

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 04/21/2026
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the appropriate discharge process was followed for one of two sampled residents (Resident 1) when;1. The facility did not provide a copy of the 30-day Notice of Transfer/Discharge (a written document given to residents or their representative when a facility plans to move them to another location or end their stay) to Resident 1;2. The facility failed to provide a copy of Resident 1's discharge notice, dated 4/9/26, to a representative of the Office of the State Long-Term Care (LTC) Ombudsman (advocates for residents of nursing homes to protect resident rights);3. The contents of the discharge notice signed by Resident 1 on 4/9/26 did not include the discharge location; and 4. An updated discharge notice when a discharge location was identified on 4/20/26 was not given to Resident 1 until the day of discharge on [DATE].These failures had the potential to result in Resident 1 not being fully informed of her rights and not having adequate advocacy support during the discharge process. These failures did not allow for a reasonable period of at least 30 days between the time the notice was issued, and the date Resident 1 was discharged which has the potential to inhibit Resident 1 from participating and/or assisting in planning of the discharge or appealing the discharge. Findings:During a review of Resident 1's NOTICE OF TRANSFER / DISCHARGE, dated 4/9/26, the notice indicated the reason for transfer/discharge was for non-payment of the share of cost (a set monthly amount that a resident on Medi-Cal/Medicaid must pay toward their care in the facility, similar to a deductible or co-pay). The form was signed by the facility representative. The Copy to: State LTC Ombudsman Office line was left blank, and the Transfer/Discharge to field was also left blank. The effective date (date the discharge was to occur) was listed as 4/9/26, the same date the notice was given to Resident 1.During an interview on 4/20/26 at 1:46 PM with Resident 1, Resident 1 stated she was given a 30-day eviction notice on or about 4/10/26 when the Social Services Director (SSD) and another staff approached her. Resident 1 stated she signed the notice with her initials due to shaky hands. Resident 1 stated she was not given a copy of the 30-day notice.During a concurrent interview and record review on 4/21/26 at 12:30 PM, the SSD reported that she and the Business Office Manager (BOM) initiated the 30-day Notice-of-Transfer/Discharge for Resident 1 on 4/9/26 due to non-payment. The SSD stated that the notice had not yet been submitted to the Ombudsman. The SSD further stated that a room & board home (a place where you pay for a private room to sleep and live in, plus regular meals) placement had been found and they would send a copy of the 30-day notice to the Ombudsman when Resident 1 was discharged . The SSD also stated that Resident 1 did not ask for a copy of the notice, so a copy was not provided to her.During a concurrent interview and record review on 4/21/26 at 4:07 PM with the Administrator (ADM), the ADM confirmed that Resident 1's NOTICE OF TRANSFER / DISCHARGE, dated 4/9/26, was the facility's 30-day Notice of Transfer/Discharge for Resident 1. The ADM stated that they must give a copy by regulation to the resident. The ADM further stated that they should send a copy for all discharge and transfer notices within 24 hours to the Ombudsman.During a concurrent interview and record review on 4/21/26, at 3:19 PM, Resident 1's NOTICE OF TRANSFER / DISCHARGE, dated 4/9/26, was reviewed with the Director of Nursing (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

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 04/21/2026
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(DON). The DON stated that a copy of Resident 1's transfer/discharge notice was not given to the Ombudsman because the facility would fax the notice to the Ombudsman on the day Resident 1 was discharged .During an interview on 4/21/26 at 5:24 PM, with the ADM, the ADM stated that the risk for not giving a copy of the discharge notice to Resident 1 was that the resident would not be properly informed about the discharge. The ADM stated the risk for not providing the form to the Ombudsman was that an Ombudsman was the resident's advocate and the Ombudsman would not be aware of the discharge if the notice was not sent to them.During an interview on 4/20/26, at 2:58 PM, with the Ombudsman (OMB), the OMB stated that their office should have received a copy of the 30-day notice of Transfer/Discharge at the same time the notice was given to the resident. During a follow-up interview on 4/22/26, at 2:13 PM, the OMB stated that up until the time of the interview, their office had not yet received the copy of the 30-day Notice of Transfer/Discharge for Resident 1. The OMB further stated that they need to receive the notice in order to provide advocacy for the resident and attend any appeal hearing (occurs when a resident disagrees with the notice and files an appeal). During a follow up phone interview on 4/30/26, at 9:06 AM, with the SSD, the SSD stated that Resident 1's original NOTICE OF TRANSFER / DISCHARGE, dated 4/9/26, had the transfer/discharge to field intentionally left blank because there was no destination address yet. The SSD further stated that the board and care placement was confirmed as the best fit for Resident 1 was on 4/20/26, and once that was known, Resident 1 signed an updated 30-day notice that included the discharge location. The SSD stated she was unsure of the exact date the final notice was sent to the Ombudsman. The SSD also stated that when a resident signs a notice without a destination address yet, the facility's normal practice was to have the resident sign a new/updated notice once the address is known, and that the updated notice is typically uploaded only on the actual discharge day.During a follow up phone interview on 4/30/26, at 9:22 AM, with the Medical Records Director (MRD), the MRD stated that Resident 1's updated NOTICE OF TRANSFER / DISCHARGE, dated 4/23/26, was faxed to the Ombudsman on 4/23/26 at 2:58 PM and that Resident 1 was discharged at approximately 3:55 PM on 4/23/25.During a follow up phone interview on 4/30/26, at 10:53 AM, with Resident 1, Resident 1 stated that the facility had her sign another paper as she was leaving the facility on 4/23/26.During a follow up phone interview on 4/30/26, at 11:17 AM, the SSD stated that she created and signed the updated notice on 4/20/26. The SSD further stated they were still waiting for the DME's (durable medical equipment such as wheelchairs and walkers) and therefore asked Resident 1 to sign the updated Transfer/Discharge Notice on the day she was leaving, 4/23/26.During a follow up phone interview on 4/30/26, at 2:55 PM, the ADM stated that Resident 1's original notice with the Transfer/Discharge to field left blank did not meet the facility's requirements. The ADM further stated that the updated notice signed by Resident 1 on 4/23/26 (the actual day of discharge) was not considered a new notice that reset the 30-day clock, because Resident 1 wanted to go. In addition, the ADM believes the Ombudsman office was notified before Resident 1 left the building around 3:55 PM on 4/23/26. The ADM added that he does not know if the Ombudsman was notified by phone, but he knows the Ombudsman was notified before the discharge. The ADM stated the facility's process when a discharge destination was not known at the time the initial discharge notice was signed, was that they let the residents know they will be discharged within 30 days to a safe location and then update them later.During a review of the facility's policy titled Transfer or Discharge Notices, revised 3/25, indicated, .The resident and representative are provided with a written notice of impending transfer or discharge at least 30 days prior to the transfer or discharge.notified in writing of the following information:.the specific location. to which the resident is being transferred or discharged . a copy of the notice is sent to the Office of the State Long-Term Care Ombudsman at the same time the notice of transfer or discharge is provided to the resident and representative.if the information in the notice changes, the facility will update the recipients of the notice as soon as practicable with the new information to ensure residents and their representatives are aware of and can respond appropriately.For significant changes, such as a change in the transfer or discharge (continued on next page)</p>		

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 04/21/2026
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>destination, a new notice will be given that clearly describes the change(s) and resets the transfer or discharge date in order to provide 30-day advance notification and allow adequate time for discharge planning.</p>

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 04/21/2026
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on interview and record review, the facility failed to review and revise the comprehensive person-centered care plan (a step-by-step guide for staff to make sure a person gets the right care in the right way) as necessary to reflect changes in one of two sampled residents (Resident 1) related to discharge planning. This failure had the potential to result in an uncoordinated discharge that did not adequately address Resident 1's discharge needs and preferences. Findings: A review of Resident 1's admission RECORD, indicated Resident 1 was admitted to the facility with diagnoses including Multiple Sclerosis (body's own immune system attacks the protective covering of the nerves). During a review of Resident 1's Care Plan Report, Resident 1's long term care plan, dated 12/4/25, the care plan identified Resident 1 as .Long Term placement on Skilled Nursing Unit. During a review of Resident 1's Progress Notes, dated 1/16/26, at 2:50 PM, the note indicated, .Discharge plan: Resident is requesting to leave the facility to Oakland bay area, closer to significant other. SS [social services] will assist with placement to facility. During a review of Resident 1's Progress Notes, dated 4/17/26, at 12:54 PM, the note indicated, .Discharge plan: Resident has plans to discharge to community. Resident is pending placement to [name of care home]. During a review of Resident 1's Progress Notes, dated 4/20/26, the note indicated that a Discharge Evaluation had been completed. During a review of Resident 1's DISCHARGE PLANNING COMMUNICATION FORM, completed on 4/20/26, the form indicated, Resident 1's discharge destination was a room & board home (a place where you pay for a private room to sleep and live in, plus regular meals) for long term care with an anticipated discharge date and time of 4/22/26 at 10:30AM. During a concurrent interview and record review on 4/21/26 at 12:30 PM with the Social Services Director (SSD) , the SSD reported that she and the Business Office Manager (BOM) initiated the 30-day Notice-of-Transfer/Discharge (a written document given to resident or their representative when a facility plans to move them to another location or end their stay) for Resident 1 on 4/9/26. The SSD also stated that Resident 1's care plan did not include a discharge plan. During a concurrent interview and record review on 4/21/26 at 3:19 PM with the Director of Nursing (DON), the DON reviewed Resident 1's care plan in the electronic health record system and confirmed that there was no discharge care plan documented in the system. The DON indicated that discharge planning was managed by social services. During a follow up telephone interview on 4/23/26 at 10:03 AM with the SSD, the SSD stated that she was primarily responsible for developing and summarizing discharge plans. The SSD acknowledged that the care plan dated 12/4/26, which classified Resident 1 as a long-term placement in the Skilled Nursing Unit, had not been updated. She indicated that, because Resident 1 was scheduled for discharge later that same day (4/23/26) at 1 PM, she was actively working on updating the relevant care plan at the time of interview. The SSD further stated that a discharge care plan was vital for safe resident discharge, requiring coordination between the interdisciplinary team (IDT, group of different professionals at a nursing home who work together to create and update a resident's care plan), and the resident. In addition, the SSD stated that failing to update the plan may result in unrecorded actions, risking the safety and coordination of the process. The SSD confirmed that Resident 1's care plan was not properly updated. During a review of the facility's Policy and Procedure (P&P) titled, CARE PLAN COMPREHENSIVE, effective 8/25/21, the P&P indicated that . the comprehensive care plan includes the following: .resident's preference and potential for future discharge. discharge plan, as applicable, that address the resident's discharge goal(s), the preparation of resident and/or resident representative to be an active partner and effectively transition them to post-discharge care. Assessments of resident are ongoing and the care plans are reviewed and revised as information about the resident and the resident's condition change.</p>		