

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  12/30/2025
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>Based on observation, interview, and record review, the facility failed to provide timely pain management for one of three sampled residents (Resident 1) when Resident 1's scheduled pain medication was administered one hour and 45 minutes after its scheduled time. This failure had the potential to cause Resident 1 increased pain and psychosocial distress. A review of Resident 1's admission RECORD, the record indicated Resident 1 was admitted to the facility with a diagnoses which included Chronic Obstructive Pulmonary Disease (COPD, long term lung disease that causes airflow blockage and shortness of breath) and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest). A review of Resident 1's clinical document titled, Care Plan Report, initiated on 12/2/25, indicated, .Resident [Resident 1] is at risk for PAIN has chronic pain r/t [related to] osteoarthritis [joint disease in which the tissues in the joint breakdown over time and the bones rub against each other].Resident is at risk for depression, anxiety, sleep problems.secondary to/unrelieved pain, arthritis, depression.Interventions/Tasks.Administer medication as ordered. A review of Resident 1's Medication Administration Record, (MAR, a list of Resident 1's ordered medications and when they were administered or held) dated 12/1/25 through 12/31/25, indicated, .Meloxicam [medication to reduce inflammation and pain] .Give 1 tablet by mouth one time a day for osteoarthritis. The medication was scheduled to be administered at 8:00 AM daily. During an interview on 12/30/25 at 8:13 AM with Family Member (FM) 1, FM 1 stated Resident 1's scheduled pain control medication was administered late which caused Resident 1 distress and unmanaged pain. During a concurrent interview and record review on 12/30/25 at 2:20 PM with the Medical Records (MR), Resident 1's medication administration history was reviewed. The MR confirmed Resident 1's meloxicam medication dose was schedule for 8:00 AM and was administered at 9:46 AM on 12/4/25. The audit further indicated Resident 1's Sertraline (medication for depression) was scheduled to be administered at 8:00 AM and was administered at 9:46 AM. During a concurrent interview and record review on 12/30/25 at 2:40 PM with licensed nurse (LN) 1, Resident 1's clinical record was reviewed. LN 1 stated there was no documentation in Resident 1's clinical record that explained the late medication administration and she did not remember why it was not given on time. During an interview on 12/30/25 at 3:02 PM with the Assistant Director of Nurses (ADON), the ADON stated all medication must be given one hour before or one hour after the scheduled time. The ADON further stated if medication was not administered timely the physician should have been informed. The ADON stated delayed medication administration could have negatively affected Resident 1's pain control. The ADON further stated it was important to adhere to the scheduled time frame so the medications therapeutic effect was maintained. A review of a facility policy titled, Administering Medications, revised 4/19, indicated, .Medications are administered in a safe and timely manner, and as prescribed. Medication administration times are determined by resident need and benefit, not staff convenience. Factors that are considered include.enhancing optimal therapeutic effect of the medication.Medications are administered within one (1) hour of their prescribed time.</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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