Page: __2 09/3/2021 04:42 PM TO:19162635840 FRQM;2094771764

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

PRINTED: 08/06/2021 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER STOCKTON NURSING CENTER SUMMANY STATEMENT OF DEFICIENCIES SUPPLIES SUPP	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
STOCKTON NURSING CENTER STOCKTON NURSING CENTER SUBMARY STATEMENT OF DEPOCRACES PRECEDED BY FOUL RECARD EPTOCK WIST BE PRECEDED BY FOUL PREFIX TAG THE ACCURATE PROCESS. APPERENCE OF OTHER APPROPRIATE DESCRIPTION SHOULD BE CROSS-REFERENCE OF THE APPROPRIATE DESCRIPTION SHOULD BE CROSS-R				С
STOCKTON NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES PREFIX PROPERTY PREFIX PROPERTY PROPERT		055201		08/04/2021
STOCKTON NURSING GENTER SUMMARY STATEMENT OF DEFICIENCIES FREETY TAG SUMMARY STATEMENT OF DEFICIENCIES FREETY TAG FOOD INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of facility reported incident #CA00740781. Representing the Department of Public Health: Health Facilities Evaluator Nurse, 42813. The inspection was limited to the specific facility reported incident investigated and does not represent the findings of a full inspection of the facility. F889 Free of Accident Hazards/Supervision/Devices SS=G CFR(s): 483.25(d) (1)(2) \$483.25(d) (2) Each resident environment remains as free of accident hazards as is possible; and supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record review, the facility failed to provide monitoring and supervision to ensure safety of six residents (Resident 1, Resident 2, Resident 3, Resident 5, Resident 1, Resident 2, Resident 3, Resident 5, Resident 3, Resident 5, Resident 3, Resident 5, Resident 1, Resident 1, Resident 3, Resident 5, Resident 5, Resident 6, Resident 8) in a sample of 8 residents identified at risk for elopement (an act or instance when a cognitively impaired person leaves a safe area or premises unsupervised) when: 1. Resident 1 eloped and was found in a homeless shelter with altered mental status, POOR Initial Comments FOOD Initial Comments FO	NAME OF PROVIDER OR SUPPL	IER	Section Control Contro	^^ ^
FREDIX REGULATIONY OR LISC IDENTIFYING INFORMATION) FOOD INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of facility reported incident #CA00740781. Representing the Department of Public Health: Health Facilities Evaluator Nurse, 42813. The inspection was limited to the specific facility reported incident investigated and does not represent the findings of a full inspection of the facility. Fe89 Free of Accident Hazards/Supervision/Devices SS=G CFR(s): 483.25(d)(1)(2) §483.25(d) (Accidents. The facility must ensure that \$483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and \$483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record review, the facility failed to provide monitoring and supervision to ensure safety of six residents (Resident 1, Resident 2, Resident 3, Resident 5, Resident 6, Resident 8) in a sample of 8 residents identified at risk for elopement (an act or instance when a cognitively impaired person leaves a safe area or premises unsupervised) when: 1. Resident 1 eloped and was found in a homeless shelter with altered mental status,	STOCKTON NURSING CE	NTER	///	1) HAF
The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of facility reported incident #CA00740781. Representing the Department of Public Health: Health Facilities Evaluator Nurse, 42813. The inspection was limited to the specific facility reported incident investigated and does not represent the findings of a full inspection of the facility. F 889 Free of Accident Hazards/Supervision/Devices SS=G CFR(s): 483.25(d)(1)(2) § 483.25(d) Accidents. The facility must ensure that-\$483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record review, the facility falled to provide monitoring and supervision to ensure safety of six residents (Resident 1, Resident 2, Resident 3) as asmple of 8 residents identified at risk for elopement (an act or instance when a cognitively impaired person leaves a safe area or premises unsupervised) when: 1. Resident 1 eloped and was found in a homeless shelter with altered mental status,	PREFIX (EACH DEFICIE	NCY MUST BE PRECEDED BY FULL	PREFIX (EACH CORRECTIVE ACTION SHOUTS TAG CROSS-REFERENCED TO THE APPRO	ILD BE COMPLETION
reported incident investigated and does not represent the findings of a full inspection of the facility. F 689 Free of Accident Hazards/Supervision/Devices SS=G CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record review, the facility failed to provide monitoring and supervision to ensure safety of six residents (Resident 1, Resident 2, Resident 5, Resident 6, Resident 8) in a sample of 8 residents identified at risk for elopement (an act or instance when a cognitively impaired person leaves a safe area or premises unsupervised) when: 1. Resident 1 eloped and was found in a homeless shelter with altered mental status, The facility indicates the deficiency, statements, facts, and conclusions that form the basis for the deficiency. F 689 Free of Accident Hazards/Supervision/Devices 1. Resident I returned to the facility from the acute on 6/19/21. Facility scheduled a resident companion (1:1 supervision) with resident for AM and PM shift (16 hours a day) starting 6/20/21. Facility placed a new wander guard bracelet on resident 1 on 6/19/21. Maintenance Director installed nine Ring security cameras with motion sensor lights around the outside of the facility on 6/21/21. See exhibit #1. Facility also purchased and installed tiles (high performance GPS finder device) on each resident's wheelchehair who are on high risk for elopement on 6/21/21. See exhibit #2. Facility obtained a bid from ADT Commercial to install ten HD security cameras outside of facility on 7/16/21. See exhibit #3. Facility received a bid from ADT Commercial to install ten HD security cameras outside of facility on 7/16/21. See exhibit #3. Facility received a bid from ADT Commercial to install ten HD security cameras outside of facil	The following re California Depar abbreviated sun reported inciden Representing the Health Facilities	eflects the findings of the trent of Public Health during an vey for the investigation of facility t #CA00740781. Department of Public Health: Evaluator Nurse, 42813.	F 000 "This Plan of Correction is prepare submitted as required by law. submitting this Plan of Correctockton Nursing and Rehab Center not admit that the deficiency listed of form exist, nor does the Center administration any statements, findings, facts conclusions that form the basis for alleged deficiency. The Center rest the right to challenge in legal a	By ction, does nothis nit to cruthe erves nd/or
The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record review, the facility failed to provide monitoring and supervision to ensure safety of six residents (Resident 1, Resident 2, Resident 3, Resident 5, Resident 6, Resident 8) in a sample of 8 residents identified at risk for elopement (an act or instance when a cognitively impaired person leaves a safe area or premises unsupervised) The facility must ensure that - §483.25(d)(2) Each resident environment remains acute on 6/19/21. Facility scheduled a resident companion (1:1 supervision) with resident for AM and PM shift (16 hours a day) starting 6/20/21. Facility placed a new wander guard bracelet on resident 1 on 6/19/21. Maintenance Director installed nine Ring security cameras with motion sensor lights around the outside of the facility on 6/21/21. See exhibit #1. Facility also purchased and installed tiles (high performance GPS finder device) on each resident's wheelchair who are on high risk for elopement on 6/21/21. See exhibit #2. Facility obtained a bid from ADT Commercial to install ten HD security cameras outside of facility on 7/16/21. See exhibit #3. Facility received a bid from Stanley Healthcare to upgrade the wander guard system throughout the facility and bid	reported inciden represent the fin facility. F 689 Free of Accident	t investigated and does not dings of a full inspection of the Hazards/Supervision/Devices	regulatory or administrative procee the deficiency, statements, facts, conclusions that form the basis for deficiency." F 689 Free of Accident	dings and
homeless shelter with altered mental status, Stanley Healthcare to upgrade the wander guard system throughout the facility and bid	The facility must §483.25(d)(1) The as free of accide §483.25(d)(2)Eac supervision and accidents. This REQUIREM by: Based on observative, the facility supervision to en (Resident 1, Resent 1, Rese	ensure that - e resident environment remains nt hazards as is possible; and ch resident receives adequate assistance devices to prevent ENT is not met as evidenced vations, interviews and record y failed to provide monitoring and sure safety of six residents dent 2, Resident 3, Resident 5, dent 8) in a sample of 8 ed at risk for elopement (an act a cognitively impaired person a or premises unsupervised)	1.Resident 1 returned to the facility from acute on 6/19/21. Facility scheduled a resident companion (1:1 supervision) wiresident for AM and PM shift (16 hours day) starting 6/20/21. Facility placed an wander guard bracelet on resident 1 on 6/19/21. Maintenance Director installed Ring security cameras with motion sense lights around the outside of the facility of 6/21/21. See exhibit #1. Facility also purchased and installed tiles (high performance GPS finder device) on each resident's wheelchair who are on high rifor elopement on 6/21/21. See exhibit #1. Facility obtained a bid from ADT Commercial to install ten HD security cameras outside of facility on 7/16/21.	th a ew nine or n
	homeless shelter	with altered mental status,	Stanley Healthcare to upgrade the wande	bid

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: F8JX11

Facility ID: CA030000073

PRINTED: 08/06/2021 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING_ С 055201 B. WING 08/04/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4545 SHELLEY COURT STOCKTON NURSING CENTER STOCKTON, CA 95207 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) was approved on 7/19/21. See exhibit #4, F 689 Continued From page 1 F 689 Installation date for the new "Wander Guard dehydrated and with urinary tract infection (UTI) 3 Blue" system will be 11/1/21. Facility staff days later. checked functionality and alarm of the 2. Staff failed to monitor the application and current wander guard system Q shift starting functioning of wanderquard (a monitoring device 6/21/21 and moving forward. A wander which beeps when residents go out of the guard tag reader (tester) wasc purchased on building) bracelets for Resident 5, Resident 6. 6/22/21 to test wander guard monitors O shift and Resident 8. by the license nurses. See exhibit #5, LN 4 Staff failed to include Resident 2 and Resident switched her status from full time to on call 3 with wanderguards into the Elopement log on 8/17/21. A wander guard policy was binder for monitoring and have a Medical Doctor developed on 8/27/21. See exhibit #6. (MD) order for Resident 2 and 3. Director of Nursing (DON) reviewed other These failures resulted in Resident 1's elopement residents with risk of elopement on 6/21/21 which caused harm when she experienced dehydration and possible exposure to extreme and created an elopement binder (a tool) heat and had the potential for elopement of identifying those residents who have a high Resident 2, Resident 3, Resident 5, Resident 6, risk of elopement and wander guard monitor and Resident 8. on. Each station has a copy of the binder, No other residents were affected by this Findings: deficient practice. 1. A review of Skilled Nursing Facility Admission Record (SNFAR) indicated, Resident 1 was The DON conducted re-education to the admitted to the facility in February 2020, with license nurses and staff on 6/17/21 and diagnoses including stroke (a medical condition in 8/27/21 about elopement, safety, and accident which poor blood flow to the brain causes cell prevention. Administrator conducted redeath) and muscle weakness. education to staff members on 6/18/21 about elopement, codes, and safety as well. The A review of the Minimum Data Set (MDS; an assessment tool) dated 6/4/2021, indicated 8/30/21 administrator conducted re-education to Resident 1 has a Brief Interview of Mental Status department managers on 8/19/21 of daily (BIMS; an assessment tool in assessing mental checks of the wander guard functionality. cognition) score of 5 which indicated Resident 1 The new wander guard system company will was cognitively impaired. inservice the Maintenance Director after installation on 11/1/21 and he will then A review of the Medical Doctor's (MD 1) order for educate staff on use and functionality. Resident 1 dated 4/13/2020, indicated to "monitor wanderguard (a monitoring device which alarms During daily risk management meeting, the when resident goes out of the building) placement Interdisciplinary Team (IDT) will review the

PRINTED: 08/06/2021 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING C 055201 B. WING 08/04/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4545 SHELLEY COURT STOCKTON NURSING CENTER STOCKTON, CA 95207 SUMMARY STATEMENT OF DEFICIENCIES (X4) IQ PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) If the new resident has a high risk for F 689 | Continued From page 2 F 689 elopement, the ADON/designee will obtain an MD order for wander guard A review of the facility's incident report on 6/17/21 bracelet/monitor. The license nurse will place at 4:54 pm indicated Resident 1 eloped on the wander guard monitor on the resident. 6/16/2021 (did not give exact time). The report The MRD/designee will include the resident indicated Resident 1 was discovered missing in in the elopement binder. The license nurses the afternoon (early evening) of 6/16/2021. will conduct Q shift checks for each elopement risk resident. Medical Records A review of the Nurses' Notes dated 6/16/2021 at Director/Designee will conduct audits, using 1345, Licensed Nurse (LN) 1 indicated Resident the MAR, Q shift checks daily and report any 1 was last seen in the resident's bathroom at 6/16/2021 at 1:30 p.m. to 1:45 p.m. by the CNA. gaps in the shift checks to the DON. The DON will address and correct the issue right A review of the Nurses' notes at 6/16/2021 at away. MRD/designee will log the findings of 22:52 p.m., LN 5 indicated Resident 1 was the daily audit in a report and give the report discovered missing on 6/16/2021 at 10:30 p.m., to the DON. The DON will report on the during nurse endorsement at shift change. missing documentation/gaps in a log to the OA Committee each month for the next three A review of the Nurses' Notes dated 6/17/2021 at months. The QA committee will review and 17:11 p.m. (late entry for 6/16/2021), indicated LN evaluate as needed. 4 did not monitor Resident 1 and the functionality of the wanderguard during her shift. The Maintenance Director/designee will check the wander guard system daily and In an Interview with the Director of Nursing (DON) monitor using the log found in TELS (a on 6/18/2021 at 11:30 a.m., the DON stated that tracking system report). The Manager of the the Staff realized Resident 1 was missing during Day (MOD) will conduct the daily checks of evening shift report on 6/16/2021 at 10:30 p.m., and that the resident was still missing. The DON the wander guard system on the weekends also stated that Resident 1 had a wanderquard and will note the findings in the log. The on when she eloped. Administrator will be notified if there is an 8/30/21 issue. The Administrator will report the log During a concurrent interview and record review to the QA committee monthly for the next of the Medication Administration Record (MAR) three months. The QA committee will review for the month of June with Licensed Nurse 1 and evaluate as needed. (LN1) on 6/18/2021 at 12 p.m., Resident 1's wanderguard bracelet was noted to be checked 2.A. Resident 5 was sent to the acute on daily from June 1 to June 16, 2021. LN 1 stated 7/10/21. Resident 1 was wearing a wanderguard bracelet when she checked Resident 1 on 6/16/21 at 8 Director of Nursing (DON) reviewed other a.m.

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Event ID: F8JX11

sidents with risk of elopement on 6/21/2 Facility ID: CA030000073

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

PRINTED: 08/06/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
	055201	B. WING		C
NAME OF PROVIDER OR SUPPL			STREET ADDRESS, CITY, STATE, ZIP CODE	08/04/2021
STOCKTON NURSING CE	NTER		4546 SHELLEY COURT STOCKTON, CA 95207	
PREFIX (EACH DEFICE	' STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION
Nursing (DON) DON stated he	n page 3 ent request with the Director of on 6/18/2021 at 1:10 p.m., the will ask their Nurse Consultant for itoring the wanderguard.	F 68	and created an elopement binder (a helpfu tool) identifying those residents who have high risk of elopement and wander guard monitor on. Each station has a copy of the binder. No other residents were affected to this deficient practice.	a
A record review Documentation, the Emergency Hospital (GACH presented to the mental status ar (lack of total boc disruption of the tract infection (U (CBC) results in- count of 13.7 the unit; normal valu- Panel (BMP), da elevated value (3 (BUN, a measur- fluid balance; no potassium level normal value at 3 low potassium le The urinalysis re moderate preser (presence of whi infection). MD 2 indicated urinary During an intervie 2:40 p.m., SSD s wanting to return also stated that ti	on the Emergency dated 6/19/2021 at 4:45p.m. at Room in a General Acute Care), MD 2 indicated that Resident 1 Emergency room with altered and diagnosed with dehydration by water with an accompanying metabolic process) and urinary (TI). The Complete Blood Count dicated Resident 1 had a white busand/unit liter (a measuring les at 4-10). The Basic Metabolic leted 6/19/2021, indicated an 32.3) of Blood Urea Nitrogen lete to evaluate kidney function and rmal values at 9.8 to 20.1) and a lof 3.1 mmol/L (a unit of measure; 3.5 to 5.1). MD 2 indicated the level was indicative of dehydration, sults, dated 6/19/2021, indicated lince of blood in the urine and lince of leukocyte esterase lite blood cells which indicate indicated the urinalysis results		The DON conducted re-education to the license nurses and staff on 6/17/21 and 8/27/21 about elopement, safety, and accid prevention. Administrator conducted reeducation to staff members on 6/18/21 about elopement, codes, and safety as well. The administrator conducted re-education to department managers on 8/19/21 of daily checks of the wander guard functionality. The new wander guard system company winservice the Maintenance Director after installation on 11/1/21 and he will then educate staff on use and functionality. During daily risk management meeting, the Interdisciplinary Team (IDT) will review the elopement assessment for any new resident of the new resident has a high risk for elopement, the ADON/designee will obtain an MD order for wander guard bracelet/monitor. The license nurse will plate wander guard monitor on the resident. The MRD/designee will include the reside in the elopement binder. The license nurse will conduct Q shift checks for each elopement risk resident. Medical Records Director/Designee will conduct audits, using the MAR. Q shift checks daily and report a gaps in the shift checks to the DON. The DON will address and correct the issue riginal conduct the state of the correct the issue riginal conduct of the state of the correct the issue riginal conduct of the correct the issue riginal conduct of the correct the issue riginal conduct of the correct the correct the correct the correct of the correct the correct the correct the correct of th	e he l. ace M/33/2(
Resident 1 had e	<u> </u>		away. MRD/designee will log the findings the daily audit in a report and give the repo	of

PRINTED: 08/06/2021 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING C 055201 B. WING 08/04/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4545 SHELLEY COURT** STOCKTON NURSING CENTER STOCKTON, CA 95207 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) to the DON. The DON will report on the F 689: Continued From page 4 F 689 missing documentation/gaps in a log to the QA Committee each month for the next three months. The QA committee will review and During a phone interview with LN 4 on 6/29/2021 at 3:05 p.m., LN4 indicated she was busy on evaluate as needed. 6/16/2021 and did not check the wanderquard of Resident 1. LN 4 stated, "she did not see The Maintenance Director/designee will Resident 1 that day and the CNA did not notice check the wander guard system daily and Resident 1." monitor using the log found in TELS (a tracking system report). The Manager of the The DON confirmed there was no facility policy Day (MOD) will conduct the daily checks of on wanderguard monitoring. In an email on 8/30/21 the wander guard system on the weekends 6/29/2021 at 3:58 pm, DON indicated that the and will note the findings in the log. The facility has no policy on monitoring the Administrator will be notified if there is an wanderquard. issue. The Administrator will report the log In an email on 7/9/2021 at 2:05 p.m., DON to the QA committee monthly for the next indicated that the facility has no policy on three months. The QA committee will review monitoring the wanderguard as of 6/18/2021. and evaluate as needed. During a phone interview with LN 4 on 7/9/2021 2.B. Resident 6 had an order via MD for a at 2:26 p.m., LN 4 confirmed LN 4 did not check wander guard placement on 6/21/21. Resident 1 on 6/16/2021 on her shift. LN 4 stated. "I didn't expect her to leave like that ..." Director of Nursing (DON) reviewed other residents with risk of elopement on 6/21/21 and created an elopement binder (a helpful 2. During a concurrent interview with the DON on tool) identifying those residents who have a 6/18/2021 at 1:30 p.m. at the DON's office and high risk of elopement and wander guard record review of the Elopement Log binder, the monitor on. Each station has a copy of the DON showed a one-page resident file on each of binder. No other residents were affected by the high-risk residents for elopement. There were this deficient practice. five residents in the binder, namely Resident 4, Resident 5, Resident 6, Resident 7, and Resident The DON conducted re-education to the 8. license nurses and staff on 6/17/21 and 8/27/21 about elopement, safety, and accident a. A review of Resident 5's SNFAR indicated he

was admitted in the spring of 2021 with

Resident 5 was cognitively impaired.

diagnoses including traumatic subarachnoid

depression. A review of the MDS indicated

hemorrhage (bleeding in the brain) and major

prevention. Administrator conducted re-

education to staff members on 6/18/21 about

elopement, codes, and safety as well. The

administrator conducted re-education to

department managers on 8/19/21 of daily

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score of 3 which indicated severely impaired.

During a concurrent observation and interview on

6/18/2021 at 2:10 p.m., LN 3 brought Resident 6

wanderguard. There was an audible alarm when

to the front door to check the functioning of the

Event ID: F8JX11

Facility ID: CA030000073

tracking system report). The Manager of the

Day (MOD) will conduct the daily checks of

the wander guard system on the weekends

and will note the findings in the log. The

Administrator will be notified if there is an

The Administrator will report the log If continuation sheet Page 6 of 11

Blacky

TO:19162635840 FRQM;2094771764

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		& MEDICAID SERVICES	···			OMB N	<u> 2. 0938-0391</u>
	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	NG			NTE SURVEY PMPLETED
		055201	B. WING			01	C B/04/2021
NAME OF	PROVIDER OR SUPPLIER			STREET A	ADDRESS, CITY, STATE, ZIP CODE		
втоскт	ON NURSING CENTE	R			ELLEY COURT TON, CA 95207		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	c (CR	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU ROSS-REFERENCED TO THE APPRO DEFICIENCY)	I D BE	(X5) COMPLETION OATE
F 689	Continued From page the reached the fron	t door.	F 6	89 three me	QA committee monthly for the ne nonths. The QA committee will reducte as needed.	xt eview	8/30/21
	with the DON on 6/1 Medication Administ month of June 2021 being monitored for stated there was no wanderguard placer. A review of the MD 6/21/2021 indicated, functioning every shi days after the facility	:		Director resident and crea tool) ide high risk monitor binder. this defi	esident 8 had a new wander guard to placed on 6/18/21. If of Nursing (DON) reviewed off the with risk of elopement on 6/21, ated an elopement binder (a helpful entifying those residents who have the of elopement and wander guard ron. Each station has a copy of the No other residents were affected ficient practice.	ner /21 ful /e a I he	
	Resident 6 was mon on the p.m. shift. c. A review of Reside was admitted in Novincluding Alzheimer's disease characterize cognitive impairment disorder characterize voices], and disorger MDS, indicated Resident and indicated modern common the MD (I dated 2/13/2021 indicated 2/13/2021 indicated generation." A review of the MD 1 indicated "monitor was placement and function."	MD 1) order for Resident 8 cated "monitor for exit order, dated 2/16/2021, inderguard to right wrist for oning every shift."		license r 8/27/21 preventi educatio elopeme administ departme checks of The new inservice installati educate elopeme If the ne elopeme an MD of bracelet/	ON conducted re-education to the nurses and staff on 6/17/21 and about elopement, safety, and accion. Administrator conducted re-ion to staff members on 6/18/21 alent, codes, and safety as well. The strator conducted re-education to nent managers on 8/19/21 of daily of the wander guard functionality wander guard system company the the Maintenance Director aftertion on 11/1/21 and he will then staff on use and functionality, daily risk management meeting, the ciplinary Team (IDT) will review ent assessment for any new reside two resident has a high risk for ent, the ADON/designee will obtained from wander guard /monitor. The license nurse will peder guard monitor on the resident	bout ne , . will the the ent.	
	8/18/2021 at 2:15 р.п	n., Resident 8 did not have	handa		D/designee will include the resident		

PRINTED: 08/06/2021

TO:19162635840 FROM:2094771764

		AND HUMAN SERVICES & MEDICAID SERVICES				FORI	D: 08/06/2021 M APPROVED D: 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION G	(X3) DA	TE SURVEY MPLETED
		055201	B. WING)		- AB	C 3/04/2021
NAME OF PROVIDER OR SUPP	LIER		·		STREET ADDRESS, CITY, STATE, ZIP CODE		10412021
STOCKTON NURSING CI	NTE	R			4545 SHELLEY COURT STOCKTON, CA 95207		
PREFIX (EACH DEFIC	IENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD) CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BË	(XS) COMPLETION DATE
checked her wastated that Resident wanderguard between 18/2021 at 2: review of the Manderguard from documentation stated that that LN has not document the current identificated for the current identificated for the dated 6/18/2021 every 15 minute is available." A review of the Safety Checks" and 6/19/2021, monitored on 6/15-minute check 6/29/2021. In an email from indicated "wander on 6/29/21 at 1 proview of the formare Residen	rd or ande identification of the country of the cou	interview with the DON on mentation on "Q 15 minutes esident 8, dated 6/18/2021 and 6/19/2021 to DON dated 7/9/2021, DON dated 9/9/2021, DON dated	F6		in the elopement binder. The license nurses will conduct Q shift checks for each elopement risk resident. Medical Records Director/Designee will conduct audits, using the MAR, Q shift checks daily and report ar gaps in the shift checks to the DON. The DON will address and correct the issue righ away. MRD/designee will log the findings of the daily audit in a report and give the report to the DON. The DON will report on the missing documentation/gaps in a log to the QA Committee each month for the next thre months. The QA committee will review and evaluate as needed. The Maintenance Director/designee will check the wander guard system daily and monitor using the log found in TELS (a tracking system report). The Manager of the Day (MOD) will conduct the daily checks of the wander guard system on the weekends and will note the findings in the log. The Administrator will be notified if there is an issue. The Administrator will report the log to the QA committee monthly for the next three months. The QA committee will review and evaluate as needed. 3. Residents 2 and 3 were added to the elopement log binder on 6/18/21. Both residents were given new wander guard bracelets on 6/21/21. Resident 2 was reassessed and MD orders for wander guard were given on 6/21/21. Director of Nursing (DON) reviewed other residents with risk of elopement on 6/21/21 and created an elopement binder (a helpful	t toffet	8/3/21

TO:19162635840 FROM:2094771764

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

PRINTED: 08/06/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055201		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		B. WING	MALIBALAN INC.		C 8/04/2021	
NAME OF	PROVIDER OR SUPPLIER	<u> </u>		STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	010412041
etocki	ON NURSING CENTE	D	}	4545 SHELLEY COURT		
SIUCK	ON NORSING CENTE	rs.		STOCKTON, CA 95207		
(X4) ID PREFIX TAG	EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	II O BE	(X6) COMPLETION DATE
	wanderguard brace 6 did not have an M wanderguard. 3, During a facility va.m. with LN1, Resifound wearing a waincluded in the Elopwas found with a nobracelet. Resident 3 the wanderguard plate a. A review of Resid Admission Record (if was admitted in Sepincluding severe cogschizophrenia (a mehallucinations [hearinthinking). A review of Resident 11/09/2019 indicated bracelet due to risk of During a concurrent 6/18/2021 at 12:15 pto the front door, the	ident 8 were observed without lets. Resident 5 and Resident 1D order for monitoring the lisit on 6/18/2021 at 12:15 dent 2 and Resident 3 were inderguard bracelet, but not ement Log binder. Resident 2 infunctioning wanderguard idd not have an MD order for accement and monitoring. Lent 2's Skilled Nursing Facility SNFAR) Indicated Resident 2 intermber 2014, with diagnoses initive impairment and intel disorder characterized by ing voices and disorganized it 2's MD (MD3) order dated 1, "may have wanderguard of wandering." Observation and interview on it.m., LN 1 brought Resident 2 resident went out of the front	F 689	high risk of elopement and wander guard monitor on. Each station has a copy of binder. No other residents were affected this deficient practice. The DON conducted re-education to the license nurses and staff on 6/17/21 and 8/27/21 about elopement, safety, and ac prevention. Administrator conducted reeducation to staff members on 6/18/21 a elopement, codes, and safety as well. T administrator conducted re-education to department managers on 8/19/21 of dail checks of the wander guard functionality. The new wander guard system company inservice the Maintenance Director after installation on 11/1/21 and he will then educate staff on use and functionality. During daily risk management meeting, Interdisciplinary Team (IDT) will review elopement assessment for any new resid If the new resident has a high risk for elopement, the ADON/designee will obtain MD order for wander guard bracelet/monitor. The license nurse will the wander guard monitor on the resident The MRD/designee will include the resident MRD/designee will include the resident management will include the resid	the d by cident about he y will the ent. ain place it. dent	
	door with the wander no audible alarm hea wanderguard was no	guard on her, but there was ord. LN 1 stated the ot functioning.		in the elopement binder. The license nur will conduct Q shift checks for each elopement risk resident. Medical Record Director/Designee will conduct audits, u		8/30/M
	12:20 p.m., DON sta the residents deeme Team (fDT) for recon	with the DON on 6/18/2021 at ted that Resident 2 is one of d by the Interdisciplinary nmendations to MD to derguard order as she does elopement.		the MAR, Q shift checks daily and reporgaps in the shift checks to the DON. The DON will address and correct the issue raway. MRD/designee will log the finding the daily audit in a report and give the reto the DON. The DON will report on the missing documentation/gaps in a log to the the sail of the control of the DON.	t any e right gs of port e	19

Page: 11 09/3/2021 04:42 PM TO:19162635840 FROM; 2094771764

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

PRINTED: 08/06/2021 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X			(X3) DATE SURVEY COMPLETED		
						С		
		055201	8. WING			08/04/2021		
	PROVIDER OR SUPPLIER ON NURSING CENTE	R		STREET ADDRESS, CITY, STATE, ZI 4646 SHELLEY COURT STOCKTON, CA 95207	P CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFI TAG		ION SHOULD HE APPROPE	86	(X5) COMPLETION DATE	-
	During an interview 1:45 p.m., DON state documentation on R wanderguard placer During a concurrent with the DON on 6/1 Medication Administ month of June 2021 wanderguard was not 1-18, 2021 as function does not know what checked, and maybe DON stated that the wanderguard was of Resident 2 was not in Log binder. b. A review of Reside was admitted in Nov including dementia (make it hard to reme decisions, and even of the MDS, indicate score of 3 which indi During a concurrent with LN 1 on 6/18/20 was found standing if wanderguard. LN 1 in door and there was a During a concurrent 6/18/2021 at 1:30 p.r review of the Elopem confirmed Resident (the Elopement Log b	with the DON on 6/18/2021 at the that there was no IDT desident 2's re-evaluation on ment. Interview and record review 8/2021 at 2:20 p.m., the tration Record (MAR) for the Indicated Resident 2's oted to be checked from June oning. DON stated that he time the wanderguard was a was working at that time, documentation indicated the necked, DON confirmed that included in the Elopement ent 3's SNFAR indicated she ember 2016 with diagnoses a group of symptoms that ember, think clearly, make control emotions). A review d Resident 3 has a BIMS cated severely impaired. observation and interview 21 at 12:35 p.m., Resident 3 in the lobby wearing a ed Resident 3 to the main an audible alarm. interview with the DON on in his office and record the tog binder, the DON 8's file was not included in	F 6	QA Committee each month for months. The QA committee wi evaluate as needed. The Maintenance Director/designeeck the wander guard system monitor using the log found in tracking system report). The M Day (MOD) will conduct the dathe wander guard system on the and will note the findings in the Administrator will be notified it issue. The Administrator will reto the QA committee monthly further emonths. The QA committee and evaluate as needed.	the next thr Il review and gnee will daily and TELS (a lanager of thaily checks of eweekends e log. The f there is an report the log for the next	d ne of	8/30/11	

,		AND HUMAN SERVICES				FOR	D: 08/06/2021 MAPPROVED D: 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		PLE CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		055201	B. WING	}		08	C 9/04/2021
	PROVIDER OR SUPPLIER "ON NURSING CENTE	R .			STREET ADDRESS, CITY, STATE, ZIP CODE 4645 SHELLEY COURT STOCKTON, CA 95207		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRICIENCY)	DBE	(X5) COMPLETION DATE
F 689	MD 3's order for Re	ge 10 m. and record review of the sident 3, DON confirmed r to monitor wanderguard for	F	689			
	6/21/2021 indicated,	order for Resident 3 on "monitor wanderguard for ft." The order was written 3 visit on 6/18/2021.					
	indicated "Resident I	plan dated 6/22/2021 nas wanderguard for "The Care plan was written 4 visit on 6/18/2021.			; ; ;		
	Unsafe Residents" d	y's policy titled "Wandering, ated Quarter 3, 2018, f will identify residents who ring"					
	on wanderguard mor 6/29/2021 at 3:58 pm facility has no policy wanderguard. In an e p.m., DON indicated	there was no facility policy nitoring. In an email on n, DON indicated that the con monitoring the email on 7/9/2021 at 2:05 that the facility has no policy nderguard as of 6/18/2021.	·				
		-					
						, j	