

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

Printed: 08/27/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>055735                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>06/09/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Delta Oaks Post Acute                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>6940 Pacific Avenue<br>Stockton, CA 95207 |                                                 |
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| <p>F 0600</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to implement effective interventions and supervision to ensure the safety of one resident (Resident 2), in a sample of six when Resident 1 (Resident 2's roommate), who had an extensive history of verbal aggression towards Resident 2, hit Resident 2 on his legs on 5/7/26. This failure resulted in Resident 2 having 3 out of 10 pain (A pain level of 3 on a standard 0 to 10 scale indicates mild, noticeable pain) and placed Resident 2 at risk of psychosocial harm including fear, anxiety, depression, withdrawal, and feelings of hopelessness. Findings: A review of Resident 1's admission Record indicated Resident 1 was admitted to the facility with diagnoses which included blindness in one eye, muscle weakness, anxiety disorder (a group of treatable mental health conditions characterized by persistent, excessive, and disproportionate fear or worry in everyday situations), and cataract (a clouding of the eye's lens). A review of Resident 1's Minimum Data Set (MDS- a federally mandated resident assessment tool) Cognitive Patterns, dated 4/10/26, indicated Resident 1 had a Brief Interview for Mental Status (BIMS- a tool to assess cognition) score of 13 out of 15 (Brief Interview for Mental Status score of 13 means cognition is generally intact and normal). A review of Resident 1's MDS (Minimum Data Set (MDS) is a standardized assessment tool that measures health status) section B titled, Hearing, Speech, and Vision, dated 4/10/26, indicated, Resident 1 had impaired vision (sees large print, but not regular print in newspapers/books). Review of Resident 1's Progress Notes, dated 7/7/25 at 11:08 p.m., indicated, .Type: Follow-up Documentation . [Resident 1] voiced multiple complaints regarding his roommate [Resident 2], stating that his roommate keeps the fan on and TV on too loud. [Resident 1] expressed frustration, stating that [Resident 2] gets to do whatever he wants and its unfair. Due to [Resident 1's] blindness, it is difficult for him to locate the call light independently: However [Resident 1] is able to call out [yell] when in need of assistance. Review of Resident 1's Progress Notes, dated 10/05/25 at 5:55 p.m., indicated, .Type: Nurses Progress Note. [Resident 1] tried to hit sitter, staff went to his room trying to calm him down, [Resident 1] started yelling at staff. [Resident 1] started hitting the TV tv fall off from the wall. staff put tv on the side. [Resident 1] trying to get into roommates personal space and shut down roommate's TV, staff stop him from getting into roommates' personal space. explained to resident that they both have to respect each others personal space and TV preference. volume was down and tv out of reach. Review of Resident 1's Progress Notes, dated 10/7/25 at 1:53 p.m., indicated, . [Resident 1] has been complaining of his roommate's TV. [Resident 1] was asking for ear plugs so he can keep the noise out. Writer attempted to find ear plugs but was unsuccessful. Writer spoke with roommate about using his headphones with the TV, roommate refused. [Resident 2] shook his head and waved his fingers no to writer, pointing to [Resident 1] and doing a crazy signal to [Resident 1]. Writer was able to get resident's roommate to turn TV down so that [Resident 1] can sleep but reinforcement of usage of headphones are needed due to the roommate [Resident 2] is refusing to put them in use. Writer educated both on compromising and getting along with one another, both acknowledged understanding but both were not happy. Writer will endorse to oncoming nurses regarding both residents on being mindful of the volumes of TV and keep encouraging roommate to (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE     | (X6) DATE                             |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                      | Event ID: | Facility ID:<br>055735                |
|                                                                          |           | If continuation sheet<br>Page 1 of 12 |

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| <p>F 0600</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>utilize ear phones.A review of Resident 1's psychiatric follow up appointment document, dated 12/19/25, indicated, .[Resident 1] was seen for psychiatric follow- up related to history of Major Depressive Disorder and Anxiety Disorder.[Resident 1] reports little interest or pleasure in activities due to vision loss, depressed mood, and irritability or anger when others do not follow rules or when his room mate plays the television loudly.Symptom Triggers: Vision loss and functional limitations, Environmental stressors room mate noise, rule-related conflicts.NON-PHARM RECOMMENDATIONS.Provide Low-Stimulation Environment.Review of Resident 1's Progress Notes, dated 12/26/25 at 3:19 p.m., indicated, . Social Service Progress Note . SSD spoke with [Resident 1] regarding roommates [Resident 2's] increased TV volume. Residents agreed to keep volume at a certain level to allow each other to hear their televisions .A review of Resident 1's document titled, 1:1 Monitoring [dedicated safety or supervision intervention where one qualified staff member is assigned to continuously watch or assist a single individual] , dated 1/2/26 at 2 p.m., indicated, . [Resident 1] complaining of roommates loud TV agitated wants to beat [roommate] up .A review of Resident 1's document titled, 1:1 Monitoring, dated 1/8/26 at 5:30 a.m., indicated, . roommate turn the TV on so loud that made [Resident 1] upset .A review of Resident 1's document titled, 1:1 Monitoring, dated 1/9/26 at 5:30 a.m., indicated, . [Resident 1] yelling at CNA .A review of Resident 1's psychiatric follow up appointment document, dated 3/11/26, indicated, .[Resident 1] was seen for psychiatric follow- up related to history of Major Depressive Disorder and Anxiety Disorder.[Resident 1] reports diminished interest and pleasure in activities related to vision loss, along with depressed mood and episodic irritability particularly in response to environmental stressors such as rule noncompliance by others or excessive noise from his room mate.[Resident 1] has a history of prior psychiatric treatment and remains on psychotropic medications, which appear to be effective. A review of Resident 1's document titled, 1:1 Monitoring, dated 3/22/26 at 2:30 p.m., indicated, . [Resident 1 lying] in bed yelling at his roommate.Review of Resident 1's Progress Notes, dated 3/24/26 at 3:41 p.m., indicated, .Interdisciplinary Progress Note.Resident was wean off from 1:1 during evening shift as previously discussed with RP [resident representative]. [Resident 1] is stable, no c/o agitation or any behavioral symptoms noted. Resident stays calm and follow the direction. Staff was reminded to introduce themselves before going in resident room and explain the tasks, so [Resident 1] is aware about the surroundings.A review of Resident 1's SBAR Communication (a standardized, four-step framework used primarily in healthcare to share information clearly, concisely, and accurately. It stands for Situation, Background, Assessment, and Recommendation) Form, dated 5/7/26 at 5:56 a.m., the document indicated , .Resident to resident altercation.Physical aggression.Writer summoned by CNA that resident in [room number] were arguing about TV volume, and writer immediately went to check on residents and [Resident 1] was seen on [Resident 2's] bed side hitting [Resident 2] on right leg. Residents were separated right away.Per [Resident 1] he hit [Resident 2] with both hands. [Resident 1] was also heard saying [Resident 1] will send [Resident 2] to the hospital if [Resident 1] could.Review of Resident 1's Progress Notes, dated 5/7/26 at 9:41 a.m., indicated, .Social Service Progress Note . SSA [social services assistant] met with [Resident 1] at bedside following a physical altercation with [Resident 2]. [Resident 1] reported that his TV was on and that his roommate [Resident 2].was using the remote to turn the TV off. [Resident 1] stated he asked the roommate several times to stop. [Resident 1] explained that although he is blind and can't see, he is still able to perceive figures and forms of people. [Resident 1] further stated that he observed [Resident 2] making a middle-finger gesture toward him and laughing. [Resident 1] reported becoming upset and feeling disrespected, which led him to strike the roommate [Resident 2] in the head. [Resident 1] stated he has a history of PTSD [a mental health condition triggered by experiencing or witnessing a terrifying or life-threatening event] related to prior military service as an ex-Marine; however, he stated the altercation occurred because he felt disrespected and wanted to send him to the hospital.A review of Resident 1's trauma assessment titled, Trauma Questionnaire - V 2, dated 5/7/26, indicated, .Have (continued on next page)</p> |                                                                                        |                                                 |

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| <p>F 0600</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>you ever experienced this kind of event? Yes. [Resident 1] stated that they are an ex-marine. [Resident 1] claimed that they have PTSD due to being in the war. Review of Resident 1's Care Plan, initiated on 5/7/26, indicated, Focus. [Resident 1] had a resident to resident altercation, [Resident 1] hit room mate with both hands. Goal . Will have no further incidents of resident to resident altercation. Interventions. Evaluate resident for triggers and provide counseling. Review of Resident 1's Progress Notes, dated 5/7/26 at 1:26 p.m., indicated, . Interdisciplinary Care Conference - . [Resident 1] was involved in resident-to-resident altercation. [Resident 1] stated that [Resident 2] was not turning the TV volume down which made him mad. Root cause analysis: [Resident 1] has diagnose of anxiety and depression with visual impairment. [Resident 1] noted with be sensitive to loud noise. Recommendations: IDT recommendation: Residents will be immediately separate the resident to different rooms. [Resident 1] will be provided a calm and quite environment. A review of Resident 2's admission Record indicated Resident 2 was admitted to the facility with diagnoses which included hemiplegia and hemiparesis (no use/limited use of one side of the body), dysphagia (difficulty or discomfort in swallowing), muscle weakness and aphonia (the total loss or severe reduction of the human voice, leaving a person unable to speak). A review of Resident 2's Minimum Data Set (MDS- a federally mandated resident assessment tool) Cognitive Patterns, dated 5/10/26, indicated Resident 2 had a Brief Interview for Mental Status (BIMS- a tool to assess cognition) score of 12 out of 15 (Brief Interview for Mental Status score of 12 means moderate cognitive impairment). A review of Resident 2's SBAR Communication Form, dated 5/7/26, indicated, . Resident to resident altercation. Pain: New. Intensity of Pain: 3. [Resident 1] was seen on [Resident 2's] bed side hitting [Resident 2] on right leg. Residents were separated right away. [Resident 2] pointed pain of 3/10 through communication forms to right [lower extremity] below his knee where he was hit. A review of Resident 2's PHQ-2 to 9 Evaluation (Patient Health Questionnaire PHQ-2 and PHQ-9 are standardized, validated screening and evaluation tools developed to detect and measure the severity of depression) dated 5/7/26, indicated, Resident 2 was feeling down, depressed, or hopeless for 7-11 days (out of the last 14 days). During an interview on 6/9/26 at 10:36 a.m., in Resident 1's room, Resident 1 stated his roommate Resident 2 used to control the TV volume for both Resident 1 and Resident 2's TV in Resident 1's room. Resident 1 stated he had told facility staff in the past that Resident 1 was going to beat Resident 2. Resident 1 stated on the day of the incident, Resident 1 got up from his bed and walked to Resident 2's bedside when Resident 2 was watching TV. Resident 1 stated he wanted to fracture Resident 2's head so that Resident 2 could be sent out to the hospital. Resident 1 stated because he could not see, he started punching Resident 2's legs while slowly trying to walk his way up to find Resident 2's head. Resident 1 stated while he was punching Resident 2, staff heard Resident 1 and took Resident 1 out of the room. Resident 1 stated if Resident 2 did not control the TV Resident 1 would not have gotten angry. Resident 1 stated he had seen a lot of fights, and he had a history of PTSD. During an interview on 6/9/26 at 11:37 a.m., with Certified Nursing Assistant (CNA) 1, CNA 1 stated Resident 2 could have been in pain and Resident 2 could have been scared from the physical altercation. CNA 1 stated in the past Resident 1 and Resident 2 shared a room together where both residents had their own TV. CNA 1 stated CNA 1 had operated Resident 1's TV in the past because Resident 1 could not see and Resident 2 operated his own TV. CNA 1 stated Resident 1 had stated in the past that Resident 1 would beat Resident 2 without a reason. CNA 1 stated facility staff were aware that Resident 1 did not like Resident 2. CNA 1 stated Resident 1 had stated in the past that Resident 1 was mad at Resident 2's loud TV volume and Resident 1 wanted to tear the TV from the wall. CNA 1 stated in the past at times Resident 2 had his TV volume high which made Resident 1 mad. CNA 1 stated Resident 1 was on 1:1 monitoring in the past because Resident 1 had a fall and his family had requested the 1:1 monitoring. CNA 1 stated Resident 1 got upset after he was taken off 1:1 monitoring. CNA 1 stated the physical altercation between Resident 1 and Resident 2 could have been prevented if Resident 1 and Resident 2 were separated before the incident. During an interview on 6/9/26 at 12:32 p.m., with Certified Nursing Assistant (CNA) 2, CNA 2 stated Resident 2 was nice, and (continued on next page)</p> |                                                                                        |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Delta Oaks Post Acute                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>6940 Pacific Avenue<br>Stockton, CA 95207 |                                                 |
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| <p>F 0600</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Resident 2 did not have any behavioral issues in the past. CNA 2 stated Resident 1 got violent in the past where Resident 1 screamed and wanted to do whatever he wanted. CNA 2 stated Resident 1 could have physically hurt his roommate and facility staff members when Resident 1 got violent. CNA 2 stated there were times in the past when Resident 2's TV volume was low, and Resident 1 still got upset and stated that Resident 1 did not want to listen to Resident 2's TV. CNA 2 stated in the past Resident 1 was on 1:1 monitoring because Resident 1 couldn't see. CNA 2 stated Resident 1 was not happy when he was taken off from 1:1 monitoring. During an observation and interview on 6/9/26 at 1:01 p.m., in Resident 2's room, Resident 2 used a communication board for communication. Resident 2 pointed to his legs and stated Resident 1 hit Resident 2's legs when Resident 2 was watching TV in his room. Resident 2 was observed to be crying when pointing to his legs. Resident 2 stated he was in pain, and he felt sad when Resident 1 hit his legs. Resident 2 stated he was scared of Resident 1 when Resident 1 was hitting him and thought Resident 1 could hit him again. Resident 2 stated Resident 1 had yelled and threatened about hitting Resident 2 in the face multiple times before the incident. During an interview on 6/9/26 at 2:51 p.m., with Licensed Nurse (LN) 1, LN 1 stated Resident 2 never had any behavioral issues in the past. LN 1 stated Resident 1 had yelled at Residents and staff in the past. LN 1 stated in the past Resident 1 had gone to Resident 2's bedside and tried to find Resident 2's TV remote. LN 1 stated Resident 1 got upset, yelled and used derogatory words towards Resident 2 when Resident 1 couldn't find Resident 2's TV remote. LN 1 stated Resident 1 had behavioral issues towards Resident 2 for a long time before the incident. LN 1 stated the care plan intervention was for the staff to calm Resident 1 by redirecting Resident 1. LN 1 stated LN 1 had seen Resident 1 get frustrated, stood close to Resident 2's bedside trying to hurt Resident 2 in the past before the incident. LN 1 stated Resident 2 had pushed his call light and banged on his bedside table to call staff for help in the past when Resident 1 stood close Resident 2's bedside and yelled at Resident 2. LN 1 stated facility staff were aware Resident 1 had aggressive behavior towards Resident 2 in the past before the incident. LN 1 stated Resident 1's aggressive behavior led to Resident 1 physically hitting Resident 2. LN 1 stated Resident 2 could have felt sad, upset, hurt and probably unsafe when Resident 1 hit Resident 2. During a concurrent interview and record review on 6/9/26 at 4:30 p.m., with the Director of Nursing (DON), the DON stated Resident 1 had been on 1:1 monitoring to help Resident 1 with his care. The DON stated Resident 1 had a history of yelling at facility staff members in the past. The DON stated Resident 1 had been on psychiatric medications and facility staff had been monitoring Resident 1's behavior and redirecting Resident 1. The DON stated Resident 2 had a universal TV remote in the past which could control the TV volume of both Resident 1 and Resident 2's TV volume. The DON stated Resident 1 had his own TV remote which was not universal. The DON stated after the incident on 5/7/26 she found out that Resident 2 had a universal remote which also controlled the TV volume of Resident 1's TV. The DON stated the physical altercation between Resident 1 and Resident 2 could have been avoided if facility staff knew before that Resident 2 had a universal remote which he used to control the TV volume for both Resident 1 and Resident 2's TV. The DON stated Resident 1 could have been provided with a calm environment and redirected to avoid the altercation with Resident 2. During a phone interview on 6/17/26 at 11:57 a.m., with Responsible Party (RP) 2, RP 2 stated the facility staff had informed RP 2 that Resident 1 had punched Resident 2's legs because Resident 2's TV was loud. RP 2 stated Resident 2 had told RP 2 in the past that Resident 1 was weird. RP 2 stated after the incident RP 2 was worried about Resident 2's safety. RP 2 stated Resident 1 and Resident 2 should have been separated before the incident happened when facility staff were aware of the verbal threats from Resident 1 prior to the incident. During a review of a facility policy and procedure titled Abuse Prohibition Policy and Procedure, dated 2021, the document indicated, .HealthCare Centers prohibit abuse, mistreatment, neglect, misappropriation of resident property, and exploitation for all residents. This includes, but is not limited to, freedom from corporal punishment, involuntary seclusion, and any physical or chemical restraint not required to treat the patient's medical symptoms. Verbal Abuse is (continued on next page)</p> |                                                                                        |                                                 |

Department of Health & Human Services  
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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>055735                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>06/09/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Delta Oaks Post Acute                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>6940 Pacific Avenue<br>Stockton, CA 95207 |                                                 |
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| F 0600<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | any use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to patients or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability. Examples of verbal abuse include, but are not limited to: threats of harm; saying things to frighten a patient. Physical Abuse includes hitting, slapping, pinching, kicking. Mental Abuse includes, but is not limited to humiliation, harassment, and threats of punishment or deprivation. Mental abuse may occur through either verbal or nonverbal conduct which causes or has the potential to cause the patient to experience humiliation, intimidation, fear. PURPOSE. To ensure that Center staff are doing all that is within their control to prevent occurrences of abuse. Actions to prevent abuse, neglect, exploitation, or mistreatment. Identifying, correcting, and intervening in situations in which abuse, neglect, and/or misappropriation of patient property is more likely to occur. If the suspected abuse is resident-to-resident, the resident who has in any way threatened or attacked another will be removed from the setting or situation and an investigation will be completed. |                                                                                        |                                                 |

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| <p>F 0656</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to develop a comprehensive care plan (written plan that guides staff on daily care, safety, and interventions based on the resident's needs) for 1 of 6 sampled residents (Resident 1) when, Resident 1's trauma assessment and progress notes section of Resident 1's electronic health record indicated Resident 1 had PTSD (Post-Traumatic Stress Disorder. It is a mental health condition triggered by experiencing or witnessing a terrifying, life-threatening, or deeply shocking event. While it is completely normal to feel afraid or stressed immediately after trauma, people with PTSD experience long-lasting symptoms that interfere with their daily lives).This failure resulted in facility staff not having a care plan for PTSD for Resident 1 which could have provided guidance to facility staff on how to care for Resident 1 including adverse behaviors and identifying PTSD triggering events.Findings: A review of Resident 1's admission Record indicated Resident 1 was admitted to the facility with diagnoses which included blindness in one eye, muscle weakness, anxiety disorder (a group of treatable mental health conditions characterized by persistent, excessive, and disproportionate fear or worry in everyday situations), and unspecified cataract (a clouding of the eye's lens).A review of Resident 1's Minimum Data Set (MDS- a federally mandated resident assessment tool) Cognitive Patterns, dated 4/10/26, indicated Resident 1 had a Brief Interview for Mental Status (BIMS- a tool to assess cognition) score of 13 out of 15 (Brief Interview for Mental Status score of 13 means cognition is generally intact and normal).Review of Resident 1's Progress Notes, dated 6/5/26 at 12:20 p.m., indicated, .Sertraline HCI Tablet [a prescription antidepressant] 25 MG Give 1 tablet by mouth one time a day for Depression and Anxiety disorder [manifested by] irritability, restlessness and verbal aggression.Review of Resident 1's Progress Notes, dated 5/7/26 at 9:41 a.m., indicated, .Social Service Progress Note. SSA [Social Services Assistant] met with [Resident 1] at bedside following a physical altercation with [Resident 2]. [Resident 1] reported that his TV was on and that his roommate [Resident 2].was using the remote to turn the TV off. [Resident 1] stated he asked the roommate several times to stop. [Resident 1] explained that although he is blind and can't see, he is still able to perceive figures and forms of people. [Resident 1] further stated that he observed [Resident 2] making a middle-finger gesture toward him and laughing. [Resident 1] reported becoming upset and feeling disrespected, which led him to strike the roommate [Resident 2] in the head. [Resident 1] stated he has a history of PTSD related to prior military service as an ex-Marine; however, he stated the altercation occurred because he felt disrespected and wanted to send [Resident 2] to the hospital.A review of Resident 1's trauma assessment titled, Trauma Questionnaire - V 2, dated 5/7/26, indicated, .Have you ever experienced this kind of event? Yes. [Resident 1] stated that they are an ex-marine. [Resident 1] claimed that they have PTSD due to being in the war.During an interview on 6/9/26 at 10:26 a.m., with the Nurse Practitioner (NP), the NP stated staff had informed NP that Resident 1 had outbursts in the past.During an interview on 6/9/26 at 10:36 a.m., in Resident 1's room, Resident 1 stated his roommate Resident 2 used to control the TV volume for both Resident 1 and Resident 2's TV in Resident 1's room. Resident 1 stated he had told facility staff in the past that he was going to beat Resident 2. Resident 1 stated on the day of the incident, Resident 1 got up from his bed and walked to Resident 2's bedside when Resident 2 was watching TV. Resident 1 stated he wanted to fracture Resident 2's head so that Resident 2 could be sent out to the hospital. Resident 1 stated he could not see so he started punching Resident 2's legs while slowly trying to walk his way up to find Resident 2's head. Resident 1 stated while he was punching Resident 2, staff heard him and took him out of the room. Resident 1 stated if Resident 2 did not control the TV Resident 1 would not have gotten angry. Resident 1 stated he had seen a lot of fights, and he had a history of PTSD.During an interview on 6/9/26 at 11:37 a.m., with Certified Nursing Assistant (CNA) 1, CNA 1 stated Resident 1 had gotten (continued on next page)</p> |                                                                                        |                                                 |

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| F 0656<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>mad and yelled at staff in the past. CNA 1 stated Resident 1 had stated in the past that he would beat Resident 2 without a reason. CNA 1 stated facility staff were aware that Resident 1 did not like Resident 2. CNA 1 stated Resident 1 had stated in the past that he was mad at Resident 2's loud TV volume and Resident 1 wanted to tear the TV from the wall. During a concurrent interview and record review on 6/9/26 at 3:43 p.m., with LN 2, LN 2 stated social services progress note dated 5/7/26 at 9:41 a.m., indicated Resident 1 had a history of PTSD. LN 2 stated there was no documentation indicating Resident 1 had a care plan for PTSD to provide trauma care. LN 2 stated Resident 1 should have had a care plan initiated after trauma was identified by facility staff. LN 2 stated by having no care plan facility staff would not be able to provide the care needs for residents with PTSD. During a phone interview on 6/15/26 at 10:27 am, with the DON, the DON stated Resident 1 had claimed he had PTSD due to being in the war. The DON stated Resident 1 should have had a care plan for PTSD based on the trauma assessment dated [DATE]. The DON stated she could not find a PTSD care plan for Resident 1. The DON stated a care plan for PTSD could have provided guidance to facility staff on how to care for a resident with PTSD. During a review of a facility policy and procedure titled CARE PLAN COMPREHENSIVE, dated 2021, the document indicated, .An individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, physical, mental and psychosocial needs shall be developed for each resident. Each resident's comprehensive care plan is designed to. Incorporate identified problem areas. Reflect the resident's expressed wishes regarding care and treatment goals. Care plan interventions are designed after careful consideration of the relation of the relationship between the resident's problems areas and their causes. The resident's comprehensive care plan is developed within seven [7] days of the completion of the resident's comprehensive assessment MDS.</p> |                                                                                        |                                                 |

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| <p>F 0658</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on observation, interview, and record review, the facility failed to ensure interventions were implemented to maintain and prevent decline in psychological functional ability (represents an individual's capacity to perform essential daily tasks, work, and interact with their environment) for 1 of 6 sampled residents (Resident 2) when Resident 2 did not have a psychological or behavioral health consult as outlined in the comprehensive care planned interventions. This failure placed Resident 2 at risk for a decline in functional and psychosocial health (complications related to the dynamic interplay between psychological well-being -thoughts, emotions, identity- and social environment -relationships, cultural context, and societal influences). Findings: A review of Resident 2's admission Record indicated Resident 2 was admitted to the facility in 2024 with diagnoses which included hemiplegia and hemiparesis (hemiplegia and hemiparesis), dysphagia (difficulty or discomfort in swallowing food, liquids, or even saliva), muscle weakness and aphonia (the total loss or severe reduction of the human voice, leaving a person unable to speak). A review of Resident 2's Minimum Data Set (MDS- a federally mandated resident assessment tool) Cognitive Patterns, dated 5/10/26, indicated Resident 2 had a Brief Interview for Mental Status (BIMS- a tool to assess cognition) score of 12 out of 15 (Brief Interview for Mental Status score of 12 means moderate cognitive impairment). Review of Resident 2's Progress Notes, dated 4/18/26 at 3:27 p.m., indicated, .Change in Condition Progress Note - Writer notified by CNA that resident was crying and expressing concern by using communication board r/t another CNA [on night shift] was insisting and yelling at resident to turn himself around a lot of times. Resident stated that CNA was standing next to him yelling, resident expressed by moving his hands and fingers back and forth no indicating he cant turn around on his own. Review of Resident 2's Care Plan, Initiated on 4/18/26 and Revised on 5/8/26, indicated, Focus. Resident with potential/risk to exhibit Psycho-Social distress related to alleged verbal abuse. Goal .[Resident 2] will indicate and/or staff will observe [Resident 2] to experience no psycho-social distress. Interventions. Initiated on 4/18/26 . Psychology/Behavioral Health Consult as indicated. Encourage [Resident 2] to verbalize feelings. Listen to [Resident 2] attentively. Review of Resident 2's Progress Notes, dated 4/20/26 at 1:20 p.m., indicated, .Interdisciplinary Care Conference - Concern/Issue: Writer notified by CNA that [Resident 2] was crying and expressing concern by using communication board r/t another CNA [on night shift] was insisting and yelling at resident to turn himself around a lot of times. Resident stated that CNA was standing next to him yelling, resident expressed by moving his hands and fingers back and forth no indicating he can't turn around on his own. Resident stated it's always the same way with her and she treats him this way. Recommendations. SSD to do psychosocial visit with resident to provide emotional support daily x72 hrs [hours] Monitor resident for any psychosocial disturbance every shift Care Plan updated Psych [psychiatric] Referral related to episodes of depression. Review of Resident 2's Progress Notes, dated 4/20/26 at 2:08 p.m., indicated, .Social Service Progress Note. SSA [Social Services Assistant] met with resident by bedside to check on psychosocial wellbeing regarding alleged verbal abuse. [Resident 2] stated that their CNA wanted to reposition them, but [Resident 2] stated they weren't able to; and stated that the CNA raised her voice at him. [Resident 2] expressed feeling sad at that moment. [Resident 2] stated they feel safe within the community. Will continue to monitor psychosocial wellbeing. A review of Resident 2's PHQ-2 to 9 Evaluation (Patient Health Questionnaire PHQ-2 and PHQ-9 are standardized, validated screening and evaluation tools developed to detect and measure the severity of depression) dated 5/7/26, indicated, Resident 2 was feeling down, depressed, or hopeless for 7-11 days (in the last 14 days). Review of Resident 2's Care Plan, initiated on 5/7/26, indicated, Focus. Resident to resident altercation [Resident 2] was hit in the right [lower extremity] by another resident [Resident 1] with his hands .Goal .Will have no further episodes of resident to resident altercation. Interventions. Monitor [Resident 2] for any [signs and symptoms] psychosocial and emotional distress every shift 72 hours. During an interview on 6/9/26 at 11:37 a.m., (continued on next page)</p> |                                                                                        |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>055735                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY<br>COMPLETED<br><br>06/09/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Delta Oaks Post Acute                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>6940 Pacific Avenue<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        |                                                 |
| <p>F 0658</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>with Certified Nursing Assistant (CNA) 1, CNA 1 stated Resident 2 could not move on his own and he needed two people assist for his care. CNA 1 stated Resident 2 was able to use his left hand to point out letters and spell words using the communication board in his room. CNA 1 stated Resident 2 was nice, and Resident 2 had never had any behavioral issues in the past. CNA 1 stated Resident 2 could have been in pain and Resident 2 could have been scared from the physical altercation with Resident 1. During an observation and interview on 6/9/26 at 1:01 p.m., in Resident 2's room, Resident 2 used a communication board for communication. Resident 2 pointed to his legs and stated Resident 1 hit Resident 2's legs when Resident 2 was watching TV in his room. Resident 2 was observed to be crying when pointing to his legs. Resident 2 stated he was in pain, and Resident 2 felt sad when Resident 1 hit Resident 2's legs. Resident 2 stated he feared Resident 1 when Resident 1 hit him. Resident 2 stated after the incident Resident 2 feared Resident 1 and thought Resident 1 could hit Resident 2 again. Resident 2 stated Resident 1 had yelled and threatened about hitting Resident 2 in the face multiple times before the incident. During an interview on 6/9/26 at 2:51 p.m., with Licensed Nurse (LN) 1, LN 1 stated Resident 2 never had any behavioral issues in the past. LN 1 stated she had seen Resident 1 get frustrated, stood close to Resident 2's bedside trying to hurt Resident 2 in the past before the incident. LN 1 stated Resident 2 had pushed his call light and banged on his bedside table to call staff for help in the past when Resident 1 stood close to Resident 2's bedside and yelled at Resident 2. LN 1 stated Resident 2 could have felt sad, upset, hurt and probably unsafe when Resident 1 hit Resident 2. During a concurrent interview and record review on 6/9/26 at 3:43 p.m., with LN 2, LN 2 stated there is no documentation indicating Resident 2 had a psychiatric evaluation since 3/2026. During a concurrent interview and record review on 6/9/26 at 4:30 p.m., with the Director of Nursing (DON), the DON stated facility staff had monitored Resident 2 for psychosocial depression. The DON stated Resident 2 could have felt depressed and felt he was not safe after the incident on 5/7/26. During a concurrent phone interview and record review of Resident 2's care plans on 6/15/26 at 10:27 am, with the DON, the DON stated Resident 2's care plan interventions initiated on 4/18/26 indicated psychology behavioral health consult which meant Resident 1 was going to be seen by psychiatrist for any psychosocial disturbance or depression. The DON stated the social services director followed up on any psychiatric appointments and referrals for the residents. During a concurrent phone interview and record review of Resident 2 medical record on 6/16/26 at 4:01 p.m., with Social Services Director (SSD), the SSD stated the social services department staff would follow up and ask the resident or the resident's responsible party if a resident needed a psychiatric evaluation. The SSD stated she could not find documentation indicating a facility staff member had asked Resident 2 if he wanted a psychiatric evaluation. During a phone interview on 6/17/26 at 11:57 a.m., with Responsible Party (RP) 2, RP 2 stated the facility called RP 2 on 6/16/26 and asked RP 2 if the facility could refer Resident 2 for a psychiatric consultation. RP 2 stated the facility should have arranged for Resident 2 to be seen by a psychiatric consultant earlier when Resident 2 showed emotional distress by indicating Resident 2 felt hopelessness and depressed. RP 2 stated Resident 2 could have had loss of motivation, increased his hopelessness affecting his mental health by not having a psychiatric evaluation. During a review of a facility policy and procedure titled CARE PLAN COMPREHENSIVE, dated 2021, the document indicated, .An individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, physical, mental and psychosocial needs shall be developed for each resident. Each resident's comprehensive care plan is designed to. Incorporate identified problem areas. Reflect the resident's expressed wishes regarding care and treatment goals. Aid in preventing or reducing declines in the resident's functional status. Care plan interventions are designed after careful consideration of the relation of the relationship between the resident's problems areas and their causes. The resident's comprehensive care plan is developed within seven [7] days of the completion of the resident's comprehensive assessment MDS.</p> |                                                                                        |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>055735                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>06/09/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Delta Oaks Post Acute                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| <p>F 0685</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Assist a resident in gaining access to vision and hearing services.</p> <p>Based on observation, interview, and record review, the facility failed to ensure services provided met professional standards of practice for 1 of 6 sampled residents (Resident 1) when the facility failed to follow up on a referral from 1/15/26 from the optometrist (an eye care professional who provides primary vision care) and make arrangements for an appointment/transportation for Resident 1 to be seen by an ophthalmologist (a medical doctor (MD) who specializes in eye and vision care. They are qualified to perform eye surgery, diagnose and treat complex eye diseases, and prescribe vision correction tools like glasses and contact lenses). This failure had the potential to place Resident 1 at risk for functional decline and complications from delayed treatment. Findings: A review of Resident 1's admission Record indicated Resident 1 was admitted to the facility with diagnoses which included blindness in one eye, and unspecified cataract (a clouding of the eye's lens). A review of Resident 1's Minimum Data Set (MDS- a federally mandated resident assessment tool) Cognitive Patterns, dated 4/10/26, indicated Resident 1 had a Brief Interview for Mental Status (BIMS- a tool to assess cognition) score of 13 out of 15 (Brief Interview for Mental Status score of 13 means cognition is generally intact and normal). A review of Resident 1's MDS section B titled, Hearing, Speech, and Vision, dated 4/10/26, indicated, Resident 1 had impaired vision (sees large print, but not regular print in newspapers/books). Review of Resident 1's Care Plan, initiated on 1/20/25, indicated, Focus. [Resident 1] has vision impairment related to BLINDNESS in both eyes. Goal. [Resident 1] will remain free from falls or injury or decreased socialization. Interventions. Consult with physician for vision evaluation. Assess [Resident 1's] response to visual loss. Review of Resident 1's Progress Notes, dated 7/7/25 at 11:08 p.m., indicated, . Due to [Resident 1's] blindness, it is difficult for him to locate the call light independently: However [Resident 1] is able to call out [yell] when in need of assistance. Review of Resident 1's Progress Notes, dated 8/28/25 at 9:11 a.m., indicated, . Type: Social Service Progress Note. [Resident 1] also said that he is able to see which [Resident 1] has lost sight in both eyes when asked what does he see he said you setting there SS [social services staff] asked do you see the color of my shirt and he replied yes its black SS is wearing a yellow shirt today. Review of Resident 1's Progress Notes, dated 10/20/25 at 5:59 p.m., indicated, . Type: Physician Progress Notes. HEENT : Abnormal vision rt. [right] eye , Awaiting Oph. [ophthalmology or an ophthalmologist] Consult. AGAIN ASKED NURSE TO SCHEDULE OPHTHALMOLOGY CONSULT. Review of Resident 1's Progress Notes, dated 11/3/25 at 6:39 p.m., indicated, . Physician Progress Notes. HEENT [Head, Eyes, Ears, Nose, and Throat]: Blurry vision Rt. Eye, Oph. is working on it. A review of Resident 1's psychiatric follow up appointment document, dated 12/19/25, indicated, . [Resident 1] was seen for psychiatric follow up. [Resident 1] is verbal and fully dependent on staff for daily living activities because of blindness. [Resident 1] reports little interest or pleasure in activities due to vision loss. Review of Resident 1's Progress Notes, dated 12/23/25 at 1:32 p.m., indicated, . Change in Condition Progress Note. Writer was notified by CNA (Certified Nursing Assistant) that [Resident 1] was leaning forward to readjust himself and hit his head on the medication cart. Upon assessment [Resident 1] stated he was trying to fix his pants and didn't see the cart. [Resident 1] has a small bump on his forehead and has aching pain 7/10 [severe pain] saying he has a head ache. A review of Resident 1's vision assessment, dated 1/15/26, the document indicated, Resident 1 had medical diagnosis of phthisis bulbi (an end-stage eye that has shrunk, collapsed, and permanently lost all function following severe injury or disease), and cataracts in left eye. Optometrist referred Resident 1 for a hypertension retinopathy ultrasound (eye damage caused by high blood pressure, which narrows and leaks retinal blood vessels. An ultrasound is used when cloudy conditions block standard views, allowing doctors to look behind the eye for signs of fluid or a detached retina caused by severe hypertension). Review of Resident 1's Progress Notes, dated 1/20/26 at 2:29 p.m., indicated, . Interdisciplinary Care Conference. [Resident 1] will be referred for the following ancillary services. vision. Review of Resident 1's Progress Notes, dated 5/20/26 at 5:29 (continued on next page)</p> |                                                                                        |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>055735                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY<br>COMPLETED<br><br>06/09/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Delta Oaks Post Acute                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| <p>F 0685</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>p.m., indicated, .Social Service Progress Note - SSD (social services director spoke with resident regarding post unwitnessed fall- [Resident 1] stated he was attempting to get into his wheelchair and thought it was his wheelchair however he stated it was not and fell. [Resident 1] stated that this has not happened before getting into wheelchair. However he stated he has tripped on bedside table and landed on the floor and helped himself get up after he has laid there for a second and did not ask for help. [Resident 1] stated he fell 2 months ago on hip and did not ask for help or inform staff, that he helped himself up, as he does from time to time.A review of Resident 1's psychiatric follow up appointment document, dated 6/4/26, indicated, .Follow up psychiatric evaluation for [Resident 1] .primarily due to increased irritability, restlessness, and frustration following vision loss related to cataracts and adjustment. Symptom Triggers: Changes in routine, environmental stimulation noise activity.During an interview on 6/9/26 at 10:36 a.m., in Resident 1's room, Resident 1 stated he could move his hands and locate his call light which was on the right side of his bed. Resident 1 stated he could not see the TV (television) clearly. Resident 1 stated listening to the TV made him feel relaxed. Resident 1 stated he was blind and he wanted to see the eye doctor. Resident 1 stated the eye doctor could have helped him by providing treatment for his vision. Resident 1 stated in the past he had called staff for help but when no one came to help him, he got up on his own to use the restroom. Resident 1 stated he fell on the floor because he could not see. Resident 1 stated he had injured himself and he was in pain from his past fall at the facility.During an interview on 6/9/26 at 11:37 a.m., with Certified Nursing Assistant (CNA) 1, CNA 1 stated CNA 1 had operated Resident 1's TV in the past because Resident 1 could not see.During an interview on 6/9/26 at 12:32 p.m., with Certified Nursing Assistant (CNA) 2, CNA 2 stated in the past Resident 1 was on 1:1 monitoring (dedicated safety or supervision intervention where one qualified staff member is assigned to continuously watch or assist a single individual) because Resident 1 could not see. CNA 2 stated Resident 1 was not happy when he was taken off from 1:1 monitoring.During a concurrent interview and record review on 6/9/26 at 3:43 p.m., with LN 2, LN 2 stated Resident 1 was visually impaired and there was no documentation indicating Resident 1 was seen by an ophthalmologist. LN 2 confirmed a doctor's note dated 10/17/25 indicated Resident 1 needed to be seen by an ophthalmologist. LN 2 stated once identified by the doctor that a resident needed a vision appointment the social services director would enter the residents' name on the list to be seen by the in-house eye specialist. LN 2 stated the facility had ancillary services for residents in the facility where the in-house eye doctor would come to the facility and assess residents who required vision care services. LN 2 stated Resident 1 did not have clear vision and Resident 1 was not able to identify who was in front of him, where his bedside table was and where the bathroom was. LN 2 stated a visually impaired resident could fall when trying to get up on their own. LN 2 stated Resident 1 had multiple falls in the past at the facility. LN 2 stated Resident 1 was seen by an optometrist on 1/15/26. LN 2 stated the document from Resident 1's optometric visit on 1/15/26 indicated Resident 1 had to be referred for a hypertension retinopathy ultrasound with an ophthalmologist. LN 2 stated the facility staff should have followed up to get Resident 1's retinopathy ultrasound done. LN 2 stated the intervention for Resident 1's vision care was not followed which could have delayed Resident 1's care and could have put Resident 1 at risk for more falls.During a concurrent interview and record review on 6/9/26 at 4:30 p.m., with the Director of Nursing (DON), the DON stated Resident 1's family members had cancelled Resident 1's eye specialist appointments in the past. The DON stated she could not find a document indicating cancellation of Resident 1's eye specialist appointment.During a phone interview on 6/15/26 at 10:27 am, with the DON, the DON stated Resident 1 was seen by an optometrist on 1/15/26 and the optometrist order indicated Resident 1 to have an ophthalmology referral. The DON stated there was no documentation indicating Resident 1 was seen by an ophthalmologist. The DON stated the facility staff should have made an appointment for Resident 1 to be seen by an ophthalmologist. The DON stated Resident 1 could have gotten treatment done for his vision loss. The DON stated Resident 1 may have been more independent, able to move around on his own, which could have helped Resident (continued on next page)</p> |                                                                                        |                                                 |

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

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>055735                                                                                                                                                                                                                                                                                                                                                                                              | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>06/09/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Delta Oaks Post Acute                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>6940 Pacific Avenue<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                        |                                                                                        |                                                 |
| F 0685<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | 1 from having fall incidents.During a phone interview on 6/16/26 at 1:07 p.m., with Responsible Party (RP) 1, RP 1 stated Resident 1 was visually impaired, and the facility should have followed the eye doctors' orders to provide proper treatment for Resident 1's vision. RP 1 stated a delay in treatment could have possibly deteriorated Resident 1's vision more. RP 1 stated the facility did not inform [RP 1] about Resident 1's vision appointment. |                                                                                        |                                                 |