

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055289	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/14/2024
NAME OF PROVIDER OR SUPPLIER Lodi Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 321 West Turner Road 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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45718</p> <p>Based on observation, interview, and record review, the facility failed to protect the rights to be free from abuse for 1 of 3 sampled residents (Resident 2) when staff witnessed Resident 1 punched Resident 2 in the face during an altercation causing Resident 2's eyes to bleed.</p> <p>This failure resulted in Resident 2 abused by Resident 1 and sustaining a bruise and a skin tear on the right eye.</p> <p>Findings:</p> <p>A review of Resident 1's admission record indicated he was admitted to the facility fall of 2022 with multiple diagnoses that included Dementia (impaired ability to remember, think, or make decisions) and history of traumatic brain injury.</p> <p>A review of Resident 1's Minimum Data Set (MDS, an assessment tool), dated 6/13/24, indicated, he had severe memory problems.</p> <p>A review of Resident 1's undated care plan indicated as one of the interventions, Check resident at least every 2 hours and as needed for comfort and safety .</p> <p>A review of Resident 1's Physician History and Physical, dated 6/17/24, indicated, .Assessment/Plan: Agitation .Continue to monitor .</p> <p>A review of Resident 2's admission record indicated he was admitted to the facility fall of 2023 with multiple diagnoses that included Dementia and delusional disorders (paranoia). A review of Resident 2's MDS, dated [DATE], indicated he was exhibiting behaviors of delusions and hallucinations (apparent perception of something not present). Resident 2's MDS also indicated he had severe memory problems.</p> <p>A review of Resident 2's undated care plan indicated, .Resident was involved in resident to resident altercation & obtained a skin tear/laceration to right side of eye .</p> <p>A review of Resident 2's Physician History and Physical, dated 6/11/24 indicated, .Continue to monitor symptoms. Continue current medications and provide supportive care .</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055289	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/14/2024
NAME OF PROVIDER OR SUPPLIER Lodi Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 321 West Turner Road 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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>A review of Resident 2's SBAR [Situation, Background, Assessment, Recommendation] & INITIAL COC [change of condition] /ALERT CHARTING & SKILLED DOCUMENTATION dated, 8/11/24, indicated, At 1800 both residents sitting in the wheelchair in the hallway at station 3, close by room [ROOM NUMBER]. The victim [Resident 2] ran over his [Resident 1's] right foot, the victim he got mad [sic] then the abuser [Resident 1] punches him [Resident 2] right away the victim at the right side of eye, the victim sustained small cut and bleeding noted .</p> <p>During a telephone interview on 8/14/24 at 11:49 a.m., the Certified Nursing Assistant 1 (CNA 1) stated, she and the other CNA were in the room changing a resident when they heard the Licensed Nurse 1 (LN 1) calling them for help because the two residents (Resident 1 and Resident 2) were fighting. The CNA 1 stated Resident 2 had redness on his right eye, and a skin tear.</p> <p>CNA 1 stated, Resident 1 sometimes gets agitated, then he would punch someone and Resident 2 can be verbally aggressive at times. The CNA 1 further stated, In the memory care unit . we need to monitor them [the residents] closely because they have behaviors, so we need to monitor them . no one was there in the hallway when the incident happened .</p> <p>During a concurrent observation and interview on 8/14/24 at 12:10 p.m., in the memory care unit hallway, Resident 2 was sitting in the wheelchair. Resident 2 was observed with a scratch on his nose and with reddish and bluish discoloration surrounding his right eye. A skin tear and blood clot on the right side of the eye (outer eyelid) approximately 1 inch in size was also observed.</p> <p>During an observation on 8/14/24 at 12:14 p.m., in the memory care unit hallway, Resident 1 was wheeling himself towards Resident 2, Resident 1 then stood up facing Resident 2, looked agitated and was observed with closed fists swinging and demonstrating punching motion towards Resident 2.</p> <p>During a telephone interview on 8/14/24 at 2:33 p.m., the CNA 2 stated we need to closely monitor the residents. CNA 2 stated, the altercation could have been prevented if they [the residents] were closely monitored. The CNA 2 stated, Resident 1 had aggressive behavior .he can hit you; he would stand up and hit you .</p> <p>During a telephone interview on 8/15/24 at 8:17 a.m., the Licensed Nurse 1 (LN 1) stated, Resident 1 and Resident 2 were both in the memory care unit hallway near room [ROOM NUMBER] when LN 1 saw Resident 2 run over Resident 1's right foot. LN 1 saw Resident 1 reacted, punching Resident 2 right away. The LN 1 stated Resident 2's right eye was bleeding, and he sustained a small laceration from the punch. The LN 1 stated, LN 1 was in the hallway near the nurse's station, a few feet away from room [ROOM NUMBER], when the altercation happened. The LN 1 stated, Resident 1 had an attitude of standing up and trying to punch you when you pass by him. The LN 1 further stated, residents in the memory care unit needed close monitoring and supervision because they have dementia. LN 1 stated, nobody was there to supervise the two residents in the hallway at that time.</p> <p>During a telephone interview on 8/14/24 at 1 p.m., the Director of Nursing (DON) stated, the LN saw the altercation between the two residents. The DON stated, Resident 1 was very impulsive, he had history of aggression towards others. The DON further stated residents in the memory care unit needed close monitoring and supervision.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055289	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/14/2024
NAME OF PROVIDER OR SUPPLIER Lodi Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 321 West Turner Road 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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During a follow up interview on 8/16/24 at 2:18 p.m., the DON stated, she expected all patients to be free from abuse. She further stated, The incident could have been prevented .we have to protect our residents and the resident have the right to be free from abuse .</p> <p>A review of Facility policy titled, Resident Rights, revised December 2016, indicated, .Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to . be free from abuse .</p> <p>A review of Facility policy titled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program, revised April 2021, Residents have the right to be free from abuse . by anyone including . other residents . Protect residents from abuse . by anyone including . other residents . Ensure adequate staffing and oversight/support .</p>