

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/06/2025
NAME OF PROVIDER OR SUPPLIER  Hampton Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  442 Hampton Street Stockton, CA 95204	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observation, interview, and record review, the facility failed to ensure that 1 of 6 sampled residents (Resident 1) was treated with dignity in an environment that promoted and enhanced the quality of life when staff did not answer Resident 1's call light (system/device used by residents to call staff for assistance) in a timely manner.</p> <p>This deficient practice had the potential to affect Resident 1's sense of self-worth and self-esteem.</p> <p>Findings:</p> <p>During a review of Resident 1's clinical record titled, admission RECORD, the record indicated Resident 1 was admitted to the facility with diagnosis of hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side (a stroke [a sudden disruption of blood flow to the brain] which indicated damage to the right side of the brain, which controlled the left side of the body).</p> <p>During a review of Resident 1's clinical record titled, MDS 3.0 Section H - Bladder and Bowel, dated 4/21/2025, indicated, .Urinary continence [ability to hold urine] and Bowel continence [ability to hold stool] . Frequently Incontinent [not able to hold urine or stool without soiling one's self] .</p> <p>During a review of Resident 1's clinical record titled, Care Plan Report, dated 6/6/25, indicated .Focus: Resident/Patient assistance/is dependent for ADL care in .toileting .The interventions include: Arrange resident/patient environment as much as possible to facilitate ADL performance .</p> <p>During an observation on 6/5/25, at 10:45 AM, in the east station hallway, Resident 1's call light was turned on. Upon further observation, various staff members including Certified Nurse Assistants (CNAs), Physical Therapist Assistants (PTAs), Licensed Nurses (LNs), and other staff members walked through the east station hallway and did not answer the call light. During the observation, four staff members sat at the east nurse's station while the call light system (located at the station) blinked and made an auditory alert noise. At approximately 11:07 AM, the Activity Director (AD) was observed entering Resident 1's room.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/06/2025
NAME OF PROVIDER OR SUPPLIER  Hampton Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  442 Hampton Street Stockton, CA 95204	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/5/25, at 11:10 AM, with the AD, the AD stated that all staff in the building were responsible to answer call lights including staff from the rehabilitation department. The AD stated she had just answered the call light for Resident 1 and Resident 1's brief (adult diaper) needed to be changed. The AD further stated she had notified the CNA that Resident 1 needed assistance.</p> <p>During an interview on 6/5/25 at 12:48 PM, with CNA 1, CNA 1 stated Resident 1 should not have waited approximately 20 minutes for his/her call light to be answered and further stated the 20-minute timeframe was too long for Resident 1 to wait for assistance. CNA 1 stated the call light should have been answered as soon as possible.</p> <p>During an interview on 6/5/25 at 2:37 PM, with Resident 1, Resident 1 stated that it took the staff 30 minutes to answer her call light. Resident 1 further stated that her son was present in the room and that her brief needed to be changed. Resident 1 stated in the past; she has had to yell in order for someone to come and assist her. Resident 1 expressed that it made her upset, and she did not feel like living there at the facility.</p> <p>During a concurrent interview on 6/5/25 at 3:10 PM, with the Director of Staff Development (DSD) and the Infection Preventionist (IP), the DSD stated that the call lights should have been answered in a reasonable time. The DSD further stated that waiting more than 25 minutes was too long for the Resident 1 to wait. The IP stated that there was a risk of skin breakdown and dignity issues could have occurred when the call light was not answered in a timely manner. The DSD expressed that all staff who sat at a nurse's station should have helped with answering call lights. The DSD and the IP both stated that their expectation was for staff to answer call lights within 5-10 minutes.</p> <p>During an interview on 6/6/25, at 11:07 AM, with Licensed Nurse (LN) 1, LN 1 stated Resident 1 had a stroke and has left-sided weakness. LN 1 further stated that Resident 1 was incontinent of bowel and bladder but did have the ability to use the call light and understood when she needed her brief changed. LN 1 stated that the CNA ' s were the main people involved with answering call lights, but it was the responsibility of all staff working to answer call lights in a timely manner.</p> <p>During an interview on 6/6/25, at 12:15 PM, with the Administrator (ADM), the ADM stated that it was the responsibility of all staff members to answer the call lights. The ADM further stated that the importance of timely answering of call lights was to preserve the dignity of Resident 1.</p> <p>During a review of the facility's document titled, Homelike Environment, revised on 2/21, the Policy and Procedure indicated, .Staff provides person-centered care that emphasizes the residents' comfort, independence and personal needs and preferences .</p> <p>During a review of the facility's document titled, Answering the Call Light, revised on 10/24/24, the Policy and Procedure indicated, .If the resident needs assistance, indicate the approximate time it will take for you to respond .If the resident's request is something you can fulfill, complete the task within five minutes if possible .</p> <p>During a review of the facility's document titled, Resident Rights, revised on 12/21, the Policy and Procedure indicated, .These rights include the resident's right to .a dignified existence .</p>		