

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  06/25/2025
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on interview and record review, the facility failed to submit the investigation report of an allegation of abuse involving two of three sampled residents (Resident 1 and Resident 2) to the Department, within 5 days of the incident. This failure had the potential to result in the inability to protect Resident 1 and Resident 2 from further abuse. Findings: Review of Resident 1's admission RECORD indicated Resident 1 was admitted to the facility with diagnosis which included, but were not limited to, dementia (a group of conditions that affect the brain, causing a decline in a person's mental abilities, like memory, thinking, and reasoning skills). Review of Resident 2's admission RECORD indicated Resident 1 was admitted to the facility with diagnosis which included, but were not limited to, dementia. During a concurrent interview and record review on 6/25/25, at 1:54 p.m., with the Administrator (ADM) the undated facility document titled, 5 Day Summary was reviewed. The, Five Day Summary indicated an allegation of abuse was investigated between Resident 1 and Resident 2 and was reported to the Department. The ADM stated the report was never sent to the Department but it should have been. During a review of the facility's policy and procedure titled, Abuse Investigation and Reporting, dated 7/17, indicated, .The Administrator, or his/her designee, will provide the appropriate agencies or individuals listed above with a written report of the findings of the investigation within five (5) working days of the occurrence of the incident .</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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