STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055201	A. Building B. Wing	03/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oak Grove Post Acute	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on interview and record review the facility did not maintain complete personnel records when the initial tuberculosis (TB, a contagious lung disease) screening was not done at the time of hire for one of three sampled nursing staff (Nursing Assistant 1).This failure had the potential to expose staff and residents to tuberculosis, negatively impacting their health and well-being.During a concurrent interview and record review on 3/4/26 at 12:16 p.m. with the Payroll Coordinator (PC), Nursing Assistant (NA) 1's employee personnel record (a structured, secure record that details an employee's relationship with the facility from hiring to offboarding) was reviewed. The PC verified NA 1 was hired on 11/25/25 and NA 1's initial TB test screening (a TB skin test or a blood test to detect infection) was not in NA 1's record.During an interview on 3/4/26 at 1:55 p.m. with the Infection Preventionist (IP), the IP stated testing the nursing staff for TB was important because the residents are immunocompromised (easily susceptible to infection) and risk of contracting TB.During a concurrent interview and record review on 3/4/26 at 3:00 p.m. with the IP, NA 1's personnel record was reviewed. The IP stated there was not an initial TB test upon NA 1's hire date on 11/25/25.During an interview on 3/4/26 at 3:40 p.m. with the Director of Nursing (DON), the DON stated it was important to verify NA 1 had been screened for TB prior to NA 1 providing resident care to protect the residents from being infected with TB. The DON stated it was her expectation that employees were screened for TB prior to orientation (integrating a new employee into their position).A review of the facility policy and procedure (P&P) titled, Tuberculosis, Employee Screening for, dated 3/21, the P&P indicated, .All employees are screened for latent tuberculosis infection (LTBI) and active tuberculosis disease. prior to beginning employment.Screening includes a baseline test for LTBI.and symptom evaluation.

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