

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555758	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/03/2025
NAME OF PROVIDER OR SUPPLIER  New Bethany Skilled Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE  1441 Berkeley Dr Los Banos, CA 93635	

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 0689  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.  (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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555758	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/03/2025
NAME OF PROVIDER OR SUPPLIER  New Bethany Skilled Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE  1441 Berkeley Dr Los Banos, CA 93635	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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 keep one of three sampled residents (Resident 1) free from falls when Resident 1 fell after Certified Nursing Assistant (CNA) 3 completed a two-person required mechanical lift (device used to safely raise, lower and transfer individuals with limited mobility) transfer without assistance using a stand-up lift (device to assist individuals transfer from a seated position to a standing position), failing to follow the resident's care plan and physician's order requiring a Hoyer lift (overhead full body sling lift) transfer. This failure resulted in Resident 1's fall causing her discomfort and need to be transported to the emergency department (ED) on 11/20/25 for evaluation and had the potential to cause significant injury and harm. During a review of the facility's report dated 11/19/25, the report indicated, . November 18, 2025 approximately 8:15 p.m. [Resident 1's name] was coming back from being taken to the bathroom, CNA transferred her from the shower chair via a stand-up lift. During a review of Resident 1's admission Record, undated, the admission record indicated, Resident 1 was admitted to the facility on [DATE] with diagnoses including intervertebral disc (cushion between vertebrae that acts as a shock absorber) stenosis of neural canal (narrowing of the spinal canal squeezing the spinal cord causing leg weakness, numbness and balance problems) of thoracic (central part of the spine) and lumbar (lower back) region, neuropathy (injury of peripheral nerves causing numbness, tingling, burning pain and increased sensitivity), morbid obesity (extreme amount of excess body fat) and osteoarthritis (degenerative joint disease) of knee. During a review of Residents 1's Minimum Data Set (MDS- a resident assessment tool used to identify resident cognitive and physical function) assessment dated [DATE], indicated Resident 1's Brief Interview of Mental status assessment (BIMS - assessment of cognitive status for memory and judgement) scored 15 of 15 (a score of 13-15 indicates cognitively intact, 08-12 indicates moderately impaired, and 00-07 indicates severe impairment). The BIMS assessment indicated Resident 1 was cognitively intact. During a concurrent observation and interview on 12/3/25 at 10:39 a.m., Resident 1 was lying in bed with her legs dangling off the side of the bed. Resident 1 had significant edema (swelling) in her lower legs and feet. There was fresh gauze bandages wrapped around each of her lower legs. Resident 1 stated she fell two weeks ago because CNA 3 decided to use a stand-up lift instead of the lift which supports her body in a sitting position (Hoyer lift) that the staff normally used for her. Resident 1 stated, I have only used the stand-up lift one other time, I do not like it. Resident 1 stated CNA 3 had used the stand-up lift on the previous occasion also. Resident 1 stated she had both shoulders replaced and the stand-up lift causes pressure on her shoulders making it very uncomfortable to use. Resident 1 stated CNA 3 placed her in the stand-up lift by herself, and there should always be two staff members using the mechanical lift. Resident 1 stated she warned CNA 3 she was falling, and she slid out of the lift. Resident 1 stated there was a man waiting to perform an ultrasound (an imaging technique using sound waves to create pictures of the inside of the body) on her and CNA 3 was pushing the lift and the man stood there and watched her fall. Resident 1 stated she landed hard on her tailbone, and it jerked her head, but she did not have any injuries. Resident 1 stated she was later sent to the emergency room (ER) a couple days later because she was having shoulder pain. Resident 1 stated the ER did X-rays and scans on her and determined there was nothing broken. During an interview on 12/3/25 at 10:20 a.m. with CNA 1, CNA 1 stated Resident 1 required a Hoyer lift transfer to get in and out of bed. CNA 1 stated there needed to be at least two staff members present when transferring residents with a mechanical lift for safety. CNA 1 stated Resident 1 needed to use the Hoyer lift because she has issues with her feet and swelling making it difficult to use the stand-up lift. During an interview on 12/3/25 at 11:00 a.m. with CNA 2, CNA 2 stated there was a list at the nurse's station indicating which residents needed mechanical lift and the type of lift ordered for each resident. CNA 1 stated Resident 1 required a Hoyer lift transfer because she has issues with her feet, swelling and pain, making it uncomfortable for her to stand. During a concurrent interview and record review on 12/3/25 at 11:27 a.m. with the Director of Staff Development (DSD), Resident 1's Order Summary Report (OSR) dated 12/3/25, was reviewed. The OSR indicated, . use Hoyer lift for transfers. The DSD stated Resident 1 required the Hoyer lift for transfers because she had swelling and pain in her lower legs from edema. The DSD stated Resident 1 could not bear weight and she would not be safe in a stand-up lift. The DSD stated the physician order for the Hoyer lift was a result of Resident 1's fall on 10/7/25. Resident 1's IDT [interdisciplinary team-team from different healthcare disciplines who work together to provide comprehensive resident care]</p>		