

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/29/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/20/2024
NAME OF PROVIDER OR SUPPLIER NOBLE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2740 NORTH CALIFORNIA STREET STOCKTON, CA 95204		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETI ON DATE
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the investigation of one (1) complaint and four (4) facility reported incidents. Complaint number: CA00898578 Facility Reported Incident Numbers: CA00895744, CA00895981, CA00 897104, and CA00897156 Representing the Department: Surveyor ID #47369, HFEN The inspection was limited to the specific complaint(s) or facility-reported incident(s) investigated and does not represent the findings of a full inspection of the facility. Deficiencies were issued for facility reported incidents CA00897156 at F684 and CA00895744 and CA00897104 at F656.	F 000	Noble Care Center submits this response and Plan of Correction as part of the requirements under State and Federal law. The Plan of Correction is submitted in accordance with specific regulatory requirements; it shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this Plan of Correction with the intention that it is inadmissible by any third party in any civil, criminal action or proceedings against the provider of its employees, agents, officers, directors, or shareholders. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interest of the provider either by the governmental agencies or third party. Any changes to provider policy or procedures should be subsequent remedial measures as that concept is employed in Rule 407 of the federal rules of evidence and California evidence code section 1151 and should be inadmissible in any proceeding on that basis.		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -	F 656	F656 Develop/Implement Comprehensive Care Plan How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Residents #1 & 6 were updated on 5/20/2024 to include Post Incident care plans. DSD/Designee to Licensed Nurses In-service on the importance and proper care planning policy was completed on 6/5/2024. How the facility will identify other residents having the potential to be affected by the same deficient practice and what action will be taken: The DON completed an audit of resident charts on 6/05/2024 looking at residents that have had an altercation within the last 90 days and requires Care Plans in place to speak to such care they are receiving. All residents have the potential to be affected by this deficient practice. No other residents were affected.		

What measures will be put into place or what systemic changes you will take to ensure that the deficient practice will not recur:

Initiating and/or including services that are provided to residents on their care plans. IDT team to review care plans, after altercation during the 5 day per week meeting, and LN that have missed a care plan will be required to complete immediately, and be re-trained on the importance of care plans, and how they help prevent future incidents from occurring, and how those inventions within the care plans are key components, such as redirecting the resident.

Medical Records Director and/or designee will complete an audit monthly on resident Care Plans to ensure services provided to residents is included and/or added. Medical records will be informed of residents needs by reviewing the 24 hour summary for residents need. All issues identified will be brought forth to the DON and/or designee for immediate review and resolution.

How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action must be evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system.

Medical Records Director and/or designee will complete an audit monthly on resident Care Plans to ensure services provided to residents is included and/or added. All issues identified will be brought forth to the DON and/or designee for immediate review and resolution.

Issues identified will be reported to the Administrator and/or DON for immediate resolution.

Administrator and/or designee will do trending/analysis and will report to the quarterly QAPI Committee for further evaluation and/or recommendations.

6/7/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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

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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.

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F 656	Continued From page 1 (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to develop a comprehensive care plan for two of seven sampled residents (Resident 1 and Resident 6) when Resident 1 and Resident 6	F 656			

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F 656	<p>Continued From page 2</p> <p>were involved in resident-to-resident altercations and post incident care plans were not developed.</p> <p>These failures had the potential for Resident 1 and Resident 6 to not receive adequate care and to have unmet psychosocial needs.</p> <p>Findings:</p> <p>A review of Resident 1's "ADMISSION RECORD, " indicated she was admitted to the facility in 2024, with diagnoses which included bipolar disorder (a mental health condition that causes changes in a person mood, energy, and ability to function).</p> <p>A review of Resident 1's "Progress Notes, " dated 4/26/24 at 6:29 AM, indicated, " ... had an altercation with another Resident ...claimed [Resident name] threatened to kill her ... "</p> <p>A review of Resident 6's ADMISSION RECORD indicated she was admitted to the facility in 2023 with diagnoses which included schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly).</p> <p>A review of Resident 6's "Progress Notes, " dated 4/18/2024, at 9:28 PM, indicated, "resident was lying in bed, when roommate became angry and splashed her with water ... "</p> <p>During a concurrent interview and record review on 5/20/24, at 4:18 PM, the Director of Nurses (DON) confirmed there were no care plans developed for Resident 1 or Resident 6 following each incident and there should have been. The DON stated care plans should be in place to indicate what happened, how it could be</p>	F 656			

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F 656	Continued From page 3 prevented, the resident's goals and the appropriate interventions for each resident to keep them safe. A review of a facility document titled, "CHARGE NURSE ...JOB DESCRIPTION, " dated 2020, indicated, " ...Major Duties and Responsibilities ...Initiates, reviews and updates care plans as required ... " A review of a facility policy titled, "Comprehensive Care Plans, " dated 2023, indicated, " ...It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and time frames to meet a residence medical, nursing, and mental and psychosocial needs ... "	F 656			
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure professional standards of care were provided for one of seven sampled residents (Resident 7) when Resident 7 sustained a cervical (neck) fracture on 4/8/24 and her medical provider was not informed until 4/26/24.	F 684	F684 Quality of Care How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident #7 Responsible Party, MD, ombudsman and CDPH 4/26/24. Resident was also sent out to the acute care hospital on 4/26/2024 for further evaluation of fracture. The hospital immediately sent the resident back and stated she did not appear she was in pain and refused to provide care. Referral was sent to Stockton imaging for a second Xray. What measures will be put into place or what systemic changes you will take to ensure that the deficient practice will not recur: The DON Inservice to License Nurses was completed on 6/5/2024 regarding the importance of Quality Care and following orders.		

	<p>DON/ Designee finished an audit on 6/5/2024 to review residents' charts to ensure all residents Quality of Care is met. No other residents were effective.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action must be evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system.</p> <p>Medical Records Director and/or designer will complete an audit monthly on resident Care Plans to ensure services provided to residents is included and/or added. All issues identified will be brought forth to the DON and/or designee for immediate review and resolution.</p> <p>Issues identified will be reported to the Administrator and/or DON for immediate resolution.</p> <p>Administrator and/or designee will do trending/analysis and will report to the quarterly QAPI Committee for further evaluation and/or recommendations.</p> <p>6/05/2024</p>	
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F 684	Continued From page 4 This failure resulted in a delay of treatment, and placed Resident 7 at risk of improper healing and worsening of her injury. Findings: A review of Resident 7's "ADMISSION RECORD, " indicated she was admitted to the facility in 2019 with diagnoses which included epilepsy (a brain condition that causes recurring seizures) and Alzheimer's disease (a progressive disease that affects the parts of the brain that control thought, memory and language). A review of Resident 7's "Progress Notes, " dated 4/8/2024, at 11:18 AM, indicated, " ...Back from ED [emergency department] ...due to a fall this morning ...Assisted resident back to bed, check for any alteration in skin integrity but none noted ...with new order of Cefdinir [an antibiotic medication used to treat an infection] ...Noted and carried out... " The note included results from tests performed at the hospital which included: " ...Cervical spine CT [computed tomography, computerized x-ray imaging] ...Impression is nondisplaced fracture [bone remains aligned] through the right C3 transverse process [bony process of third neck bone] extending to transverse foramen [opening that is occupied by the vertebral artery and vein] ... " During an interview on 5/20/24, at 3:10 PM, Licensed Nurse (LN) 5 stated he cared for Resident 7 on 4/8/2024, when she returned from the ED. LN 5 further stated he received discharge documents from the hospital which indicated a discharge diagnosis of multiple falls and urinary tract infection (UTI) and that was the information	F 684		

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F 684	<p>Continued From page 5</p> <p>he gave to the medical provider.</p> <p>A review of Resident 7's clinical document titled, "Emergency Department Patient Discharge Instructions, " indicated, " ...Visit Date 04/08/2024 ... " page 2 indicated, " ...Discharge Diagnosis Frequent falls ...Urinary tract infection ... " page 5 indicated, "Follow -up Instructions: ...Report: CT C spine ... " continued to page 6, " ...IMPRESSION: Nondisplaced fracture through right C3 transverse process extending to the transverse foramen ... "</p> <p>During an interview on 5/20/24, at 3:37 PM, the Director of Staff Development (DSD) stated the ED paperwork indicated diagnoses of frequent falls and UTI on the first page of the discharge instructions and that was the information LN 5 relied on. The DSD further stated another nurse reviewed the discharge notes on 4/26/24 and discovered the documentation about the fracture. The DSD stated the medical provider was informed of the CT results on 4/26/24 and new orders were received. The DSD stated Resident 7 was at risk for potential worsening of her condition due to the delay in treatment.</p> <p>A review of Resident 7's "Progress Notes, " dated 4/26/24, at 8:36 PM, indicated, "NP [Nurse Practitioner] ... made a rounds today and order, cervical MRI [magnetic resonance imaging, uses magnets and radio waves to make detailed pictures of the body's organs, muscles, soft tissues, and structures], refer to ortho, neck brace, and u/s [ultrasound] to soft tissue neck, refer to ENT [ear, nose and throat physician] ... "</p> <p>A review of Resident 7's "Progress Notes, " dated 4/26/24, at 8:30 PM, indicated " ...Resident</p>	F 684		

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F 684	Continued From page 6 is on monitoring day 1 for nondisplaced fracture through the right c3 transverse ... " During an interview on 5/20/24, at 4:10 PM, the Director of Nurses (DON) stated it was her expectation that all discharge instructions would be reviewed when a resident returned from the hospital. The DON further stated the delay in treatment put Resident 7 at potential risk of improper healing and of more severe injury if she sustained another fall. A review of a facility policy titled, "Incidents and Accidents, " dated 2023, indicated, " ...Any injuries will be assessed by the licensed nurse or practitioner ...The nurse will contact the resident's practitioner to inform them of the incident/accident, report any injuries or other findings, and obtain orders, if indicated ... " A review of a facility policy titled, "Provision of Quality Care, " dated 2023, indicated, " ...Qualified persons will provide the care and treatment in accordance with professional standards of practice... "	F 684			