

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2026
NAME OF PROVIDER OR SUPPLIER Guardian Care and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 410 Eastwood Ave Manteca, CA 95336	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observation, interview, and record review, the facility failed to implement preventative measures to discourage drug seeking behavior/drug use for one of three sampled residents (Resident 1) when Resident 1's urine test results was positive for Cocaine (an addictive drug used as an illegal stimulant) on 7/18/25, and Cannabis (commonly known as marijuana, weed, and pot, which is a psychoactive drug that produces effects, ranging from relaxation to altered perception) on 7/18/25, 8/21/25, 9/25/25 and 12/6/25. These failures posed potential risks to Resident 1's safety, risked potential drug interactions with prescribed medications, and risked changes in level of consciousness for Resident 1 which put Resident 1, and other residents at the facility, at risk for accidents/injuries. Findings: Review of Resident 1's admission RECORD indicated Resident 1 was admitted to the facility in 2013 with diagnoses including paraplegia, chronic pain syndrome, and major depressive disorder (a serious mood illness causing persistent sadness, loss of interest, and significant impairment in daily life, affecting sleep, appetite, energy, and concentration). During an interview on 1/6/26 at 11:03 a.m., in Resident 1's room, Resident 1 stated he got stressed and he made a mistake by sniffing cocaine (inhaling powdered or crushed illicit drugs (like cocaine) through the nose so they are absorbed rapidly which results in quick intoxication). Resident 1 stated he was aware that his urine tested positive for cocaine and cannabis. Resident 1 stated the doctor had decreased his pain medication (methadone) from 60mg (milligram, a unit of measure) to 40mg because he tested positive for marijuana. Resident 1 stated he had used marijuana for the last 12 years while residing at the facility. Resident 1 further stated the doctor notified him that his fourth drug test, which was done in December 2025, tested positive for marijuana. Resident 1 stated he went to the nearby park by himself and that was where he met a friend who supplied him with cocaine and marijuana. Resident 1 stated he had notified the facility staff that a friend had given him cocaine. Resident 1 stated he was never supervised by a facility staff member when he left the facility's premises and was allowed to go to the park by himself. Resident 1 further stated the risk of taking methadone and cocaine was he could have had difficulty breathing and he could have passed out (to become unconscious; faint) and no one would have known. Resident 1 stated he brought one marijuana cartridge (small, pre-filled container holding concentrated cannabis oil designed for use with a compatible vaporizer or vape pen, offering a discreet, portable, and convenient way to inhale cannabis vapor) inside the facility but staff told him he could not smoke marijuana in the facility. Resident 1 stated after his positive drug test in July 2025 he stopped going to the park following a doctor's order not allowing any more day passes. Resident 1 further stated a visitor came into the facility to see him in August 2025, September 2025 and December 2025 and gave him marijuana brownies (brownies a food item made with marijuana or marijuana oils which can be used as an alternative to smoking or vaporizing marijuana). Resident 1 further stated no one at the facility had talked to him about substance use treatment services (such as behavioral health services (treatment for mental health and substance use</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 056216	If continuation sheet Page 1 of 4

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>disorders), medication-assisted treatment (MAT- Medications for Addiction Treatment), alcoholic/narcotics anonymous meetings (drug and alcohol addiction treatment)).During an interview on 1/6/26 at 12:53 p.m., CNA 2 stated residents were not allowed to take drugs in the facility. CNA 2 stated Resident 1 was independent and when Resident 1 got up from his bed she did not know where he went. CNA 2 stated residents signed a log before they went outside of the facility. CNA 2 stated being unsupervised, a resident with drug seeking behavior could go outside and consume some bad stuff and visitors could be a bad influence on the resident. CNA 2 stated when a resident had a history of drug seeking behavior, they should be monitored regularly.During a concurrent interview and record review of Resident 1's medical record on 1/6/26 at 1:04 p.m., Licensed Nurse (LN) 1 stated Resident 1 tested positive for cocaine and cannabis on 7/18/25, and positive for cannabis on 7/18/25, 8/20/25, 9/24/25 and 12/5/25. LN 1 stated a care plan was initiated on 7/24/25 for Resident 1's drug seeking behavior. LN 1 further stated after 7/24/25 until 1/6/26 there were no care plan revisions or new interventions for Resident 1's additional positive drug tests. LN 1 stated there was no drug behavior monitoring (a healthcare document for tracking patient behavior) done regularly for Resident 1's continued drug use.During a concurrent interview and record review of Resident 1's medical record on 1/6/26 at 1:45 p.m., LN 2 stated Resident 1 did not attend drug treatment meetings and there were no psychological evaluations of Resident 1 for drug use in his medical record. LN 2 stated Resident 1 did not have a behavioral monitoring log for drug use. LN 2 stated facility staff did not know Resident 1 was using cocaine and cannabis because there were no psychological evaluations and no behavior monitoring log.During a concurrent interview and record review of Resident 1's medical record on 1/6/26 at 2:03 p.m., LN 3 stated when a resident who used drugs took marijuana with other drugs the Resident could have a drug overdose and/or interaction with his prescribed medications. LN 2 stated Resident 1 did not have a behavior monitoring log to track drowsiness, changes in behavior, or if Resident 1 had taken drugs.During an interview on 1/6/26 at 4:32 p.m., LN 4 stated when a Resident with a history of drug use did not have a behavior tracking log, the facility would not have a way of tracking when that resident used drugs. LN 4 stated the risk of not monitoring Resident 1's drug seeking behavior/drug use was Resident 1 could have respiratory distress (trouble breathing) caused by an overdose and interactions between narcotics and illicit drugs. LN 4 further stated drug seeking behavior monitoring should have been done for Resident 1 to avoid the recurrence of positive drug tests and track who brought drugs to the facility for Resident 1.During an interview on 1/6/26 at 4:45 p.m., the Director of Nursing (DON) stated behavior monitoring was documented on Resident 1's progress notes for 72 hours after Resident 1 tested positive for cocaine and cannabis on 7/18/25. The DON stated there was no daily behavior tracking implemented for drug seeking behavior/drug use for Resident. The DON stated the risk of not having a log for Resident 1 was the new staff at the facility would not be aware of Resident 1's drug seeking behavior/drug use. The DON stated a care plan for drug seeking behavior for Resident 1 was implemented on 7/23/25 and the care plan was not revised after Resident 1 tested positive for cannabis on 8/20/25, 9/24/25 and 12/5/25. The DON stated visitor monitoring could have helped stop drugs being brought to Resident 1 in the facility.During a phone interview on 1/7/26 at 2:14 p.m., the Medical Doctor (MD) stated Resident 1 had a diagnosis of paraplegia (paralysis affecting the lower half of the body, typically the legs, due to damage to the spinal cord, leading to loss of motor function, sensation, and sometimes bowel/bladder control) and Resident 1 was prescribed methadone for his pain. The MD stated Resident 1 was offered to go to a pain management clinic and recommended psychiatric evaluation. The MD stated Resident 1 was educated to not use recreational drugs (a loose term that refers to legal and illegal drugs that are used without medical</p> <p>(continued on next page)</p>		

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