STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555920	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Evergreen Care Center	5265 East Huntington Avenue Fresno, CA 93727

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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure a safe and orderly discharge from the facility for one of two sampled residents (Resident 1) when the facility discharged Resident 1 without needed medical equipment that included oxygen concentrator, wheelchair, and shower chair. This failure placed Resident 1 at risk for an unsafe discharge due to the inability to use medical equipment to prevent possible falls, injuries and respiratory distress.Findings: During a review of Resident 1's admission Record (AR- a summary of information regarding a resident which includes patient identification, past medical history, insurance status, care providers, family contact information and other pertinent information), the AR indicated, Resident 1 was admitted to the facility on [DATE] with diagnosis for Diabetes Mellitus (DM- increased sugar in the blood), bacterial infections, End Stage Renal Disease (ESRD- Kidney failure), hypertension (high blood pressure), heart failure, Abnormalities of breathing. 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 assessment] dated 2/19/26, the MDS indicated, Resident 1's Brief Interview for Mental Status (BIMS screening tool used to assess resident cognitive level) score was 15 out of 15 (0 - 7 indicated severe cognitive impairment [memory loss, poor decision making skills] 8-12 moderate cognitive impairment, (13 -15) cognitively intact) which indicated Resident 1 was cognitively intact. During an interview on 3/5/26 at 11:26 a.m. with registered nurse (RN) 1, RN 1 stated the facility process was for a resident discharge was to ensure residents had all medications, education and medical equipment needed for a safe discharge. RN 1 stated Resident 1 should not have been discharged without the physician ordered medical equipment and oxygen concentrator. RN 1 stated it was important to follow physician orders especially during a discharge in which medical equipment was needed to ensure the residents are safe when discharging from the facility. During a review of Resident 1's, Physician Discharge Orders, dated 2/19/26, the physician discharge orders indicated, . Discharge plans: [Resident 1] will be discharged . Home, post discharge needs services and medical equipment: home health nursing, wheelchair, home health physical therapy, home health occupational therapy, shower chair, oxygen. The physician order indicated Resident 1 required medical equipment prior to discharging from the facility. During an interview on 3/5/26 at 11:42 a.m. with the social services director the SSD stated Resident 1 was discharged on 2/19/2026 from the facility. The SSD stated Resident 1 had discharged with a physician order for home health, physical therapy, occupational therapy, shower chair, walker and oxygen concentrator. The SSD stated there was no medical equipment provided for Resident 1 upon discharge on [DATE] or prior. During a review of Resident 1's, Discharge Summary Instructions, dated 2/19/26, the discharge summary indicated, . date of discharge, 2/19/26, During the course of the stay, [Resident 1] received 24 hour skilled nursing care, including monitoring of medical conditions, medication administration, assistance with activities of daily living, and coordination of care with the interdisciplinary team. At the time of discharge on [DATE], [Resident 1's] condition was stable and appropriate arrangements were made for a safe transition home including follow up appointments and medication reconciliation period medical equipment was delivered at bedside (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: 555920	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2026
NAME OF PROVIDER OR SUPPLIER Evergreen Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5265 East Huntington Avenue Fresno, CA 93727	

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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	[Resident 1's] stay at the skilled nursing facility addressed the identified medical and functional needs, and [Resident 1] was discharged with a plan designed to support continued care and safety in the next setting. [Resident 1] has order for use oxygen on 2 liters via nasal cannula as per needed, all oxygen supply hand over slash home health, explained how to use oxygen supply, well understood. During a review of Resident 1's, Order Summary, dated 12/5/25 the order summary indicated, . oxygen at 4 liters per minute via nasal cannula continuously monitor for removed by resident every shift related to other abnormalities of breathing. The order indicated Resident 1 required continuous oxygen use. During a telephone interview on 3/5/26 at 12:05 p.m. with family member (FM) 1, FM 1 stated Resident 1 was discharged from the facility on 2/19/226. FM 1 stated Resident 1 was discharged to a room he was renting with a friend. FM 1 stated resident 1 did not receive any medical equipment prior to being discharged from the facility. FM 1 stated they felt the discharge was unsafe due to the facility's failure to ensure Resident 1's place of residence was appropriate and safe for Resident 1 to discharge. During an interview on 3/5/26 at 1:13 p.m. with the SSD, The SSD stated Resident 1 was issued a notice of non-payment on 2/16/26. The SSD stated Resident 1 had informed the SSD on 2/17/26, that Resident 1 had found somewhere to live where he was going to be renting a room from a friend. The SSD stated Resident 1 required minimal assistance with transfers that required supervision from staff. SSD stated that on the day of discharge 2/19/26, home health was contacted and medical equipment order was sent to the home health agency to order the equipment needed for Resident 1. The SSD stated the home health agency had notified her that the oxygen concentrator would not be available for Resident 1 upon discharge. The SSD stated Resident 1's medical equipment and oxygen concentrator were not delivered to Resident 1's place of residence prior to Resident 1 being discharged from the facility. The SSD stated Resident 1's discharge from the facility was not safe. The SSD stated Resident 1 should have been educated on the need for medical equipment prior to discharging from the facility and should have been made aware of the potential consequences of not having ordered medical equipment. During an interview on 3/5/26 at 1:46 p.m. with the director of nurses (DON), the DON stated the facility process was to ensure all residents discharging from the facility received all medical equipment needed prior to discharging from the facility. The DON stated Resident 1's discharge from the facility was unsafe due to not having the medical equipment ordered by the physician. The DON stated the facility should have delayed Resident 1's discharge from the facility until medical equipment was available. During an interview on 3/5/26 at 2:15 p.m. with the administrator (ADM), the ADM stated the facility process was to discharge all residents with medical equipment needed prior to discharging from the facility. The ADM stated the facility process was to notify the administration staff when any medical equipment was denied or not available prior to residents discharging from the facility. During a review of the facility's policy and procedure (P&P) titled, Transfer and Discharge, dated 2025, the P&P indicated, . It is the policy of this facility to permit each resident to remain in the facility, and not transfer or discharge the resident from the facility, except in limited circumstances. This policy applies to all residents regardless of their payment source. Orientation for transfer or discharge will be provided and documented to ensure safe and orderly transfer or discharge from the facility, in a form and manner that the resident can understand. Depending on the circumstances, this orientation may be provided by various members of the interdisciplinary team. Facility will obtain a physician's order for transfer or discharge and instructions or precautions for ongoing care. A post discharge plan of care that is developed with the participation of the resident, and the resident's representative(s) which will assist the resident to adjust to his or her new living environment. Orientation for transfer or discharge will be provided and documented to ensure safe and orderly transfer or discharge from the facility, in a form and manner that the resident can understand. Depending on the circumstances, this orientation may be provided by various members of the interdisciplinary team.