

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055626	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2020
NAME OF PROVIDER OF SUPPLIER HEALTHCARE CENTRE OF FRESNO		STREET ADDRESS, CITY, STATE, ZIP 1665 M STREET FRESNO, CA 93721	
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 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to implement care plan interventions to prevent falls for one of three residents (Resident 1), when Licensed Nurses did not effectively implement care plan interventions to address Resident 1's known impulsive behavior and low safety awareness. This failure resulted in Resident 1 recurrent falls on 10/25/19, 10/31/19, 11/14/19, 11/29/19, 12/5/19 and a fall on 1/6/2020 which resulted in Resident 1's hospitalization for a laceration repair to the left eyebrow. Findings: During a concurrent observation and interview on 1/17/2020, at 2:43 p.m., with the Director of Nursing (DON) in Resident 1's room, Resident 1 was alone and positioned parallel to her bed and leaned forward to move herself out of her wheelchair and onto her bed. The DON stated it was usual for Resident 1 to transfer herself without putting on the call light even though they reminded her to call for help. The DON stated the reminders the staff provided were ineffective. The DON pointed to a yellow star taped to the wall at the head of the bed and stated it was to alert staff coming in the room that Resident 1 was at high risk for falls. After assisting Resident 1 to a lying position on the bed, the DON looked at the laceration to her left eyebrow and stated it was the result of the fall on 1/6/2020 and showed healing of a scar. During a concurrent observation and interview on 1/17/2020, at 3:45 p.m., with Certified Nurse Assistant 1 inside of Resident 1's room, CNA 1 stated she did not know what the yellow star above Resident 1's bed meant but thought it meant that everything was good. CNA 1 stated Resident 1 was at risk for falls and was currently not on one-on-one supervision. During a concurrent interview and record review on 1/17/2020, at 4:45 p.m., the DON stated Resident 1's most recent fall was on 1/6/2020, at 5:40 p.m., and Resident 1 had fallen six times before. The DON stated falls were previously recorded for 12/5/19, 11/29/2019, 11/14/2019, 10/31/2019, and 10/25/2019. The DON reviewed the Resident Care Plan dated 12/5/19, after the fall on 12/5/19, which indicated, Approach (interventions) .orient resident to environment each time changes are made .provide an environment that supports minimized hazards which the facility has control .remind resident to use call light .refer for rehabilitation .monitor for effects of medications .provide education to resident, responsible party, and staff regarding special care needs .provide activities that enhances mobility .follow up with neurologist. The DON stated Resident 1 continued to display poor safety awareness and impulsive behavior. The DON stated Resident 1's behavior of impulsivity and low safety awareness was not addressed prior to 1/17/2020. During a review of Interdisciplinary Team Conference Review for Resident 1, dated 1/7/20, the IDT review indicated, .Fall 1/6/20 .Resident was found on floor by CNA .around 5:40 p.m., (Resident 1) was lying on her left side and received a laceration 2 inches by (left) eyebrow .Resident transferred to (Acute Care Hospital) .Goal and outcomes: Root Cause Analysis: 1 Poor Impulse Control. 2. [MEDICAL CONDITION] (progressive neurological disease affecting walking ability and fine motor skills) Intervention 1. Physical Therapy to assess resident safety in wheelchair, 2. Appointment with Neurologist .3. Medication to be reviewed. The interventions did not indicate how the facility would address her poor impulse control. During a record review of the Resident 1's Minimum Data Set (MDS - a comprehensive assessment for functional capability) dated 10/19/2019, the Brief Interview of Mental Status (BIMS - a cognitive assessment tool) indicated a score of 12 (moderate impairment). During a review of the facility's policy and procedure (P&P) titled Fall Management Program dated November 2016), the P&P indicated, Recurrent falls .a resident who sustains multiple falls as defined as more than one fall in a day, week, or month, will be considered a high risk to fall and as a result may sustain a major injury .may require more frequent observation of activities and whereabouts .may require a structured environment or routine .</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.