

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 03/06/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>50977</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe and hazard free environment when one of two resident lift devices (a resident lift device used by caregivers to safely transfer residents) wheels were not locked.</p> <p>This failure placed a resident census of 93 and staff at risk for injury.</p> <p>Findings:</p> <p>During a concurrent observation and record review on 3/6/25 at 3:10 PM with Certified Nursing Assistant (CNA) 1, CNA 1 confirmed the resident lift device located on the east wing wheels were not locked and secured in place. CNA 1 stated the resident lift device wheels should have been locked when not in use and it was a fall risk to staff and residents.</p> <p>During an interview on 3/6/25 at 3:25 PM with Licensed Nurse (LN) 1, LN 1 stated resident lift devices should be locked if left unsupervised in the hallway. LN 1 further stated any resident could move the resident lift device and the unlocked resident lift device could increase the risk of falls to residents.</p> <p>During an interview on 3/6/25 at 3:50 PM with the Administrator (ADM), the ADM stated it was his expectation the resident lift device wheels should be locked. The ADM further stated, if wheels were not locked there was a risk of the resident lift device rolling into someone.</p> <p>During an interview on 3/6/25 at 4:15 PM with the Assistant Director of Nursing (ADON), the ADON stated it was her expectation that the resident lift device should be always locked when not in use. The ADON further explained, if a resident lift device was not locked there was an increased risk for injury.</p> <p>During a review of a facility Policy and Procedure titled, Accidents and Supervision, dated 2024, indicated, . The resident environment will remain as free of accident hazards as is possible .[Hazards] refers to elements of the resident environment that have the potential to cause injury .</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
---	-------	-----------