

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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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 07/07/2026
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)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement person centered interventions to ensure the safety of one of three sampled residents (Resident 1) who was an elopement (when a resident leaves the facility or a safe area without authorization) risk when Resident 1 removed her wanderguard (a device that alerts the staff when a resident at risk of elopement approaches a monitored exit door), eloped from the facility on 7/4/26, and upon return to the facility did not have interventions in place to prevent another elopement. This failure had the potential to contribute to another elopement from the facility that could have caused Resident 1 injury or harm. Findings: Review of an admission Record indicated, Resident 1 was admitted to the facility in late-2025 with multiple diagnoses including dementia (a loss of memory, reasoning, that interferes with daily life), generalized anxiety disorder (constant, uncontrollable worry about minimal), psychotic disorder with delusions (a person holds firmly to strong, false beliefs that are entirely disconnected from reality and cannot be changed by reasonable arguments), and major depressive disorder (an intense, long-lasting low mood). Review of Resident 1's active physician orders dated 5/22/26, indicated, .May have wanderguard to L [left] wrist r/t [related to] risk for elopement/active exit seeking behaviors. Check placement .every shift Notify Admin/Don of wanderguard is missing or expired, wanderguard must be replaced if missing or expired. Review of Resident 1's care plan dated 4/21/26, indicated. [Resident 1's name] is a high elopement risk and is a wanderer that is currently being monitored with the use of a wander guard r/t exit seeking. staff will report missing or dysfunctional wander guards. monitor wanderguard for proper placement daily and functionality every day. Review of Resident 1's Elopement Evaluation dated, 6/8/26 indicated, Resident 1 was at a high risk for elopement. During an interview on 7/8/26 at 10:28 AM, with Licensed Nurse (LN) 1, LN 1 stated on 7/4/26 while she was working an evening shift she heard someone say that Resident 1 had just left the facility. LN 1 stated she immediately ran outside of the facility to assist Resident 1. LN 1 stated when she set eyes on Resident 1, Resident 1 was past the facility parking lot and close to the street in front of the facility. LN 1 stated she attempted to bring Resident 1 back to the facility but Resident 1 refused. LN 1 stated Resident 1 became aggressive and threatening with her. LN 1 then stated she followed Resident 1 down the street until she lost sight of her. During an interview on 7/7/26 at 12:37 PM, with Resident 1, Resident 1 stated when she left the facility she walked right outside of the door. Resident 1 stated she cut the wanderguard off with scissors. Resident 1 stated at the time she left she did not feel safe here at the facility and that she told staff that there were people out to hurt her and she did not want to get hurt. Resident 1 further stated she walked about six to seven blocks from the facility while it was dark outside. Resident 1 further stated she began to get tired, she then found some bushes in front of an apartment complex, she laid on the bushes and went (continued on next page)		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 055304
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