

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

PRINTED: 01/16/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055833	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER FULTON GARDENS POST ACUTE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 537 E. FULTON 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) COMPLETION DATE
E 000	Initial Comments The following reflects the findings of the California Department of Public Health, during an Emergency Preparedness recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) 483.73, Requirement for Long Term Care (LTC) Facilities. The facility is in substantial compliance with 42 CFR 483.73 for Long Term Care (LTC) Facilities.	E 000			
K 000	Census = 110 INITIAL COMMENTS K3 BUILDING: 01 K6 PLAN APPROVAL: 11/6/1967 K7 SURVEY UNDER: 2012 EXISTING STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V (111), FULLY SPRINKLERED. Resident Certified Beds: 116 Resident Census: 110 The following reflects the findings of the California Department of Public Health, during an annual Life Safety Code recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) §483.90(a)(b)(c)(j), National Fire Protection Association (NFPA) 101 - Life Safety Code, 2012 Edition, and NFPA 99 - Health Care Facilities Code, 2012 Edition. The facility is not in substantial compliance with 42 CFR §483.90 for Long Term Care Facilities.	K 000			
K 161 SS=D	Building Construction Type and Height CFR(s): NFPA 101	K 161			

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By MMonterr at 4:53 pm, Jan 24, 2025

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.

1/30/2025: POC accepted per Cynthia Luc, SSM-1

This document will serve as a credible allegation of our intent to correct the deficient practice identified. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement, by the provider, of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because required by the provisions of Health and Safety Code Section 1280 and 42 C.F.R. 405.1907

K161

A. How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;

The Environmental Services Supervisor (ESS) sealed the one inch by one inch penetration in the Fire Alarm closet with fire resistive caulking on 1/22/25.

B. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action was taken;

ESS inspected the Fire Alarm closet and found no other penetrations on 1/15/25.

C. What measures will be put into place or what systematic changes the facility make to ensure that the deficient practice does not recur;

ESS inspects the closet monthly to ensure no additional penetrations are present.

D. How the facility plans to monitor its performance to make sure solutions are sustained;

ESS will report any trends identified during monthly inspections to the QAPI/QAA Committee at least quarterly for the purpose of process improvement through root cause analysis and committee recommended

interventions to ensure continued compliance with this plan of correction.

K325

A. How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;

Environmental Services Supervisor moved the alcohol based hand rub (ABHR) to comply with regulations outlined in K325 on 1/20/25.

B. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action was taken;

Environmental Services Supervisor conducted an inspection of the facility on 1/15/25. No other ABHR were found to be out of compliance.

C. What measures will be put into place or what systematic changes the facility make to ensure that the deficient practice does not recur;

Environmental Services Supervisor will conduct a monthly walk through of the facility to identify any ABHR mounted out of compliance.

D. How the facility plans to monitor its performance to make sure solutions are sustained;

Environmental Services Supervisor will report any trends identified during the monthly inspections to the QAPI/QAA Committee at least quarterly for the purpose of process improvement through root cause analysis and committee recommended interventions to ensure continued compliance with this plan of correction.

K363

A. How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;

Environmental Services Supervisor has adjusted all self-closing doors that did not latch or close properly on 1/16/25; including: Nurse Lounge room and replaced the striker plate ;
Dining room;
Physical Therapy room

B. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action was taken;

Maintenance Supervisor conducted an inspection of the facility doors 1/15/25. No other doors were found that did not latch properly.

C. What measures will be put into place or what systematic changes the facility make to ensure that the deficient practice does not recur;

Environmental Services Supervisor will continue monthly door latch/lock inspection. Monthly Safety Surveys have also been modified to include inspection of doors latching throughout the facility by Committee members.

D. How the facility plans to monitor its performance to make sure solutions are sustained;

Environmental Services Supervisor will report any trends identified during the Safety Committee meeting and monthly inspection to the QAPI/QAA Committee at least quarterly for the purpose of process improvement through root cause analysis and committee recommended interventions to ensure continued compliance with this plan of correction.

K918

A. How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;

Facility will install a manual remote stop for the Emergency Power Supply System by 2/10/25.

B. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action was taken;

All residents had the potential to be affected by the remote stop not being installed on the EPSS.

C. What measures will be put into place or what systematic changes the facility make to ensure that the deficient practice does not recur;

Environmental Services Supervisor will ensure the remote stop is functioning correctly in accordance with NFPA 111.

D. How the facility plans to monitor its performance to make sure solutions are sustained;

Environmental Services Supervisor will report any trends identified during the monthly generator inspection QAPI/QAA Committee at least quarterly for the purpose of process improvement through root cause analysis and committee recommended interventions to ensure continued compliance with this plan of correction.

K919

A. How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;

Environmental Services Supervisor has adjusted the face plate in resident room 8 so

	<p>that it is now flush against the wall on 1/16/25. The electrical panel 1 in the kitchen has a protected opening in space 16 by 2/10/25.</p> <p>B. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action was taken;</p> <p>Maintenance Supervisor conducted an inspection of the resident's room and electrical panels on 1/15/25. No other issues were found.</p> <p>C. What measures will be put into place or what systematic changes the facility make to ensure that the deficient practice does not recur;</p> <p>Environmental Services Supervisor will continue monthly inspections of electrical panels and face plates. Monthly Safety Surveys have also been modified to include inspection of face plates in resident rooms by Committee members.</p> <p>D. How the facility plans to monitor its performance to make sure solutions are sustained;</p> <p>Environmental Services Supervisor will report any trends identified during the Safety Committee meeting to the QAPI/QAA Committee at least quarterly for the purpose of process improvement through root cause analysis and committee recommended interventions to ensure continued compliance with this plan of correction.</p> <p>K920</p> <p>A. How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>The extension cord will be removed from the portable generator by 2/10/25. The generator housing outlet will be replaced by 2/10/25.</p>
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	<p>B. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action was taken;</p> <p>All residents had potential to be affected.</p> <p>C. What measures will be put into place or what systematic changes the facility make to ensure that the deficient practice does not recur;</p> <p>ESS will inspect the generator monthly to ensure it is functioning correctly.</p> <p>D. How the facility plans to monitor its performance to make sure solutions are sustained;</p> <p>Environmental Services Supervisor will report any trends identified to the QAPI/QAA Committee at least quarterly for the purpose of process improvement through root cause analysis and committee recommended interventions to ensure continued compliance with this plan of correction.</p> <p>K923</p> <p>A. How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>Signage was added to the exterior door of the West Utility Room 1/20/25. Signage states "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING"</p> <p>B. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action was taken;</p> <p>All residents had the potential to be affected.</p> <p>C. What measures will be put into place or what systematic changes the facility make to ensure that the deficient practice does not recur;</p>
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	<p>Inspection of signage for oxygen storage areas has been added to Safety Surveys to be completed monthly.</p> <p>D. How the facility plans to monitor its performance to make sure solutions are sustained;</p> <p>Environmental Services Supervisor will report any trends identified during the Safety Committee meeting to the QAPI/QAA Committee at least quarterly for the purpose of process improvement through root cause analysis and committee recommended interventions to ensure continued compliance with this plan of correction.</p> <p>Allegation of Compliance Date: February 10, 2025</p>				
Providers/Supplier Representative Signature	<table border="0"><tr><td data-bbox="820 882 1282 987">Title</td><td data-bbox="1282 882 1445 987">Date</td></tr><tr><td data-bbox="820 882 1282 987">Administrator</td><td data-bbox="1282 882 1445 987">1/24/25</td></tr></table>	Title	Date	Administrator	1/24/25
Title	Date				
Administrator	1/24/25				