STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055481	A. Building B. Wing	07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vienna Nursing and Rehabilitation Center	800 So. Ham Lane Lodi, CA 95242

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 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to manage his or her financial affairs. Based on interview and record review the facility failed to ensure one of four sampled residents (Resident 1's) representative was provided timely access to Resident 1's personal funds.This failure resulted in Resident 1's rights regarding financial matters to not be recognized.Findings:A review of Resident 1's admission RECORD, indicated Resident 1 was admitted to the facility with diagnoses which included dementia (condition that causes a decline in cognitive abilities such as memory, thinking, reasoning, and problem solving).During a review of a letter sent to the facility, from the County Conservator's office, dated 5/13/24, the letter indicated, .Subject: Conservatorship [person appointed by a judge to manage personal and financial affairs of an individual] of [Resident1].On 05/07/2024 [Name of Guardian/Conservator] was appointed Conservator of [Resident 1].Please add [Name of Guardian/Conservator] as the responsible party for [Resident 1].During a review of a letter sent to the facility, from Resident 1's Conservator, dated 2/26/26, the letter indicated, .Dear Business Office Manager: Per the latest Resident Trust Statement received for period 1/1/2026-2/26/2026, [Resident 1] has a balance of.To prevent balances from continuing to increase we are requesting you send back $1300 to our office at the address listed above. You will make the check payable to [Resident 1] and note it is in regard to [Resident 1]- Resident Trust Funds return.If you know of anything the client may need you may also send a list with the refund to my attention, and I will review for purchasing.During an interview on 7/1/26 at 12:36 PM with the Accounts Payable manager (AP), the AP stated the Conservator handled Resident 1's money and paid the facility what it was owed from Resident 1's income. The AP further stated the Conservator had requested the facility send money from Resident 1's facility account to the Conservator's office and the facility could not do that. The AP further stated the Administrator said the facility would not send money to the Conservator because it was Resident 1's money.During an interview on 7/7/26 at 8:12 AM with the Conservator, the Conservator stated it was their responsibility to handle Resident 1's finances. The Conservator further stated they monitored Resident 1's account with the facility and if the funds were over a certain amount they requested the facility issue a check to Resident 1's trust fund. The Conservator stated they needed the money to pay Resident 1's bills. The Conservator further stated they called and emailed the facility regarding the funds and the facility never responded.During an interview on 7/7/26 at 9:19 AM with the Administrator (ADM), the ADM stated he had received an emailed document from the Conservator, but he had not read it since his team was handling the issue. The ADM further stated he received an email dated May 2026, from the Conservator, that requested a check be sent in Resident 1's name to the Conservators office. The ADM stated the email indicated funds could be applied to resident needs identified by the facility such as clothing. The ADM further stated the Conservator had verbalized to his staff that the money would go to a general fund and he wanted to ensure the money was only spent on Resident 1's personal needs and not on her facility or pharmacy bills.During a review of an undated facility policy and procedure (P&P) titled, RESIDENTS RIGHTS, the P&P indicated, .PURPOSE.To assure protection of rights for residents at the facility.To manage personal financial affairs or to be given at least quarterly accounting of financial transactions.In the case of a Resident adjudged incompetent under the laws of a State by a court of competent jurisdiction, the rights of the Resident are exercised by the person appointed under State law to act on the Residents behalf.

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