (continued on next page)		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	medications are immediately removed from stock, disposed of according to procedures for medication disposal.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to follow infection control and prevention standards of practice and provide a safe and sanitary environment to help prevent infection for four of six sampled residents (Resident 7, Resident 9, Resident 27, and Resident 28), when Licensed Vocational Nurse (LVN) 1 did not disinfect a shared resident blood pressure cuff (a medical device used to measure blood pressure) after resident care. This failure resulted in Resident 7, Resident 9, Resident 27, and Resident 28 being exposed to reusable medical equipment that had not been cleaned in between use which could result in the development and spread of infections. Findings: During an observation on 2/18/26 at 8:19 a.m. in Resident 7's room, LVN 1 took Resident 7's blood pressure using a blood pressure cuff without properly cleaning it before use. LVN 1 was observed exiting Resident 7's room with the blood pressure cuff and placed it into the medication cart without properly cleaning or disinfecting the cuff after use. During an observation on 2/18/26 at 8:40 a.m. in the Activities room, LVN 1 took Resident 9's blood pressure, with the same blood pressure cuff, without disinfecting the blood pressure cuff from use with the prior resident. LVN 1 exited the room after taking Resident 9's blood pressure and placed the cuff into the medication cart without properly cleaning or disinfecting it. During an observation on 2/18/26 at 8:47 a.m. in Resident 27's room, LVN 1 took Resident 27's blood pressure without disinfecting the blood pressure cuff, from use with the prior resident. LVN 1 exited the room with the blood pressure cuff and placed it into the medication cart without properly disinfecting the cuff. During an observation on 2/18/26 at 9:20 a.m. in the hallway near the medical records office, LVN 1 took Resident 28's blood pressure, without disinfecting the blood pressure cuff, from use with the prior resident. LVN 1 placed the blood pressure cuff into the medication cart without properly disinfecting the cuff. During an interview on 2/18/26 at 2:57 p.m. with LVN 1, LVN 1 stated she should have properly cleaned the blood pressure cuff in between use of residents. LVN 1 stated it was important to properly disinfect all equipment shared between residents to prevent cross contamination (the physical movement or transfer of harmful bacteria from one person, object or place to another). During an interview on 2/19/26 at 10:27 a.m. with the Director of Nursing (DON), the DON stated the expectation was for the nursing staff to disinfect equipment shared between residents. The DON further stated it was important to prevent the spread of infections. During a review of facility's policy and procedure (P&P) titled, Cleaning and Disinfection of Resident-Care Items and Equipment, dated 8/18, the P&P indicated, .Resident- care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current CDC recommendations for disinfection.1. The following categories are used to distinguish the levels of sterilization/disinfection necessary for items used in resident care.c. Non-critical items are those that come in contact with intact skin but not mucus membranes. (1) non-critical resident care items include bedpan, blood pressure cuffs. (2) Most non-critical reusable items can be decontaminated where they are used.d. Reusable items are cleaned and disinfected or sterilized between residents.Reusable resident care equipment will be decontaminated and or sterilized between residents.During a review of the CDC's .gov Professional Reference titled, CDC's Core infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, dated 4/12/24, (found at https://www.cdc.gov/infection-control/hcp/core-practices/index.html#:~:text=Require%20routine%20and%20ta the reference indicated, .Use Standard Precautions to care for all patients in all settings. Standard Precautions include.Environmental cleaning and disinfection.Reprocessing of reusable medical equipment between each patient or when soiled.Standard Precautions are the basic practices that apply to all patient care, regardless of patient's suspected or confirmed infections state.Reprocessing of reusable medical equipment .1. Clean and reprocess (disinfect or sterilize) reusable medical equipment (e.g.blood pressure cuffs.) prior to use on other patients or when soiled.		