

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555900	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2024
NAME OF PROVIDER OR SUPPLIER Veterans Home of California - Fresno		STREET ADDRESS, CITY, STATE, ZIP CODE 2811 W California Ave Fresno, CA 93706	

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>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36067</p> <p>Based on observation, interviews, and record review, the facility failed to maintain a safe environment, free from accidents and hazards, for one of the three sampled residents (Resident 1). Resident 1, who was fully dependent and required assistance for all Activities of Daily Living (ADLs), sustained an injury while being repositioned by a Certified Nursing Assistant (CNA).</p> <p>This failure resulted in Resident 1 sustaining a head injury when his head hit the headboard of the bed, resulting in an abrasion on the posterior head, accompanied by a bump and bleeding.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Face Sheet Record (document containing resident demographic information and medical diagnosis) undated, the admission record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses which included, vascular dementia (a chronic condition that affect memory, thinking, and behavior), unspecified osteoarthritis (a degenerative joint disease), repeated falls.</p> <p>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) dated 6/7/24, the MDS indicated Resident 1's Brief Interview for Mental Status (BIMS - screening tool used to assess resident cognitive level) score was 99- the resident was unable to complete the interview . Section GG (Function Status) indicated . A Roll left and right: The ability to roll from lying on back to left and right side and return to lying on back on the bed [was] code 01 Dependent, [required] helper does all of the effort. Resident does none of the effort to complete the activity .</p> <p>During a review of Resident 1's Nurses Progress Notes (NPN), dated 7/4/24, the NPN indicated, CNA reported around 0430 [4:30 a.m.] that resident accidentally hit his head against the head board of the bed. Upon assessment, noted 3 x 4 cm abrasion to posterior head with bump and some bleeding .</p> <p>During an interview on 8/21/24 at 9:58 a.m., with Supervising Registered Nurse 2 (SRN 2), SRN 2 confirmed that on 7/4/24 at around 4:30 a.m., a CNA reported that Resident 1 accidentally hit his head against the headboard during repositioning. SRN 2 noted that Resident 1 sustained a 3 x 4 cm (unit of measure) abrasion with a bump and some bleeding. It was also mentioned that the incident could have been prevented. SRN 2 noted that Resident 1 was non-ambulatory and fully dependent on assistance, as indicated in the MDS.</p> <p>(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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555900
		If continuation sheet Page 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555900	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2024
NAME OF PROVIDER OR SUPPLIER Veterans Home of California - Fresno		STREET ADDRESS, CITY, STATE, ZIP CODE 2811 W California Ave Fresno, CA 93706	

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>During an interview on 8/22/24 at 1:48 p.m., with SRN 1, SRN 1 acknowledged the hospice nurse (a nurse who specializes in providing care for the terminally ill patients in the final stages of their life), as part of a collaborative care approach, informed the RP.</p> <p>During an interview on 8/23/24 at 6:28 a.m., with CNA 1, CNA 1, who assigned to Resident 1 on 7/4/24, confirmed that Resident 1 was totally dependent on care. She stated that while repositioning Resident 1, his head hit the headboard, resulting in a head injury. Upon noticing the injury, CNA 1 immediately sought assistance from a nurse.</p> <p>During an interview on 8/23/24 at 10:15 a.m., with MDS Nurse, MDS Nurse confirmed that Resident 1's quarterly assessment and care screening were completed on 6/7/24. The assessment indicated that Resident 1 was completely dependent on assistance for repositioning, requiring the support of one or more helpers. The nurse emphasized that Resident 1 needed assistance for all activities and was not capable of completing them independently. MDS Nurse stated Resident 1 was not a big person, and he needed 1 staff assistance for positioning.</p> <p>During a review of Resident 1's care plan dated 3/30/23, the care plan indicated .decreased functional mobility .Resident is non-ambulatory .generalized weakness requiring extensive to total assist with ADLs . Provide extensive to total assistance in all his ADLs while promoting independence if able . Reposition resident for comfort, avoid shearing .</p> <p>During a review of the Policy and Procedure (P&P) titled, Accident Prevention, dated 1/22/24, the P&P indicated, The facility will ensure that the resident environment remains as free of accident hazards as is possible and each resident receives adequate supervision and assistance devices to prevent accidents. I. The facility will develop a culture of safety and commitment to implement systems that address resident risk and environmental hazards to minimize the likelihood of accident .</p>