

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 07/15/2025
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 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</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

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, interview, and record review, the facility failed to ensure one of three sampled residents (Resident 2) received proper foot treatment and care to maintain good foot health when podiatry services (medical care and treatment of the foot) were not provided to Resident 2. This failure resulted in Resident 2's family member administering her foot care and had the potential to result in injury, pain, and infection. A review of Resident 2's admission RECORD, indicated she was readmitted to the facility in late 2024 with diagnoses which included type 2 diabetes mellitus (DM 2, a chronic condition in which the body has trouble controlling blood sugar levels which can lead to slow healing of wounds and infections). A review of Resident 2's Brief Interview for Mental Status (BIMS) (a tool used to screen for cognitive impairment), dated 5/17/25, indicated a score of 14 which suggested an intact cognition. During a concurrent observation and interview on 7/15/25, at 9:43 AM, with Resident 2, Resident 2 was observed lying in bed with her feet uncovered. Resident 2's toenails were observed to be long and jagged. Resident 2 stated the facility staff did not cut her toenails because of her DM 2 diagnosis. Resident 2 further stated her nephew cut her toenails even though he did not want to. Resident 2 stated she had not been offered podiatry care since her admission to the facility. During an interview on 7/15/25, at 9:55 AM, with the Regional Clinical Resource Nurse (RCRN), the RCRN stated certified nurse assistants (CNAs) and licensed nurses (LN's) referred residents for nail care when they were observed to have long toenails. The RCRN further stated the LN would complete a form to indicate which residents needed podiatry care and send it to the Social Services (SS) department for follow up. The RCRN stated residents were added to the podiatry visit list if they had long toenails, yellow discolored toenails, or they had been seen previously by the podiatrist. During an interview on 7/15/25, at 10:06 AM, with the Social Services Assistant (SSA), the SSA stated, the podiatrist came to the facility every 62 days to see residents. The SSA further stated prior to their visit, the facility census was sent to the podiatrist and the podiatrist faxed back a list of residents to be seen. The SSA stated residents with a DM diagnosis were added to the podiatry list only if their nails were long or it was requested. During a concurrent observation and interview on 7/15/25, at 10:41 AM, in Resident 2's room, with LN 2 and Resident 2, LN 2 confirmed Resident 2's toenails were long and needed to be trimmed. LN 2 stated she was surprised that Resident 2 had not been provided podiatry care. LN 2 further stated the staff did not trim Resident 2's toenails due to her DM 2 diagnosis. LN 2 further stated residents with a DM 2 diagnosis were seen by the podiatrist due to the risk of infection. Resident 2 stated her nephew hated to cut her toenails because he was afraid of hurting her. A review of Resident 2's Care Plan Report, initiated 5/30/25, indicated, . Focus. The resident has a diagnosis of diabetes. Interventions. Diabetic foot check. Observe feet/toes. Toenails for shape, length and color. Monitor for signs and symptoms of infection. A review of Resident 2's Order Details, dated 12/28/24, indicated, . Podiatry eval [evaluation] and treatment PRN [as needed]. A review of Resident 2's clinical document titled, Interdisciplinary Care Conference, dated 5/24/25, indicated, . Social services provided/needed. Resident has received the following services. Podiatry- Referred. During a concurrent interview and record review on 7/15/25, at 12:32 PM, with the Infection Preventionist (IP), the IP confirmed Resident 2 had not received podiatry care since her admission to the facility. The IP further stated she would have expected Resident 2 to have received podiatry care because it was part of her admission orders. The IP stated Resident 2 was not included on the podiatry list because the CNAs and LNs did not make a referral to the SS department. A review of a facility policy titled, Foot Care, revised 10/22, indicated, . Residents receive appropriate care and treatment in order to maintain mobility and foot health. Residents are provided with foot care and treatment in accordance with professional standards of practice. Overall foot care includes the care and treatment of medical conditions to prevent foot complications from these conditions (e. g. diabetes. Residents with foot disorders or medical conditions associated with foot complications are referred to qualified professionals.</p>		