STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555918	A. Building B. Wing	01/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fowler Care Center	8448 East Adams Avenue Fowler, CA 93625

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38961 Based on interview and record review, the facility failed to ensure one of six sampled Certified Nursing Assistant (CNA) 1 met the specific certification requirements when CNA 1 was working in the facility without an active CNA certification. This failure had the potential for Residents not being provided adequate and quality care according to their needs. Findings: During a concurrent interview and record review on [DATE] at 11:15 a.m. with the Director of Nursing (DON), the facility document titled, Active Employees (AE) dated [DATE] was reviewed. The AE indicated, CNA 1 ' s Certified Nursing Certificate had an expiration date of [DATE]. The DON stated CNA 1 ' s certificate expired on [DATE] and CNA 1 was not scheduled to work until her certificate was active. During a review of the facility document titled CNA NOC Shift [DATE], the document indicated, CNA 1 was on the schedule to work on [DATE], [DATE], [DATE] [DATE], and [DATE] for the night shift. During a review of the facility document titled Daily Assignment Sheet (DAS), the DAS indicated CNA 1 was scheduled to work on [DATE], [DATE],[DATE],[DATE], and [DATE]. During a telephone interview on [DATE] at 5 p.m., with Director of Staff Development (DSD), the DSD stated she was responsible to ensure all CNA certifications were active, monitors certifications upcoming expiration dates and help CNAs with renewals. The DSD stated, I was not aware the certificate for CNA 1 was going to expire on [DATE] The DSD stated it was not standard practice to have a CNA providing care to residents without an active certificate. During telephone interview on [DATE], at 10 a.m., with the DON, the DON stated CNA 1 worked for 5 days without an active certificate. The DON stated it was her responsibility to monitor the status of licenses and certificates for all employees. The DON stated CNA without an active certificate should have not been scheduled to work and providing care to residents. The DON stated we did not follow our policy & procedure for ensuring CNAs certificate were active. (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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a telephone interview on [DATE], at 10:34 a.m., with CNA 1, CNA 1 stated she worked on [DATE]-[DATE] on night shift without an active certificate. CNA 1 stated she should have not work without an active CNA certificate. CNA 1 stated I assumed my certificate was active. During a telephone interview on [DATE] at 1:20 p.m., with Administrator (ADM), the ADM stated CNA 1 ' s certificate expired on [DATE]. The ADM stated CNA 1 should have not been scheduled to work and providing care to residents. The ADM stated she was responsible to provide oversight to the DSD to ensure the DSD monitors CNAs certification status. The ADM stated she was responsible for the oversight to ensure staff were working in compliance with the standards of practice to provide safe and quality care for all residents. During a review of the facility ' s policy and procedure (P&P) titled, License Verification dated 2023, the P&P indicated, All personnel that require a license or certification shall be verified through the appropriate issuing agency .The Director of Staff Development or designees is responsible for maintaining and ensuring the validity .and current status of individual certification/licensure .Any licensed/certified employee is responsible for submitting verification of licensure/certification renewal to Human Resources prior to expiration. During a review of the facility ' s Job Description (JD) titled, Certified Nurse Assistant dated 2023, the JD indicated, The primary purpose of your job position is to provide each of your assigned residents with routine daily nursing care and services in accordance with the residents assessment and care plan .Attend and participate in scheduled training and educational classes to maintain current certification as a Nursing Assistant .Must be a licensed Certified Nursing Assistant in accordance with laws of the state . During a review of the facility ' s JD titled, Director of Nursing undated, the JD indicated, Administers nursing programs in long term care facility to maintain standards of patient care and advises medical staff, department heads and administrators in matters related to nursing services .Performs personnel management function such as establishing personnel qualification requirements .Supervises all employees in the Nursing Department . Is responsible for the overall direction and evaluation of this unit Responsibilities include .assigning and directing work . During a review of the facility ' s JD titled, Director of Staff Development undated, the JD indicated, Plans and conducts orientation and program for nonprofessional nursing personnel by performing the following duties .Assists certified nursing assistants with the re-certification process through the Department of Health . CNA monthly work schedule .

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that a working call system is available in each resident's bathroom and bathing area. 38961 During an observation, interview, and record review, the facility failed to maintain a functioning communication system (call light system-an alerting device used by residents to request assistance from nursing staff) for 17 residents bed (3 C,4 B, 7 D, 9 A,B,D 10 C,D 11 A,B,C 12 A,B,C 14 A,B,C) out of 46 residents bed when the patient call light system warning lights above residents doorway and monitoring panel located in the nurses station to indicate when patients have perceived needs requiring attention were not functioning properly. This failure resulted for residents in the facility not able to call for help and receive immediate assistance from nursing staff which placed residents ' health and safety at risk. Findings: During an interview on 1/16/24 at 10:10 a.m., with Maintenance Supervisor (MS), the MS stated he conducted daily inspections for all the call lights in residents ' room for proper functioning. The MS stated when residents pressed the call light button, the warning lights above resident ' s doorway and the monitoring panel located in the nurse ' s station must turn on. During a concurrent observation and interview on 1/16/24 at 11 a.m., with the Administrator (ADM) and the Director of Nursing (DON), the ADM and the DON checked all call lights assigned to each resident ' s bed for proper functioning. The ADM and DON pressed the call light button for beds 3 C,4 B, 7 D, 9 A, B, D 10 C, D 11 A, B, C 12 A, B, C and 14 A, B, C and the warning lights above resident ' s doorway and monitoring panel located in the nurse ' s station did not turn on. The AMD and the DON stated the call lights were not functioning properly. The ADM and the DON stated the call light system should function properly for resident to call for assistance from facility staff. During an interview on 1/16/24 at 11:45 a.m., with Certified Nurse Assistant (CNA) 1. CNA 1 stated he was not aware the call lights were not functioning. CNA 1 stated the call lights should have been functioning properly for residents to request assistance from facility staff. During an interview on 1/16/24 at 11:52 a.m., with the Licensed Vocational Nurse (LVN) 2, LVN 2 stated she was not aware the call lights were not functioning. LVN 2 stated the maintenance were responsible to ensure the call lights were functioning for residents to be able to request assistance from nursing staff and for nursing staff to meet residents needs. During an interview on 1/16/24 at 12:15 p.m., with the DON, the DON stated 17 call lights were not functioning properly. The DON stated the broken call lights placed residents at risk for falls and delay in care. During an interview on 1/16/24 at 12:33 p.m., with the MS, the MS stated he checked warning lights above the resident ' s doorway for proper functioning this morning but did not check the monitoring panel at the nurse ' s station. The MS stated he did not conduct a detailed inspection of the call light system and should have. (continued on next page)

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 1/16/24, at 1:00p.m. with the Plant Supervisor Environment (PSE), the PSE stated it was important for call light system to functioning properly for residents to call for assistance from nursing staff. The PSE stated he was responsible to ensure the MS was performing daily inspection of the call light system for proper functioning. During an interview on 1/16/24, at 1:10 p.m., with ADM, the ADM stated he did not know how often the MS checks the call light system. The ADM stated the MS should check the call light system weekly. The ADM stated this was the first time the call light system was not functioning properly. During a review of the facility ' s policy and procedure (P&P) titled, Call Lights dated 11/2022, the P&P indicated The purpose of this policy is to ensure the facility is adequately equipped with a call light at each residents ' bedside and bathing facility to allow resident to call for assistance. Call lights directly relay to a staff member or centralized location to ensure appropriate response Staff will report problems with a call light or the call system immediately to the supervisor and/or maintenance director and will provide immediate or alternative solutions . Ensure the call system alerts staff members directly or goes to a centralized staff work area .