

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055242	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER Fairmont Rehabilitation Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 950 S. Fairmont Avenue Lodi, CA 95240	

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 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>47369</p> <p>Based on observation, interview, and record review, the facility failed to ensure dietary staff served the correct meal portions for two of four sampled residents (Resident 2 and Resident 3) when,</p> <ol style="list-style-type: none"> 1. Resident 2 did not receive their prescribed small portion diet during the lunch meal on 5/7/25. 2. Resident 3 did not receive their prescribed small portion diet during the lunch meal on 5/7/25. <p>This failure had the potential to contribute to unplanned weight gain which could negatively impact the health and wellbeing of Resident 2 and Resident 3.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a review of Resident 2 ' s ADMISSION RECORD, the document indicated Resident 2 was admitted to the facility in early 2020. <p>A review of Resident 2 ' s BIMS [Brief Interview for Mental Status; a screening tool used to assess for cognitive impairment], dated 3/18/25, indicated Resident 2 had a BIMS score of 15 (a score of 13 to 15 points suggested that cognition was intact).</p> <p>A review of Resident 2 ' s Order Listing Report, dated 1/19/24, indicated, .NAS [No Added Salt] diet .***Small Portions on all meals*** .</p> <p>A review of Resident 2 ' s Care Plan Report (a report that indicated Resident 2's problems, goals, and interventions), dated 7/2/24, indicated, .Goal .160-170 lbs. [pounds - unit of measurement] . Will comply with recommended diet for weight reduction daily .Will not develop complications related to obesity, including skin breakdown, ineffective breathing pattern .impaired mobility .Intervention/Tasks .Assist with developing a support system to aid in wt. [weight] loss efforts .</p> <p>A review of Resident 2 ' s Weight Summary, indicated, .5/5/2025 .213 Lbs [pounds] .</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 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation, interview, and record review in Resident 2 ' s room, on 5/7/25, at 12:17 p.m. , Resident 2 ' s meal tray was compared with Resident 4 ' s meal tray . Resident 2 ' s diet card indicated, . Small Portions . Resident 2 stated the plate did not look like it contained small portions, it looked like a lot of food. Resident 4 ' s diet card did not indicate small portions and appeared to contain the same amount of food as Resident 2 ' s tray.</p> <p>2.A review of Resident 3 ' s ADMISSION RECORD, the record indicated Resident 3 was admitted to the facility with a diagnoses of major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>A review of Resident 3 ' s BIMS, dated 3/5/25, indicated a score of 15.</p> <p>During an interview on 5/7/25, at 11:03 a.m., Resident 3 stated she requested small portions, but her plate was always full of food.</p> <p>A review of Resident 3 ' s Order Listing Report, dated 4/3/24, indicated, REGULAR diet .**SMALL PORTIONS** .</p> <p>A review of Resident 3 ' s Care Plan Report, dated 1/12/25, indicated, .Goal .will comply with recommended diet for weight reduction .Weight goal 145-155 lbs . Intervention/Tasks .Assist with developing a support system to aid in wt loss efforts .small portions as resident requested .</p> <p>A review of Resident 3 ' s Weight Summary, indicated, .2/2/2023 .159.0 Lbs . + 5.0 % [plus 5 percent weight gain] change .1/4/2023 .149.0 Lbs .</p> <p>During a concurrent observation, interview, and record review in Resident 2 ' s room, on 5/7/25, at 12:20 p.m. , Resident 3 ' s meal tray was observed with a full serving of food. Resident 3's diet card indicated, .1/2 [half] portion only . Resident 3 stated she was never given small portions. Resident 3 further stated she declined to have her weight assessed because it depressed her when she did not lose weight.</p> <p>During a concurrent interview and record review on 5/7/25, at 12:35 p.m., [NAME] 2 viewed photos of Resident 2, Resident 3, and Resident 4 ' s lunch meal trays and confirmed the portion size was the same for all three. [NAME] 2 stated when she served the food, another staff member called out the portion size. [NAME] 2 further stated staff must not have called out the correct portion size for Resident 2 and Resident 3 ' s meals.</p> <p>During an interview on 5/7/25, at 12:39 p.m., the Food and Nutrition Services (FNS) director stated it was her expectation that the correct food portions would be served to Resident 2 and Resident 3. The FNS further stated too much food could be overwhelming and could interfere with Resident 2 and Resident 3 ' s weight loss goals. The FNS stated unintentional weight gain could have a negative health effect.</p> <p>A review of a facility document titled Job Description, dated 2023, indicated, .POSITION: FNS Director . Ability to follow prepared menus and portion control guidelines .Ability to train staff how to properly prepare and serve food .Check trays to ensure diets are served as ordered .</p> <p>(continued on next page)</p>		

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of a facility policy and procedure titled, PORTION SIZES, dated 2023, indicated, .Various portion sizes of the food served will be available to better meet the needs of the residents .The small and large portion servings will be served as printed on the cook ' s spreadsheet for every meal .1/2 size portions are to be given to those residents who request smaller portions than the small portion diet provides .The food server is to give the 1/2 size portion of the diet for the food on the main plate-entree, vegetable , and starch .</p>