STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555105	A. BUILDING _____ B. WING _____	C 04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOBLE CARE CENTER	**2740 NORTH CALIFORNIA STREET STOCKTON, CA 95204**

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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 facility reported incident #CA00891945. Representing the Department of Public Health: Health Facilities Evaluator Nurse, 43071 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 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 558 SS=D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure one of five sampled residents' (Resident 1) needs were accommodated promptly, when Resident 1's call light was not within his reach. This failure had the potential of Resident 1's needs not being met and to cause psychosocial and/or physical harm for Resident 1 when unable to contact staff when needed. Findings:	F 558	How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: a) Resident #1 was provided with a functioning call light that was in reach as of 04/11/2024. How the facility will identify other residents having the potential to be affected by the same deficient practice and what action will be taken: b) Operation Manager completed an audit on 05/01/2024 ensuring that no further resident rooms had call lights that were not in reach. There were no other areas identified with the same deficient practice. All other rooms were observed to have call lights that were in reach.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 05/02/2024

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 558	Continued From page 1 Review of Resident 1's Admission Record indicated Resident 1 was admitted to the facility in 2022 with multiple diagnoses including myocardial infarction (heart attack, usually occurs due to blockage of blood flow to the heart muscle), respiratory failure (inability to breathe normally), weakness, and history of falling. Review of Resident 1's Minimum Data Set (MDS, a standardized assessment tool that measures health status in nursing home residents) dated 2/7/24 indicated Resident 1 needed assistance with daily living activities. Review of Resident 1's fall risk assessment dated 4/10/24, indicated Resident 1 was at high risk for falls. Review of Resident 1's change in condition report dated 4/10/24 indicated Resident 1 had a fall. Further review indicated, "Found resident on A bed with a lac [laceration/cut] to his right eye brow. Lots of blood. Cleaned up resident. Pressure placed on lac to stop bleeding. Body check done. Notified MD [Medical Doctor]. Sent to [hospital name] ED [Emergency department] for further evaluation and treatment..." During a concurrent observation and interview on 4/11/24, at 11:35 a.m., Resident 1 asked the Department (California Department of Public Health staff member) to help him wash his hands. Resident 1 stated he did not know how to call facility staff for help. Resident 1's call light was hanging on the wall near the outlets and was not within Resident 1's reach.	F 558	What measures will be put into place or what systemic changes you will take to ensure that the deficient practice will not recur: c) In-service initiated by DSD to all staff on 04/12/2024 regarding the importance of checking that call lights are within reach. While providing care to their residents as well as what steps to take should they identify a call light not in reach. d) Department Managers will conduct random audits of call lights during their facility guardian angel rounds to ensure they are within resident's reach. All issues identified will be corrected immediately and brought forth to the five day a week department manager meeting for review and resolution. Issues identified will be corrected immediately by the DON and/or designee and will be validated by the Administrator. 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.	

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F 558	Continued From page 2 During a concurrent observation and interview on 4/11/24, at 11:43 a.m., Certified Nursing Assistant (CNA) 1 verified Resident 1's call light was not within his reach and was hanging on the wall by the outlets. CNA 1 further stated the call light was not supposed to be there, it was supposed to be right on the bed, close to the resident, within his reach. CNA 1 stated call lights should be within residents' reach so that if residents needed help they could call staff. During a concurrent observation and interview with Resident 1, CNA 2 and Licensed Nurse (LN) 1 on 4/11/24, at 2:30 p.m., CNA 2 stated she was assigned to Resident 1. CNA 2 pointed at the call light and asked Resident 1 if he knew what it was, Resident 1 replied it was some kind of a mic (microphone). Resident 1 stated no one ever informed him that it was his call light and to use it to call for help. CNA 2 stated Resident 1 was transferred over from another unit within the facility. CNA 2 stated she did not inform Resident 1 of the call light and its purpose. During an interview on 4/11/24, at 2:37 p.m., LN 1 stated Resident 1 was able to use the call light and was able to make his needs known. LN 1 stated staff should have informed Resident 1 of the call light and its purpose. LN 1 further stated staff should remind Resident 1 of the call light daily multiple times since his memory was not so good. LN 1 stated call lights should be within residents reach at all times since the resident may need to call for help, to meet their needs, and to provide assistance. During an interview on 4/11/24, at 3:02 p.m., the Assistant Director of Nursing (ADON) stated	F 558	e) Department Managers will conduct random audits of call lights during their facility guardian angel rounds to ensure they are within resident's reach. All issues identified will be corrected immediately and brought forth to the five day a week department manager meeting for review and resolution. Administrator and/or designee will do trending/analysis and will report to the quarterly QAPI Committee for further evaluation and/or recommendations. 05/01/2024	

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Resident 1 was able to make his needs known. The ADON further stated Resident 1 would use the call light and would alert the CNA and nurses if he needed something. The ADON stated Resident 1 was able to use his call light and it should be within his reach so he could alert the staff when he need something. The ADON stated Resident 1 had diagnoses of dementia (group of thinking and social symptoms that interferes with daily functioning such as forgetfulness, limited social skills, and thinking abilities) and staff needed to remind Resident 1 to use his call light every time staff checked on him. The ADON stated Resident 1 was at risk of falling and if his call light was not within reach, he could potentially fall, and his needs would not be met.

During an interview on 4/11/24, at 4:01 p.m. the Operation Manager (OM) stated call lights should be accessible to residents at all times in case they needed help. The OM stated if a call light was not within a resident's reach, then the resident would end up waiting a long time for assistance, could potentially have an emergency, resident needs might go unmet, and would pose a fall risk and safety risk for the resident.

Review of Resident 1's care plan revised 4/12/24, indicated, "... [Resident 1] is at risk for falls and/or self injury r/t [related to]: poor safety awareness...4/10/24 had a fall with injury...Interventions...Follow facility fall protocol...Provide assistance in ADLS [Activities of Daily Living]...The resident needs prompt response to all requests for assistance..."

Review of a facility policy titled "Call Lights: Accessibility and Timely Response" dated 2023,

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indicated, "...The purpose of this policy is to assure the facility is adequately equipped with a call light at each residents' bedside, toilet, and bathing facility to allow residents to call for assistance...All residents will be educated on how to call for help by using the resident call system...The call system will be accessible to residents while in their bed or other sleeping accommodations within the resident's room..."