

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 03/11/2026
NAME OF PROVIDER OR SUPPLIER Oak Grove Post Acute		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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview, and record review, the facility failed to ensure allegations of abuse were reported within two hours for one of four sampled residents (Resident 1) when an allegation of staff to resident abuse on 2/20/26 was reported to the Department on 2/25/26. This failure had the potential for Resident 1 to experience continued abuse and not having an advocate available to protect Resident 1 rights. Findings: A review of Resident 1's admission RECORD, indicated Resident 1 was admitted to the facility with diagnoses which included muscle weakness and osteoporosis (a common disease that makes bones weak, brittle, and porous, significantly increasing the risk of fractures). A review of the facility document titled, REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE [SOC 341], dated 2/20/26, for Resident 1, indicated it was not faxed to the department until 2/25/26 at 4:42 PM. During an interview on 3/11/26, at 9:57 AM, with the Director of Nurses (DON), the DON stated the facility did not have a fax confirmation indicating the SOC 341 was faxed to the Department and the Ombudsman (a state-certified, trained advocate who protects the rights, dignity, and quality of life of people living in skilled nursing facilities) within two hours of allegations of abuse. During an interview on 3/11/26, at 10:25 AM, with the Ombudsman, the Ombudsman stated they did not receive the SOC 341 dated 2/20/26, from the facility until 2/26/26. During a follow-up interview on 3/11/26, at 10:28 AM, with the DON, the DON stated the SOC 341 form was supposed to be filled out and faxed to the Department and the Ombudsman within two hours as per their policy. The DON explained waiting six days was too long to wait to fax the SOC 341. The DON further explained the importance of ensuring the SOC 341 was faxed to The Department and the Ombudsman was to protect the residents' rights and alerts residents' advocates of the alleged abuse. A review of the facility policy titled, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating, revised September 2022, indicated, . All reports of resident abuse (including injuries of unknown origins) .are reported to local, state and federal agencies .are documented and reported .Reporting Allegations to the Administrator and Authorities .Within two hours of an allegation involving abuse .A review of the facility policy titled, Abuse Investigation and Reporting, revised July 2017, indicated, . Reporting . All alleged violations involving abuse will be reported by the facility Administrator, or his/her designee, to the following persons or agencies .The State licensing/certification agency responsible for surveying/licensing the facility [The Department] .The local/State Ombudsman .An alleged violation of abuse .will be reported immediately, but not later than .Two(2) hours if the alleged violation involves abuse .</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to ensure one of four certified nursing assistants (CNAs) had the required competencies to work with residents in the facility, when CNA 2 was not provided orientation and did not have an employee file with the facility. This failure placed residents in the facility at risk for receiving care from staff that did not meet the competencies in skills and techniques required to care for resident needs residing in the facility. Findings:During a concurrent interview and record review on [DATE], at 2:23 PM, with the Account Payable/Payroll Coordinator (AP/PR Coord), the AP/PR Coord stated the facility did not have an employee file for CNA 2. A review of the facility document titled, EMPLOYEE FILE CHECKLIST, dated [DATE], indicated, .Hiring Documentation Application .Resume Reference Checks .Offer Letter .Background Authorization Form .Copy of License/Certificate License/Certificate website print out .Copy of CPR card .Picture ID .Orientation Checklist .Signed Job Description .Orientation Skills, Competencies and Quizzes .During a follow-up interview on [DATE], at 3:53 PM, with the AP/PR Coord, the AP/PR Coord stated the employee file contained the staff members hiring documentation, orientation checklist, annual evaluations, medical information. The AP/PR Coord explained per Human Resources the previous information was required to be at the facility.During a follow-up interview on [DATE], at 4:05 PM, with the AP/PR Coord, the AP/PR Coord stated all employee files should be kept on the premises of the facility. The AP/PR Coord explained the importance of the employee file was to make sure the facility had access to the employee information, the employee's emergency contact, background check and references. The AP/PR Coord further explained it was important for the residents residing in the facility that the staff caring for them were certified and knew how to care for the residents. The AP/PR Coord stated once the staff member starts working at the facility the facility should provide training.During an interview on [DATE], at 11:12 AM, with the Director of Staff Development (DSD), the DSD stated she was not aware of any staff members that did not have an employee file. The DSD explained employee competencies were kept in their employee file. The DSD further explained the importance of the employee file was so the facility had a record of the employee's skills. The DSD stated she would not know if the employee had the skills to care for the residents if a record of their competencies was not kept. During an interview on [DATE], at 12:05 PM, with CNA 2, CNA 2 confirmed she did not receive orientation from the facility and had been working at the facility for 10 months. CNA 2 explained the facility never gave her orientation. CNA 2 further explained she had never sat down, watched the training videos or taken any tests required for her job. CNA 2 stated she was aware of CNAs hired after her that did receive training. A review of the facility document titled, EMPLOYEE HANDBOOK, revised [DATE], indicated, .REQUIRED LICENSES AND CERTIFICATIONS .All required licenses and certifications will be reviewed on a regular basis . PERSONNEL RECORDS .Personnel and medical files are the property of the Facility, and access to the information they contain is made available to authorized personnel only who have a legitimate reason to review information in a file .</p>		