

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055735	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Delta Oaks Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 6940 Pacific Avenue 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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) who was dependent on staff for activities of daily living (ADLs-routine tasks/activities such as bathing, dressing, grooming a person performs daily to care for himself or herself) received services to maintain personal hygiene when Resident 1 was not provided showers as scheduled from 1/9/25 through 3/11/25.</p> <p>This failure had the potential to cause discomfort, skin impairment, infection, and a decline in emotional and psychological well-being.</p> <p>Findings:</p> <p>During a review of Resident 1's clinical record titled, admission RECORD , undated, the record indicated Resident 1's diagnoses included acute respiratory failure with hypoxia (not enough oxygen in the body) and multiple injuries from motor-vehicle accident.</p> <p>A review of Resident 1's clinical record titled, Minimum Data Set , (MDS-an assessment tool) under section GG-Functional Abilities, dated 2/8/25, the record indicated Resident 1 was dependent on staff for showers and baths.</p> <p>A review of Resident 1's clinical record titled, ADL Care Plan, dated 6/4/24, the care plan indicated Resident 1 required extensive to total assist with ADLs.</p> <p>A review of facility's document titled, DAILY SHOWER SCHEDULES MORNING SHIFT, dated 4/21/25, the shower schedule indicated Resident 1 received showers every Wednesdays and Saturdays during the morning shift.</p> <p>During an interview on 5/13/25, at 4:10 p.m., with Certified Nurse Assistant (CNA) 1, CNA 1 stated Resident 1 was supposed to receive showers at least twice a week. CNA 1 stated when Resident 1 refused a shower, Resident 1 should have been offered a shower two additional times. CNA 1 stated when Resident 1 continued to refuse showers, the charge nurse should have been informed of the refusals.</p> <p>A review of Resident 1's clinical record titled, Documentation Survey Report, dated January, February, and March of 2025, indicated there were multiple days in which Resident 1 received bed baths instead of showers. There was no documented evidence for the months of January, February, and March 2025 that Resident 1 refused showers nor that showers were provided. The document indicated as follows,</p> <p>-1/9/25 through 1/15/25, an entry of 97 was documented (coded that a shower was not applicable)</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-1/15/25, an entry of B was documented (coded as a bed bath). There was only one bed bath provided during this week. There was no documented evidence that a shower was provided, nor that Resident 1 refused showers.</p> <p>-1/16/25 through 1/22/25, an entry of 97 was documented (coded that a shower was not applicable) except on 1/20/25, which indicated a B entry (coded as a bed bath). There was only one bed bath provided during this week. There was no documented evidence a shower was provided nor that Resident 1 refused showers.</p> <p>-1/23/25 through 1/29/25, an entry of 97 was documented (coded that a shower was not applicable) except on 1/23/25 and 1/27/25 which indicated a B (coded as a bed bath) entry. There was no documented evidence that a shower was provided, nor that Resident 1 refused showers.</p> <p>-1/30/25 through 2/5/25, an entry of the 97 was documented (coded that a shower was not applicable). There was no documented evidence a bed bath or a shower was provided nor that Resident 1 refused showers.</p> <p>-2/13/25 through 2/19/25, an entry of 97 was documented (coded that a shower was not applicable) except on 2/17/25 and 2/18/25 which indicated a B entry (coded as a bed bath). There was no documented evidence that a shower was provided, nor that Resident 1 refused showers.</p> <p>- 2/20/25 through 2/26/25, an entry of 97 was documented (coded that a shower was not applicable) except on 2/20/25 and 2/24/25 which indicated a B entry (coded as a bed bath). There was no documented evidence that a shower was provided, nor that Resident 1 refused showers.</p> <p>-2/27/25 through 3/6/25, an entry of 97 was documented (coded that a shower was not applicable) except on 3/3/25 and 3/6/25 which indicated a B entry (coded as a bed bath). There was no documented evidence that a shower was provided, nor that Resident 1 refused showers.</p> <p>-3/7/25 through 3/11/25, an entry of 97 was documented (coded that a shower was not applicable) except on 3/10/25 which indicated a B entry (coded as a bed bath). There was no documented evidence that a shower was provided, nor that Resident 1 refused showers.</p> <p>During an interview on 6/5/25, at 3:32 p.m., with the Director of Nursing (DON), the DON verified there were no showers provided for Resident 1 on the above dates. The DON also confirmed there were weeks in January where only one bed bath was provided for Resident 1. The DON further explained a 97-entry code did not reflect if Resident 1 had refused showers. The DON could not provide documented evidence that a shower was offered first before giving a bed bath. The DON further explained Resident 1 was at risk for impaired skin integrity, increased damage to the skin, and poor hygiene due to lack of showers which could have affected Resident 1's over all well-being.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure titled, Activities of Daily Living (ADLs), Supporting, revised March 2018, indicated, .Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good .grooming and personal .hygiene .Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: Hygiene (bathing, dressing, grooming, and oral care) .If a resident resists or refuses care, staff will attempt to identify the underlying cause of the behavior and consider approaching the resident in a different way or at a different time, or having another staff member speak with the resident .</p>