

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2026
NAME OF PROVIDER OR SUPPLIER Coalinga Regional Medical Ctr Dp/Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 1191 Phelps Ave. Coalinga, CA 93210	
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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure residents received appropriate treatment and services to prevent urinary tract infections (UTI- an infection in any part of the urinary system) for one of three sampled residents (Resident 1), when the facility staff did not schedule or follow up on a physician ordered specialty referral to the urologist (a medical doctor and surgeon who specializes in diagnosing and treating conditions of the urinary tract) for Resident 1's frequent UTI's for more than one year. This failure placed Resident 1 at risk for delayed diagnosis and frequent urinary tract infections. Findings: During a review of Resident 1's admission Record (AR- a summary of information regarding a resident which includes patient identification, past medical history, insurance status, care providers, family contact information and other pertinent information), the AR indicated, Resident 1 was admitted to the facility on [DATE] with diagnosis for Urinary tract infection. During a review of Resident 1's Minimum Data Set [MDS a resident assessment tool used to identify cognitive (mental processes) and physical functional level assessment] dated 4/23/25, the MDS indicated, Resident 1's Brief Interview for Mental Status (BIMS screening tool used to assess resident cognitive level) score was 12 out of 15 (0 - 7 indicated severe cognitive impairment [memory loss, poor decision making skills] 8-12 moderate cognitive impairment, (13 -15) cognitively intact) which indicated, Resident 1 had moderate cognitive impairment. During an interview on 7/9/26 at 10:40 a.m. with Resident 1 in Resident 1's room. Resident 1 stated that during her stay in the facility, she had experienced multiple UTI's. Resident 1 stated her physician had referred her to a urologist for evaluation more than six months ago and the facility had not scheduled the appointment. Resident 1 stated she had a history of UTI's but was experiencing UTI's more frequently than before. Resident 1 stated she was concerned about her frequent UTI's and the facility's lack of attention to the physician's order to schedule an appointment with the urologists. During a concurrent interview and record review on 7/9/26 at 10:55 a.m. with Licensed vocational nurse (LVN) 1, Resident 1's electronic medical record (EMR) was reviewed. LVN 1 stated there was no indication in the EMR that Resident 1 was seen by a urologist in the past prior to June 2026. LVN 1 stated the facility process was for the nurse in charge to document the referral in the electronic medical record and then notify the director of nurses (DON) and social services. LVN 1 stated social services was responsible for scheduling appointments for referrals submitted from the physician and was responsible for ensuring appointments were scheduled. During a concurrent interview and record review on 7/9/26 at 11:13 a.m. with Social Services (SS), Resident 1's Order Summary, dated 6/2/2025 was reviewed. The summary indicated, . May have urologist eval and treat as indicated. The SS stated she was not the social worker in the facility at the time of the initial order on 6/2/25 for Resident 1's referral to a urologist. The SS stated the facility process was for the nurses to input the physician order for a (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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	referral into the residents EMR. The DON and SS are notified to ensure the referrals were completed. Then residents are scheduled for specialized services. The SS stated the urologist referral ordered on 6/2/25 for Resident 1 should have been completed and should have been scheduled at that time. During an interview on 7/9/26 at 12:36 p.m. with Registered nurse (RN), the RN stated the facility process for submitting physician referrals was for the nurses to document the order into the residents EMR. The RN stated the referral was then given to the SS to schedule the appointment and transportation for the residents to receive specialty services. The RN stated the referral for Resident 1 received on 6/2/25 should have been scheduled by the SS at the time and the SS should have confirmed Resident 1 was transported to the specialty appointment. The RN stated it was not an acceptable practice to wait a year to follow up on a physician ordered referral as Resident 1 required the services as part of her care. During a concurrent interview and record review on 7/9/26 at 1:15 p.m. with the DON, Resident 1's Order Summary, dated 6/2/2025 was reviewed. The summary indicated, . May have urologist eval and treat as indicated. The DON stated she was not aware of the physician order for Resident 1 submitted on 6/2/25 for a urologist's consultation. The DON stated that the facility had experienced administrative and staff changes during this time. The DON stated there was no indication in Resident 1's EMR that the referral was completed or that Resident 1 had seen a urologist at that time. The DON stated the facility process was for the SS to schedule the appointment for the specialty referral and to ensure appointments were completed. During a review of the facility's policy and procedure (P&P) titled, Referrals, Social Services, dated 12/2008, the P&P indicated, Social services personnel shall coordinate most resident referrals with outside agencies. Social services shall coordinate most resident referrals. Exceptions might include emergency or specialized services that are arranged directly by a physician or the nursing staff. Referrals for medical services must be based on physician evaluation of resident need and a related physician order. Social services will collaborate with the nursing staff or other pertinent disciplines to arrange for services that have been ordered by the physician. Social services will document the referral in the residents' medical record.		