

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555736	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/12/2026
NAME OF PROVIDER OR SUPPLIER  Golden Sonora Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  19929 Greenley Road Sonora, CA 95370	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to ensure resident rights were maintained when five of five sampled residents' (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) mobility assist rails (supportive devices installed on the side of a bed to assist individuals with limited mobility in sitting up, shifting positions, or entering and exiting the bed safely) were removed against Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5's wishes. This failure resulted in decreased independence, decreased mobility, feelings of humiliation, frustration and fear in Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5, negatively impacting their physical and psychosocial well-being. Findings: a. A review of Resident 1's clinical document titled, admission RECORD, indicated Resident 1 was admitted to the facility with diagnoses which included anxiety, depression, muscle weakness, and repeated falls. A review of Resident 1's clinical document titled, Brief Interview for Mental Status, (BIMS, a 15-point assessment tool used to measure cognitive impairment - scores of 0-7 suggest severe impairment, 8-12 moderate, and 13-15 intact) dated 2/6/26, indicated Resident 1 had a BIMS of 15 (cognitively intact). A review of Resident 1's clinical document titled, Device and Bed Rail/Bed Enabler Evaluation and Consent, dated 2/17/26, indicated, . Device . Assist rails . Diagnosis/Symptoms contributing to potential for injury or need for devices . Weakness . Explain why device is not considered a restraint: resident uses assist rails for bed mobility . Benefits/Reasons . what does the device enable the resident to do . Enhances bed mobility . Device informed Consent or Declination . [bubble filled in for] I CONSENT to use the Device . Consent given by . Consent given by . [bubble filled in for] Resident . Verbal Consent Obtained from . [Resident 1] . Date of Consent . 2/17/26 . A review of Resident 1's clinical document titled, Order Details, containing individual physician orders, dated 3/12/26, indicated, . Order Date . 1/27/2026 . May have assist rails for bed mobility . During a concurrent observation and interview on 3/12/26 at 11:55 AM with Resident 1, Resident 1 stated the facility had removed the assist rails from Resident 1's bed. Resident 1 explained the assist rails were used to help with turning in bed. Resident 1 further explained when being changed (incontinence care, changing urine or stool filled adult diapers) the assist rails were used to hold onto to feel safe and secure. Resident 1 stated since the assist rails were removed three days ago, fears of falling out of bed and being scared have persisted. Resident 1 explained the maintenance person removed the assist rails even after Resident 1 requested the assist rails not be removed. An observation revealed there were no assist rails on Resident 1's bed. b. A review of Resident 2's clinical document titled, admission RECORD, indicated Resident 2 was admitted to the facility with diagnoses which included hemiparesis (partial weakness or reduced sensation on one side) and hemiplegia (total paralysis or inability to move one side) affecting right dominant side, difficulty walking, muscle weakness, and dependence on wheelchair. A review of Resident 2's clinical document titled, Brief Interview for Mental Status, dated 3/6/26, indicated Resident 2 had a BIMS of 15. A review of Resident 2's clinical document titled, Device and Bed Rail/Bed Enabler Evaluation and Consent, dated 2/17/26, indicated, . Device . Assist rails . Diagnosis/Symptoms contributing to potential for injury or need for devices . CVA [Cerebral Vascular (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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Accident - a stroke (oxygen was deprived from the brain)] . Weakness . Explain why device is not considered a restraint: resident uses assist rails for bed mobility . Benefits/Reasons . what does the device enable the resident to do . Enhances bed mobility . Device informed Consent or Declination . [bubble filled in for] I CONSENT to use the Device . Consent given by . Consent given by . [bubble filled in for] Resident . Verbal Consent Obtained from . [Resident 3] . Date of Consent . 2/17/26 .A review of Resident 2's clinical document titled, Order Details, containing individual physician orders, dated 3/12/26, indicated, . Order Date . 1/27/2026 . May have assist rails for bed mobility .During a concurrent observation and interview on 3/12/26 at 12 PM with Resident 2, Resident 2 stated prior to her discharge on [DATE] the assist rails were present on her bed. Resident 2 explained after she returned to the facility on 2/28/26, her assist rails had been removed. Resident 2 stated she had used the assist rails to pull herself up in bed, position herself, and stand and pivot next to her bed and she could no longer do those things now that the assist rails had been removed. Resident 2 stated she had made several requests to staff for the assist rails to be put back on her bed and staff stated they would check, but to date the assist rails had not been put back on her bed. Resident 2 explained she was concerned she would get weaker by not having the assist rails on the bed for assistance with mobility. Resident 2 further explained without the assist rails for support it was scary when she was being turned in bed during changing of her incontinent briefs and feeling like she would fall out of bed. An observation revealed there were no assist rails on Resident 2's bed. c. A review of Resident 3's clinical document titled, admission RECORD, indicated Resident 3 was admitted to the facility with diagnoses which included muscle weakness, difficulty walking, and lack of coordination.A review of Resident 3's clinical document titled, Brief Interview for Mental Status, dated 2/24/26, indicated Resident 3 had a BIMS of 15.A review of Resident 3's clinical document titled, Device and Bed Rail/Bed Enabler Evaluation and Consent, dated 2/18/26, indicated, . Device . Assist rails . Diagnosis/Symptoms contributing to potential for injury or need for devices . Weakness . Explain why device is not considered a restraint: resident uses assist rails for bed mobility . Benefits/Reasons . what does the device enable the resident to do . Enhances bed mobility . Device informed Consent or Declination . [bubble filled in for] I CONSENT to use the Device . Consent given by . Consent given by . [bubble filled in for] Resident . Verbal Consent Obtained from . [Resident 3] . Date of Consent . 2/18/26 .A review of Resident 3's undated clinical document titled, Care Plan Report, indicated, . Problem . Risk for further decline in ADL [activities of daily living - the essential, routine self-care tasks people perform every day to maintain their personal health and independence] function . Interventions/Tasks . Assist Rail for bed mobility . Date Initiated [assist rail intervention started]: 02/18/2022 .A review of Resident 3's clinical document titled, Order Details, containing individual physician orders, dated 1/27/26, indicated, . Order Date . 1/27/2026 . May have assist rails to assist with bed mobility .During a concurrent observation and interview on 3/12/26 at 1:47 PM with Resident 3, Resident 3 stated she had just gotten the assist rails put back on her bed. Resident 3 explained the assist rails were put back on her bed on 3/11/26 and had been off since 2/24/26. Resident 3 further explained the day after her assist rails were removed, she had a near fall while trying to go the bathroom. Resident 3 explained after her assist rails were removed on 2/24/26 she lost her independence. Resident 3 further explained prior to her assist rails being removed she had been able to change her own incontinent briefs, after the assist rails were removed 2 staff had to change her incontinent briefs and she felt humiliated. Resident 3 said she was very upset about her assist rails being removed.d. A review of Resident 4's clinical document titled, admission RECORD, indicated Resident 4 had been admitted to the facility with diagnoses which included difficulty walking, muscle weakness, depression, anxiety, and obesity.A review of Resident 4's clinical document titled, Brief Interview for Mental Status, dated 12/23/25, indicated Resident 4 had a BIMS of 15.A review of Resident 4's undated clinical document titled, Care Plan Report, indicated, . Problem . Risk for further decline in ADL function . Interventions/Tasks . Assist Rail X2 [times 2, assist rails on both sides of the bed] for bed mobility . Date Initiated: 01/21/2025 [date the assist side rails were started] .A (continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>review of Resident 4's clinical document titled, Device and Bed Rail/Bed Enabler Evaluation and Consent, dated 2/18/26, indicated, . Device . Grab/Assist/Mobility Bars/Bed Canes - Bilat [bilateral, both sides of the bed] . Diagnosis/Symptoms contributing to potential for injury or need for devices . Weakness . Benefits/Reasons . what does the device enable the resident to do . Contributes to self-performance . Enables resident to maintain proper body positioning/alignment . Enhances bed mobility . Enhances mobility with self-transfer . Enhances transfer status . Device informed Consent or Declination . [bubble filled in for] I CONSENT to use the Device . Consent given by . Consent given by . [bubble filled in for] Resident . Verbal Consent Obtained from . [Resident 4] . Date of Consent . 2/18/26 .A review of Resident 4's clinical document titled, Order Details, containing individual physician orders, dated 1/27/26, indicated, . Order Date . 1/27/2026 . May have assist rails to assist with bed mobility .During an interview on 3/12/26 at 11:39 AM with Licensed Nurse (LN) 1, LN 1 stated the facility took off the assist rails on the beds. LN 1 explained since the assist rails were removed residents could not assist with turning in bed. LN 1 further explained that the residents were upset due to their assist rails being removed.During an interview on 3/12/26 at 1:19 PM with LN 2, LN 2 stated when she returned to work following a weekend off, the residents' assist rails had been removed. LN 2 explained the residents used assist rails for mobility assistance. LN 2 further explained Resident 3 was upset and Resident 4 was devastated.During an interview on 3/12/25 at 1:33 PM with LN 4, LN 4 stated some of the residents were complaining about the assist rails that were removed. LN 4 explained corporate (legal business entity) wanted to make sure the assist rails were not being used as restraints (manual method, physical/mechanical device, material, or equipment attached to or adjacent to a resident's body that restricts freedom of movement or normal access to one's body and cannot be removed easily by the resident).During an interview on 3/12/26 at 1:43 PM with Certified Nursing Assistant (CNA) 2, CNA 2 stated assist rails had been removed from residents' beds. CNA 2 explained removing the assist rails was not a good idea because the assist rails helped the residents during incontinent care and when getting out of bed.During an interview on 3/12/26 at 2:30 PM with the Maintenance Director (MTN Dir), the MTN Dir stated he was directed to remove the assist rails on residents who were not required to have them. The MTN Dir explained he was uncertain if the removal of the assist rails was explained to the residents by the nursing staff, as some of the residents had a problem with the removal of their assist rails.During an interview on 3/12/26 at 3:01 PM with the Assistant Director of Nursing (ADON), the ADON stated the facility had checked which residents had assist rails. The ADON explained that the residents who wanted to keep their assist rails had an evaluation completed (safety check), a physician's order was obtained, and a care plan for assist rails was initiated. The ADON further explained she thought the process was completed at that point but was told to go through the facility again and determine whose assist rails were necessary. A review of the facility policy titled, NOTICE OF RESIDENT RIGHTS UNDER FEDERAL LAW, updated July 2025, indicated, . The right to participate in the development and implementation of his/her person-centered plan of care . The right to see the plan of care, including the right to sign after significant changes to the plan of care . The Resident has the right to a dignified existence and self-determination . The Resident has the right to be treated with dignity and respect . The Resident has the right to reasonable accommodation of individual needs or preferences . The Resident has the right to make choices about aspects of his/her life in the Center that are significant to the Resident . The Resident has the right to a safe, clean, comfortable, and homelike environment, including but not limited to receiving treatment and support for daily living safely .</p>		