

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 07/22/2025
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>Based on observation, interview, and record review, the facility failed to ensure the environment remained free of accidents or hazards for one of five sampled residents (Resident 4) when, remnants of a broken rail on the wall near Resident 4's bed with splintered wood and protruding screws were not removed. This failure had the potential to result in injury to Resident 4, facility staff, and visitors. Findings: A review of Resident 4's admission RECORD, indicated that Resident 4 was admitted to the facility with diagnoses which included major depressive disorder (a persistent feeling of sadness and loss of interest that can interfere with activities of daily living) and spinal stenosis (happens when the space inside the backbone is too small. This can put pressure on the spinal cord and nerves that travel through the spine). During a concurrent observation and interview on 7/22/25, at 12:50 p.m., with Licensed Nurse (LN) 2 in Resident 4's room, there was two square wood pieces on the wall near Resident 4's bed with splintered wood and protruding screws. LN 2 stated that she did not know why they were there. LN 2 stated that maintenance might be able to answer why they were there. During a concurrent observation and interview on 7/22/25, at 1:42 p.m., in Resident 4's room with the Maintenance Assistant (Main), the Main stated that the two square wood pieces on the wall near Resident 4's bed were from a rail that used to be there. The Main stated that the rail was likely damaged when the staff raised the height of Resident 4's bed. The Main acknowledged that the splintered wood and exposed screws could put Resident 4 and others at risk for injury. The Main stated that he could remove the two square wood pieces and the screws and patch up the wall. A review of a facility policy and procedure (P&P) titled, Homelike Environment, revised 2/21, the P&P indicated, .Policy Statement .Residents are provided with a safe .homelike environment .A review of a facility P&P titled, Safety and Supervision of Residents, revised July 2017, the P&P indicated, .Policy Statement .Our facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities .Policy Interpretation and Implementation . Facility-Oriented Approach to Safety .4. Employees shall be trained on potential accident hazards and demonstrate .how to identify and report accident hazards, and try to prevent avoidable accidents .</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 055201
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