

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055201	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/14/2025
NAME OF PROVIDER OR SUPPLIER Stockton Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4545 Shelley Court Stockton, CA 95207	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47368</p> <p>Based on interview, and record review, the facility failed to ensure two out of three sampled residents (Resident 1 and Resident 2) were safe from accidental hazards when Activity Assistant (AA) 1 gave an illegal substance (joint/gummie/marijuana/cannabis) to Resident 1 and Resident 2.</p> <p>This failure posed potential risks to Resident 1 and Resident 2's safety, potential drug interactions with prescribed medications, risk for falls, and changes in level of consciousness for Resident 1 and Resident 2.</p> <p>Findings:</p> <p>A facility reported incident dated 4/8/25, indicated AA 1 provided an edible (cannabis gummy) to Resident 1 and Resident 2 over the weekend.</p> <p>a. Review of Resident 1 ' s ADMISSION RECORD indicated Resident 1 was admitted to the facility with diagnoses including hypertension (high blood pressure) and chronic obstructive pulmonary disease (COPD: a condition caused by damage to the airways or other parts of the lung), and diabetes mellitus with diabetic neuropathy (a type of nerve damage that occurs from high blood sugar levels).</p> <p>During an interview on 4/14/25, at 1 PM, with LN (Licensed Nurse) 1, LN 1 stated, Resident 1 was in the dining room spacing out and talking amongst friends and said she had so much fun. She said someone gave her a special treat. LN 1 further stated Resident 1 told her that she received the marijuana from AA 1.</p> <p>During an interview on 4/14/25 at 2:15 PM, CNA (Certified Nursing Assistant) 3 stated on 4/8/25, Resident 1 told her that AA 1 gave her gummies.</p> <p>During an interview on 4/17/25 at 1:25 PM, The Social Services Director (SSD) verified Resident 1 reported to her on 4/8/25 that he received Black and Milds [pipe tobacco rolled in flavored paper] and Weed [cannabis/marijuana] from AA 1 during an interview. The SSD added Resident 1 reported it was a single incident that was voluntary and for recreational purposes.</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident 1's Change in Condition (CIC) evaluation, dated 4/8/2025, indicated, .Nursing observations, evaluation, and recommendations are: Resident reported to LN that she was given edibles with Marijuana. Per LN the resident was acting different than normal. Talking slower and laughing a bit more .</p> <p>Record review of Resident 1's Progress Notes, dated 4/8/25, indicated, .Resident interviewed by SSD regarding recent allegation involving staff and cannabis edibles. Resident appeared alert and oriented x [times] 3. She reported voluntary participation, citing unmanaged pain as the root cause. Resident verbalized concerns about being penalized for her honesty but denied feeling unsafe .</p> <p>Review of Resident 1 ' s urine lab test result indicated positive for cannabinoids on 4/8/25.</p> <p>2. Review of Resident 2's ADMISSION RECORD indicated Resident 2 was admitted to the facility with diagnoses including history of falling, degenerative disease of nervous system, and hypertensive heart failure (prolonged, uncontrolled high blood pressure leads to heart failure).</p> <p>During an interview with the Social Services Director (SSD) on 4/17/25, at 1:19 PM, the SSD stated Resident 2 reported to her on 4/8/25 that he received Black and Mild and weed from AA 1.</p> <p>During an interview on 4/14/25 at 2:15 PM, CNA 3 stated she believed AA 1 was buying Black and Milds for Resident 2. CNA 3 further stated she noticed AA 1 used to go to Resident 2 's room frequently and assist him to get up from bed and into his wheelchair even though that was not part of his role as an Activity Assistant. This led CNA 3 to believe that Resident 2 might have been receiving Black and Milds from AA 1.</p> <p>Review of Resident 2's The Change In Condition/CIC Evaluation dated on 4/8/25 indicated, .The resident reported to a LN, that the activities aid gave him black & mild , and a blunt (weed/joint) .</p> <p>During a review of Resident 2's progress note dated 4/8/25, indicated, .Nursing observations, evaluation, and recommendations are: The resident reported to a LN, that the activities aid gave him black & mild , and a blunt. The LN immediately reported it to the DON .Resident was interviewed in relation to an allegation involving cannabis edibles. Resident was cooperative, AO [Alert, Oriented] x3, and forthcoming. He admitted to receiving marijuana from the staff member and described use as voluntary and recreational. Denied coercion or feeling unsafe .</p> <p>Review of Resident 2 ' s urine lab test report indicated a positive test result for cannabis on 4/8/25.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of an undated facility provided document titled 5 Day Incident Summary Report indicated, .Incident: On 04/08/25, [Resident 1]reported to Licensed Nurse that she was given edibles with Marijuana. The Charge Nurse stated the resident was acting different than normal such as talking slower and laughing a bit more. [Resident 2] also reported to the Charge Nurse, that the Activities Assistant gave him black & mild , and a blunt (weed) . Investigation: Upon further investigation, in a follow-up interview with [Resident 1] and the Social Services Director, [Resident 1] confirmed receiving cannabis edible from the Activities Assistant. [Resident 1] appeared alert and oriented x3. She reported voluntary participation .And, in a follow-up interview with [Resident 2] and the Social [NAME] [sic] Director, he admitted to receiving marijuana from the Activities Assistant and described use as voluntary and recreational .A urine analysis was completed on both Residents to confirm presence of cannabis in their system. Lab results indicated positive urine cannabinoids for both Residents .The Activities Assistant ' s employment will be terminated and not allowed to return to the facility .</p> <p>During an interview with the ADM on 4/21/25, the ADM stated that Resident 1 reported to LN 1 and CNA 3 that Resident 1 received edibles from AA 1. The ADM also confirmed that Resident 2 reported to the SSD and the DON on 4/8/25 that AA 1 gave him weed and a blunt. The ADM stated that illegal substances and marijuana distribution and use was prohibited from staff or residents in the facility. The ADM added that this was in the employee handbook that staff should not give illegal substances to any residents in the facility. The ADM stated that Resident 1 and Resident 2's safety was placed at risk when AA 1 gave them cannabis. The ADM added Resident 1 and Resident 2 were placed at risk for increased falls, medication interaction, and impaired cognition. The ADM stated that AA 1 had been terminated for giving Resident 1 and Resident 2 cannabis.</p> <p>Review of the facility's Activity Assistant job description revised October 2020, indicated, .The primary purpose of this position is to assist with the operations of the activities department in accordance with current federal, state, and local standards, guidelines, and regulations, established facility policies and procedures and as directed by Activity Director .</p> <p>Review of the facility Employee Handbook dated 11/1/2023 indicated, .DRUG AND ALCOHOL POLICY .The Facility is firmly committed to maintaining a drug-free and alcohol-free workplace. The Facility strictly prohibits the sale, use, possession, transfer, distribution, or manufacture of, or any attempt to sell, use, possess, transfer, distribute, or manufacture alcohol or any recreational and/or illegal drug (including marijuana) while on the Facility s property, whether on or off-duty .The Facility recognizes that involvement with alcohol or drugs is extremely disruptive and harmful to the workplace. It can adversely affect performance, pose serious safety and health risks to the user and others .</p> <p>52230</p> <p>Based on interview, and record review, the facility failed to ensure two out of three sampled residents (Resident 1 and Resident 2) were safe from accidental hazards when Activity Assistant (AA) 1 gave an illegal substance (joint/gummie/marijuana/cannabis) to Resident 1 and Resident 2.</p> <p>This failure posed potential risks to Resident 1 and Resident 2's safety, potential drug interactions with prescribed medications, risk for falls, and changes in level of consciousness for Resident 1 and Resident 2.</p> <p>Findings:</p> <p>(continued on next page)</p>		

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