

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Brookside Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 Rosemarie Lane 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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>40583</p> <p>Based on interview, and record review, the facility failed to ensure one of three sampled residents' (Resident 2) personal funds were protected when the facility filled out documentation to receive Resident 2's Social Security without Resident 2's knowledge and consent.</p> <p>This failure had the risk of financial insecurity and psychosocial harm to Resident 2.</p> <p>Findings:</p> <p>A review of Resident 2's ADMISSION RECORD, indicated Resident 2 was admitted to the facility with diagnoses which included depression (mood disorder with a persistent feeling of sadness) and multiple sclerosis (condition with symptoms including weakness, numbness, loss of coordination, visual disturbances, and problems with speech and bladder control). Further review of the record indicated Resident 2 was his own responsible party.</p> <p>During an interview on 10/9/24, at 11:08 AM, with the Ombudsman (OMB- long term care advocate for resident rights), the OMB stated the facility filled out an application to Social Security to have a payee (someone who receives the money) assigned to Resident 2 without informing Resident 2. The OMB further stated when Resident 2 did not receive his Social Security payment in September 2024; he called to find out where his money was but was not able to get a hold of anyone. The OMB stated she called and found out Resident 2's Social Security payment went to the facility with \$100 for Resident 2. The OMB further stated the facility applied Resident 2's Social Security payment to his arrearages (outstanding payments) without Resident 2's knowledge.</p> <p>During an interview on 10/9/24, at 1:06 PM, with the Rep Pay Representative (RPR), the RPR stated to the best of her knowledge Resident 2's application was filled out correctly. The RPR further stated she received the application from the BOM.</p> <p>During an interview 10/11/24, at 3:19 PM, with Resident 2, Resident 2 stated, They took my money! A payee. Resident 2 further stated he was still not receiving his money. Resident 2 explained he did not sign anything, referring to the application for his social security to have a rep payee assigned. Resident 2 stated he had been previously receiving his social security before it got diverted.</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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/11/24, at 3:45 PM, with the Business Office Manager (BOM), the BOM stated Resident 2 did not approve or have knowledge of the application for Resident 2's social security to have a rep payee assigned. The BOM further stated no one from the facility discussed it with Resident 2 and there was no documentation that anyone spoke to Resident 2 regarding having a rep payee assigned. The BOM explained Resident 2 did not give his permission to have his personal health information (PHI) sent with the application. The BOM stated she was informed by the previous facility administrator and the administrator in training to send the application and Resident 2's PHI to the rep payee.</p> <p>During an interview on 10/11/24, at 4:15 PM, with the Administrator (ADM), the ADM stated PHI should not be sent without the resident's permission, only to other healthcare facilities. The ADM further stated regarding the application for the rep payee, it should have just been the financial information, not PHI.</p> <p>During a interview on 10/15/24, at 4 PM, with the BOM, the BOM stated Resident 2 did not give his permission for the rep payee application for his social security money to be completed. The BOM further stated when she filled out the application, she knew she should have spoken with Resident 2 but did not. The BOM explained she was pressured into filling out the application by a Biller for the facility to receive payment.</p> <p>A review of an undated document from the Social Security Administration website titled, Guide for Organizational Representative Payees, indicated, .Who Needs a Payee?</p> <p>We always pay benefits through a payee for an adult judged legally incompetent by a State court.</p> <p>We usually pay benefits through a payee for a minor child.</p> <p>Otherwise, we usually pay benefits directly to legally competent, adult beneficiaries.</p> <p>However, there are some exceptions .</p> <p>If we determine a legally competent adult is unable to manage or direct the management of their own benefits, we appoint a representative payee.</p> <p>When selecting a payee, we usually first consider the beneficiary's family and friends. For some beneficiaries, however, the traditional networks of support do not exist and for these we rely on state, local, or other community sources to fill the need .</p> <p>https://www.ssa.gov/payee/NewGuide/toc.htm#Needs_payee</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>40583</p> <p>Based on interview, and record review, the facility failed to safeguard and take reasonable care of one discharged resident's (Resident 1) personal property when Resident 1's personal property was given to Family Member (FM) 1 without Resident 1's knowledge, and without requiring FM 1 to sign for the property on Resident 1's inventory sheet (a list used to track what personal items come in and out of the facility).</p> <p>This failure resulted in Resident 1 in not receiving his personal property and the risk for negatively impacting Resident 1's psychosocial well-being.</p> <p>Findings:</p> <p>A review of Resident 1's ADMISSION RECORD, indicated Resident 1 was admitted to the facility with diagnoses which included depression (mood disorder with prolonged episodes of sadness).</p> <p>A review of Resident 1's Progress Notes, dated 9/1/24, indicated, .Resident left AMA [Against Medical Advice] .</p> <p>During an interview on 10/10/24, at 12:29 PM, with Resident 1, Resident 1 stated he had not received his personal property from the facility. Resident 1 further stated the facility informed him they would send him his personal property and they never did. Resident 1 explained he was not aware his family member (FM 1) had picked up his items as he was not on speaking terms with FM 1 and had not been in contact with FM 1.</p> <p>A review of Resident 1's clinical document titled, Inventory Sheet, did not indicate anyone had signed for his personal items.</p> <p>During an interview on 10/11/24, at 2:45 PM, FM 1 stated she had picked up some of Resident 1's belongings from the facility. FM 1 further stated the facility only gave her one shirt and sweatpants, two pairs of shoes, and a guitar. FM 1 explained there were a lot of items missing. FM 1 stated the facility did not have her sign for the items she picked up.</p> <p>During an interview on 10/15/24, at 5:34 PM, with the Administrator (ADM), the ADM stated it was not their process for staff to give personal belongings to family members without the family member signing for the items. The ADM explained originally Resident 1's personal items were to be mailed to him, but that changed when FM 1 picked up Resident 1's items.</p> <p>During a review of a facility policy titled, Resident Personal Belongings, dated 2024, indicated, .The facility wil ensure that personal belongings and/or possessions are rightfully returned to the resident, or to the resident's representative, in the event of the resident's death or discharge from the facility .Recipients of such personal items at the time of discharge or death shall sign off with their legal signature, acknowledging receipt of all personal belongings presented .</p>		