STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555736	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Golden Sonora Care Center	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)
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. Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) received the appropriate care and services for bladder incontinence (involuntary leakage of urine) when the facility staff did not perform incontinence care during mealtimes. This failure had the potential for Resident 1 to experience skin breakdown (sores) and/or infection.Findings: A review of Resident 1's admission RECORD, indicated Resident 1 was admitted to the facility with diagnoses which included hemiplegia and hemiparesis (weakness or inability to move one side of the body) affecting the right dominant side of the body. During a review of a complaint received by the Department on 5/5/26, Resident 1 reported that the facility nursing staff repeatedly failed to change her incontinent briefs (adult diaper) in a timely manner, especially during mealtimes. Resident 1 stated she was prone to urinary tract infections and could not get to the bathroom on her own. The department conducted an onsite visit on 5/20/26 and confirmed Resident 1 no longer resided in the facility. During a review of Resident 1's clinical document titled, Care Plan Report, dated 3/12/26, the document indicated .Problem.The resident has bladder incontinence r/t [related to] Impaired Mobility.Goal.The resident will remain free from skin breakdown due to incontinence and brief use.Interventions/Tasks.Clean peri-area [area covered by disposable brief] with each incontinence episode. During a review of Resident 1's clinical document titled, Care Plan Report, dated 3/12/26, the document indicated, .Problem.The resident has an ADL [Activities of Daily Living, brushing hair, toileting, getting dressed] self-care deficit [unable to fully do by one's self].Interventions.TOILET USE: The resident is totally dependent on 2 staff for toilet use.TOILETING HYGIENE: Assistance by 1 staff for toileting hygiene. During an interview on 5/20/26 at 12:49 PM with Certified Nurse Assistant (CNA) 1, CNA 1 stated the staff were not supposed to provide incontinence care to the residents during mealtimes. CNA 1 further stated the residents became very upset when they did not receive care at mealtimes, but staff explained to them that it was an infection control issue and they could not do it. During an interview on 5/20/26 at 12:58 PM with Licensed Nurse (LN) 2, LN 2 confirmed the staff did not take residents to the bathroom or provide incontinence care during mealtimes unless the residents were insistent or were crawling out of bed. During an interview on 5/20/26 at 4:26 PM with the Assistant Director of Nurses (ADON), the ADON stated residents should receive incontinent care at a minimum of every two hours. The ADON further stated CNAs were taught that resident care comes first and they are consistently reminded that residents can be changed and taken to the bathroom during meals. During an interview on 5/21/26 at 12:32 PM with the Infection Preventionist (IP), the IP stated she educated the staff to provide incontinent care to the residents a minimum of every two hours and more frequently if they had a urinary tract infection. The IP further stated if the residents were not changed in a timely manner there was a potential risk for skin breakdown and/or infection to occur. During a review of a facility document titled, URINARY INCONTINENCE AND INTERVENTIONS, updated 7/2014 the document indicated, .The definition of incontinence is 'the involuntary loss or leakage of urine.' .Skin problems associated with incontinence and moisture can range from irritation to increased risk of skin breakdown. Moisture may make the skin more susceptible to damage from friction and shear during repositioning.The persistent exposure of (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	perineal skin to urine and/or feces can irritate the epidermis and can cause severe dermatitis or skin erosion. During a review of a facility policy and procedure (P&P) titled, Infection Control Policies and Practices, revised 3/19/25, the P&P indicated, .The objectives of facility infection control polices, protocols and practices are to.Support prevention, detection, investigation, and transmission of infections.All personnel receive training on facility infection control policies, protocols, and practices upon hire, annually, and periodically as necessary.