STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555935	A. Building B. Wing	06/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonehaven Senior Living	1717 S Winery 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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to maintain an effective infection prevention and control program to provide a safe and sanitary environment for three of five sampled residents (Residents 2, 3, and 4) when:1. Housekeeping Staff (HS) 1 did not perform hand hygiene after removing his gloves when he cleaned Residents 4's bathroom then proceeded in cleaning Resident 4's bedside table on 6/3/26.2. HS 1used the same pair of gloves and disinfectant wipe (pre-moistened disposable cloths treated with active cleaning agents that kill bacteria, .) for cleaning and disinfecting (uses chemicals (disinfectants) to kill germs on surfaces and objects) call light buttons and bed rail for Residents 2 and 3 on 6/3/26. Resident 3 was on Enhanced Barrier Precaution (EBP- measures used in healthcare settings to prevent the spread of infections) for history of Methicillin Resistant Staphylococcus Aureus (MRSA-a type of bacteria that could cause an infection and was harder to treat because some antibiotics [medication used to treat infections] did not work against it). These failures placed Resident 2, 3, and 4 at potential risk for cross contamination (the physical movement or transfer of harmful bacteria from one person, object or place to another) which could lead to an infection (the invasion and growth of germs in the body), and facility outbreak of infection (a sudden increase or clustering of disease cases beyond what's normally expected in a specific time, place, or population, often involving common exposure).1. During an observation on 6/3/26 at 10:51 a.m. with HS 1, in Residents 4's bathroom, HS 1 was wiping the grab bars with a white wipe, walked towards the housekeeping cart parked outside Resident 4's room, took an orange washcloth on the top of housekeeping cart, then proceeded in cleaning Resident 4's bedside table. HS 1 did not perform hand hygiene after removing his gloves when he cleaned the grab bars in the bathroom.During an interview on 6/3/26 at 11:08 a.m. with HS 1, HS 1 stated he should perform handwashing after removing his gloves when he cleaned Resident 4's bathroom and before cleaning Resident 4's bedside table. HS1 stated hand hygiene should be done after removing gloves and putting in new gloves for sanitary purposes and preventing infection. During an interview on 6/3/26 at 12:25 p.m. with the Infection Preventionist (IP), the IP stated hand hygiene should be done after each glove use, after cleaning each residents' care areas such as bedrooms and bathroom to prevent cross contamination and spread of infection. The IP stated she needed to ensure the staff on the floor were properly and consistently applying the infection control training they received. During an interview on 6/3/26 at 3:38 p.m. with the Director of Nursing (DON), the DON stated it was her expectation for all staff to follow facility's policy and procedures (P&P) for infection control: Standard Precaution. The DON stated proper hand hygiene should be performed after each glove used to prevent the risk of cross contamination, spreading germs, and acquiring an infection.During an interview on 6/4/26 at 9:13 a.m. with the Housekeeping and Laundry Supervisor (HLS), the HLS stated it was her expectation for housekeeping staff to perform hand hygiene after each glove used to prevent the risk of cross contamination and spreading of infection. The HLS stated housekeeping staff should follow P&P for infection control and proper hand hygiene. The HLS stated she provided proper hygiene, use of PPE, and effective cleaning and disinfecting of residents' rooms competency training during his orientation. The HLS stated there was no additional training provided after his orientation. During a review of facility's P&P titled, Standard Precautions, dated 10/2018, the P&P (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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	indicated, Standard Precautions - Standard precautions are used in the care of all residents regardless of their diagnoses, or suspected or confirmed infection status. Standard precautions are presume that all blood, body fluids, secretions, and excretions (except sweat), non-intact skin and mucous membranes may contain transmissible infectious agents. 1. Standard precautions apply to the care of all residents in all situations regardless of suspected or confirmed presence of infectious disease.Standard precautions include the following practices 1. Hand hygiene a. Hand hygiene refers to handwashing with soap (anti-microbial or non-antimicrobial) or use of alcohol-based hand rub (ABHR), which does not require access to water. b. Hand hygiene is performed with ABHR or soap and water: (4) after removing PPE. c. Hand are washed with soap and water whenever: (3) after removing gloves. 2. Gloves - g. Gloves are removed promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another resident. h. After gloves are removed, wash hands immediately to avoid transfer of microorganisms to other residents or environments. 6. Environmental Control a. Environmental surfaces, beds, bedrails, bedside equipment and other frequently touched surfaces are appropriately cleaned.During a review of facility's P&P titled, Cleaning and Disinfecting Residents' Rooms, dated 8/2023, the P&P indicated, .10. Perform hand hygiene after removing gloves. 2. During a concurrent observation and interview on 6/3/26 at 10:59 a.m. with HS 1, in Residents 2 and 3's room, HS 1 was wearing a glove while cleaning Resident 2's call light button and bed rail with the use of white wipe, then went to Resident 3's bedside and started wiping Resident 3's call light button, bed rail, and bedside nightstand. HS 1 used the same pair of gloves and white wipe in cleaning Resident 2 and 3's call light, bedrail and Resident 3's bedside nightstand. During a concurrent observation and interview on 6/3/26 at 11:03 a.m. with HS 1, in Resident 2's room, HS 1 was standing by the door in front of the housekeeping cart. HS 1 was looking at orange sticker with EBP label beside Resident 2's name and stated, EBP it's from the air .can I ask my supervisor? HS 1 left the room and was looking for his supervisor.During a concurrent observation and interview on 6/3/26 at 11:05 a.m. with Certified Nursing Assistant (CNA) 1, in Resident 2's room, CNA 1 was standing at the door and was looking at the orange circle with EBP label beside Resident 2's name. CNA 1 stated she was not aware what does the orange circle means and stated, let me ask someone, I am not sure.During an interview on 6/3/26 at 11:08 a.m. with HS 1, HS 1 stated he should not use the same gloves and wipes in cleaning Resident 2's call light button and bedrail, and Resident 3's call light button, bedrail, and bedside nightstand. HS1 stated he should change his gloves, perform hand hygiene, put in new gloves and use new wipes when cleaning each of residents' bedside to prevent cross contamination and spread of infection.During a concurrent observation and interview on 6/3/26 at 11:21 a.m. with Resident 2, at the hallway in front of the nursing station, Resident 2 was sitting in a wheelchair, well-groomed and was wearing glasses. Resident 2 was pleasant, alert and oriented to names, time, place, and situation. Resident 2 stated he was able to go to the bathroom and use a urinal. Resident 2 stated he uses his call light when he needed assistance. Resident 2 stated he uses his bedrail for transfer and bed repositioning. During a concurrent interview and record review on 6/3/26 at 12:19 p.m. with the IP, Resident 2's Electronic Medical Records (EMR- a digital version of a patient's paper chart) titled Order Summary Report (OSR) dated 6/2026 and care plan report undated were reviewed. The OSR indicated, Enhanced Barrier Precaution due to history of MRSA. The care plan report indicated, .ENHANCED BARRIER PRECAUTIONS Resident requires enhanced barrier precautions during high-contact resident care activities due to the presence of history MRSA Date Initiated: 10/31/2025.Goal: Enhanced barrier precautions will be appropriately utilized to reduce the risk of transmission of multidrug-resistant organisms. The IP stated Resident 3 was on EBP due to history of MRSA. The IP stated it was her expectation for the staff to follow P&P for Standard Precaution and EBP to prevent the risk of cross contamination and transmitting organisms from one resident to another resident. The IP stated housekeeping staff uses a disinfectant wipe for cleaning and disinfecting high touched items such as call light buttons, bed rails, grab bars, and bedside table. The IP stated HS 1 should use new disinfectant wipes between residents and each residents' care (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	areas for cleaning and disinfection. The IP stated HS 1 should change his gloves and perform hand hygiene after wiping Resident 2's call light and bedrail and use new disinfectant wipe in cleaning Resident 3's call light, bed rail and bedside dresser. The IP stated HS 1 should change gloves, perform hand hygiene, and use new supplies for each residents' care areas and high touched items like call light buttons, bedrails, and grab bars to prevent cross contamination and spread of infection. The IP stated she will provide EBP training to nursing staff.During an interview on 6/3/26 at 2:42 p.m. with Registered Nurse (RN) 1, RN 1 stated she remembered receiving training about EBP last year during her orientation and did not receive additional training about EBP. RN 1 stated she will benefit from additional EBP training to ensure proper implementation of EBP to her assigned residents in preventing infection. During a concurrent interview and record review on 6/3/26 at 3:05 p.m. with the IP, HS 1 employees' records were reviewed and indicated, HS 1's employee acknowledgement of training EBP was signed on 2/3/26. IP stated HS 1 received training for EBH and would expect to comply when working on the floor. During an interview on 6/3/26 at 3:38 p.m. with the DON, the DON stated it was her expectation for all staff to follow P&P for EBP and Standard Precaution. The DON stated proper hand hygiene should be performed after each glove used to prevent the risk of cross contamination, spreading germs, and acquiring an infection.During an interview on 6/4/26 at 9:13 a.m. with the HLS, the HLS stated it was her expectation for housekeeping staff to change their gloves, perform hand hygiene and use new gloves and new disinfectant wipes between residents to prevent the risk of cross contamination and spreading of infection. The HLS stated housekeeping staff should follow P&P for EBP and Standard Precaution. The HLS stated HS 1 received EBP training during his orientation and had no additional training about EBP after his orientation. During a review of Resident 2's admission Record (AR- a summary of information regarding a patient which includes patient identification, past medical history, insurance status, care providers, family contact information and other pertinent information), dated 6/4/26, the AR indicated, Resident 2 was admitted at the facility on 10/31/25 with diagnoses of Type 2 Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), Acquired Absence of Left Leg Above the Knee, and Personal History of Methicillin Resistant Staphylococcus Aureus.During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool used to identify cognitive [mental processes] and physical functional level assessment), dated 4/30/26, the MDS section C indicated Resident 2 had a Brief Interview for Mental Status (BIMS - a test given by medical professionals to determine cognitive understanding on a scale of 1-15) score of 15 (a score of 0-7 suggests severe cognitive impairment, 8-12 suggests moderately impaired, 13-15 suggests cognitively intact), which suggested Resident 2 was cognitively intact.During a review of facility's P&P titled, Standard Precautions, dated 10/2018, the P&P indicated, Standard Precautions - Standard precautions are used in the care of all residents regardless of their diagnoses, or suspected or confirmed infection status. Standard precautions are presume that all blood, body fluids, secretions, and excretions (except sweat), non-intact skin and mucous membranes may contain transmissible infectious agents. 1. Standard precautions apply to the care of all residents in all situations regardless of suspected or confirmed presence of infectious disease.Standard precautions include the following practices 1. Hand hygiene a. Hand hygiene refers to handwashing with soap (anti-microbial or non-antimicrobial) or use of alcohol-based hand rub (ABHR), which does not require access to water. b. Hand hygiene is performed with ABHR or soap and water: (4) after removing PPE. c. Hand are washed with soap and water whenever: (3) after removing gloves. 2. Gloves - g. Gloves are removed promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another resident. h. After gloves are removed, wash hands immediately to avoid transfer of microorganisms to other residents or environments. 6. Environmental Control a. Environmental surfaces, beds, bedrails, bedside equipment and other frequently touched surfaces are appropriately cleaned.During a review of facility's P&P titled, Enhanced Barrier Precautions, dated 9/2/22, the P&P indicated, It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of (continued on next page)

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