State of California—Health and Human Services Agency
California Department of Public Health

TOMAS J. ARAGON, M.D., Dr P.H
Director and State Public Health Officer

GAVIN NEWSOM
Governor

August 22, 2023

Matthew Taylor, Administrator
Stockton Nursing Center
4545 Shelley Court
Stockton, CA 95207

RE: ENFORCEMENT CYCLE August 10, 2023

Dear Administrator,

Your plan of correction from the abbreviated survey for Complaint #CA00849714 completed on 08/02/2023 has been accepted and you have corrected all deficiencies noted during the survey effective 08/1o/2023.

If you have any questions concerning this letter, please contact Heather Warmerdam, Health Facilities Evaluator Supervisor, at (916) 263-5800.

Sincerely,

Emily Lim Program Technician II

For Daniel Schut
District Manager

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055201	A. BUILDING _____ B. WING _____	R-C 08/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STOCKTON NURSING CENTER	4545 SHELLEY COURT STOCKTON, CA 95207

(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) COMPLETION DATE
{F 000}	INITIAL COMMENTS An off-site revisit survey was conducted on 08/17/2023 for all previous deficiencies cited on 08/02/2023. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all regulations surveyed 08/10/2023.	{F 000}		

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.

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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of complaint #CA00849714. Representing the Department of Public Health: Health Facilities Evaluator Nurse, 47046 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.	F 000		
F 803 SS=D	Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7) §483.60(c) Menus and nutritional adequacy. Menus must- §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.; §483.60(c)(2) Be prepared in advance; §483.60(c)(3) Be followed; §483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups; §483.60(c)(5) Be updated periodically; §483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and	F 803		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	NHA	8/10/2023

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F 803	Continued From page 1 §483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow the menu for one of three sampled residents (Resident 2) when a therapeutic diet was not served to Resident 2 as ordered for the lunch meal on 7/19/23. This failure had the potential to result in a negative health outcome for Resident 2. Findings: A review of Resident 2's "ADMISSION RECORD" indicated, Resident 2 was admitted in early 2022 with multiple diagnoses which included Type 2 Diabetes Mellitus (A chronic condition that affects the way the body processes blood sugar or glucose). A review of Resident 1's Minimum Data Set (MDS - A resident Assessment and Screening tool) dated 5/9/23, indicated, Resident 1 had no cognitive impairment. During a concurrent observation and interview, on 7/19/23 at 12:37 p.m., in Resident 2's room, Resident 2 was served a lunch tray. Resident 2's meal tray included Barbequed chicken, baked sweet potato, spring blend vegetables, bread roll with butter, and biscuit berry shortcake. Resident 2 stated, she was diabetic, but she was served a piece of shortcake. Resident 2 further stated the shortcake was not sugar free and she had received it before.	F 803		

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F 803	Continued From page 2 During a concurrent interview and record review on 7/19/23 at 1:32 p.m. with Licensed Nurse (LN) 1, Resident 2's "Order Summary Report" was reviewed. The order summary report indicated; Resident 2 had a Consistent Carbohydrate Diet (CCD -diet that helps people with diabetes to keep their carbohydrate consumption at a steady level, through every meal and snack), ordered on 8/30/22. LN 1 stated, Resident 2 was supposed to get a diabetic diet. During an interview on 7/19/23 at 1:47 p.m. with a Nurse Practitioner (NP) at nursing station North, the NP confirmed Resident 2's diet order was a Consistent Carbohydrate Diet. When the NP was shown a picture of Resident 2's lunch tray, the NP stated a piece of shortcake was not part of diabetic diet. The NP further stated it could raise Resident 2's blood sugar. During a concurrent interview and record review on 7/19/23 at 3:18 p.m., the Dietary Manager (DM) stated, Resident 2 was supposed to be served fresh strawberries with whipped cream, but she received biscuit berry shortcake instead. The DM confirmed, the biscuit berry shortcake was served by mistake. The DM stated the risk of not receiving a diabetic diet was that it could raise Resident 2's blood sugar. A review of a facility document from the kitchen titled, "Daily Spreadsheet" dated 7/19/23 indicated, Fresh strawberries with Whip Topping for residents who were ordered a CCD diet. During a review of facility's policy and procedure titled, "Tray Identification" (Revised April 2007), indicated, "...To assist in setting and serving the	F 803		

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F 803	Continued From page 3 correct food trays/diets to resident, the Food Services Department will use appropriate identification (e.g. color coded or computer generated diet cards) to identify the various diets. The food Services Manager or supervisor will check trays for correct diets before the food carts are transported to their designated area. Nursing staff shall check each food tray for the correct diet before serving the residents ..."	F 803		
F 806 SS=D	Resident Allergies, Preferences, Substitutes CFR(s): 483.60(d)(4)(5) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences; §483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice; This REQUIREMENT is not met as evidenced by: Based on interview, and record review, the facility failed to honor a food preference for one of three sampled residents (Resident 1) when, Resident 1 was served fish for the lunch meal on 7/13/23 even though fish was a documented dislike in Resident 1's clinical record. This failure increased the potential for Resident 1 to have an unpleasant dining experience and had the potential to result in altered nutrition. Findings: A review of Resident 2's "ADMISSION RECORD"	F 806		

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F 806	Continued From page 4 indicated, Resident 1 was admitted in Mid-2023 with multiple diagnoses which included Type 2 Diabetes Mellitus (A chronic condition that affects the way the body processes blood sugar) and anxiety disorder. A review of Resident 1's Minimum Data Set (MDS - A resident Assessment and Screening tool) dated 6/7/23 indicated, Resident 1 had no cognitive impairment. During an interview on 7/19/23 at 2:07 p.m., in Resident 1's room, Resident 1 stated, she disliked fish, but she was served fish on 7/13/23 and that made her anxious. A review of a facility document from the kitchen titled, "Menus" "Week at a Glance" "2023 June 18-July 22" indicated, Crunchy Fish Fillet was on the Menu for the lunch meal on 7/13/23. A review of Resident 1's "Dietary Interview/ Prescreen (Summary)" dated 7/24/23 indicated Resident 1 disliked fish. A review of Resident 1's meal ticket (a document given during meals that have the residents' nutritional information, food likes and dislikes) indicated, Resident 1 disliked fish. During an interview on 7/19/23 at 3:18 p.m., the Dietary Manager (DM) confirmed Resident 1 disliked fish. The DM also confirmed Resident 1 received fish on 7/13/23. The DM stated it was a mistake made by the cook and dietary aid. The DM further stated, if Resident 1 was served food she disliked, she would not eat it and that could negatively impact her health. During a review of the facility's policy and procedure titled, "Resident Food Preferences" (Revised July 2017), indicated, "... individual	F 806		

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F 806	Continued From page 5 preferences will be assessed upon admission ...The dietitian and nursing staff, assisted by the Physician, will identify any nutritional issues and dietary recommendations that might be in conflict with the resident ' s food preferences ..."	F 806		