

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 11/20/2025
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</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 0686</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 provide adequate care and services to promote healing and prevent pressure ulcers (a localized injury to the skin and/or underlying tissue because of prolonged pressure) for two of three sampled residents (Resident 1 and Resident 2), when both residents were observed lying on low-air loss mattresses (LAL mattress, a mattress designed to prevent and treat pressure wounds that uses a continuous, gentle flow of air through a surface of tiny holes to reduce pressure helping to prevent and treat skin breakdown and pressure wounds) that were not correctly calibrated according to their individual weights. This deficient practice had the potential to delay wound healing and place Resident 1 and Resident 2 at increased risk for developing pressure ulcers and/or skin breakdown. Findings: a. Review of an admission Record indicated Resident 1 was admitted to the facility with multiple diagnoses including traumatic subdural hemorrhage (a collection of blood between the brain's surface and its outer covering), Alzheimer's disease (a progressive brain disorder that affects thinking, memory, and language, interfering with daily life), unspecified psychosis (a breakdown in reality where thoughts become jumbled, and external voices or messages might seem real), extrapyramidal and movement disorder (a group of conditions that cause abnormal, involuntary movements, can also include a lack of movement), major depression disorder, anxiety disorder. During an observation on 11/19/25 at 2:28 PM Resident 1 was noted lying on her back in bed on a LAL mattress, which was set for a person who weighed 355 pounds (LBS-a unit of measure). During a concurrent observation and interview, on 11/19/25 at 2:35 PM, CNA 1 stated that Resident 1 had skin breakdown on her right buttock with a wound dressing in place. CNA 1 confirmed that Resident 1 was lying on an LAL mattress on her back and further verified that the mattress was set for someone who weighed 355 LBS. During a concurrent observation, interview, and record review, on 11/19/25 at 3:22 PM, LN 1 stated that Resident 1 had one healed shear wound (when skin sticks to a surface, but underlying tissues (like muscle and bone) slide in the opposite direction due to gravity or movement, damaging deep tissue and blood vessels) on the right buttock and one new wound to the right buttock that was identified during AM shift on 11/19/25. A review of Resident 1's medical record with LN 1 revealed Resident 1's most recent weight, dated 11/2/25, was 137.2 LBS. LN 1 verified the weight and confirmed, in Resident 1's room, that the LAL mattress was set for someone who weighed 355 LBS, which did not reflect Resident 1's actual weight. LN 1 stated that it was the nurses' responsibility to ensure the LAL mattress setting was adjusted according to Resident 1's current weight. LN 1 further explained that incorrect settings posed a potential risk for Resident 1's wound to worsen. LN 1 further stated that the purpose of the LAL mattress was to promote healing of existing wounds and provide preventative care, and that failure to set it correctly could lead to deterioration of the wound. Review of the facility provided user manual for [brand name of LAL], dated 2019 indicated, [Model #] LOW AIR LOSS MATTRESS with ALTERNATING PRESSURE. Product Function: (1) Pressure Adjust Valve: Adjust the valve to increase or decrease the pressure for a softer or firmer setting between 1-8 range or by patients weight as noted on the panel. b. Review of an admission Record indicated Resident 2 was admitted to the facility with multiple diagnoses including malignant neoplasm (a cancerous tumor that can invade surrounding healthy tissue and spread to other parts of the body), cellulitis (a common infection affecting the skin's deeper layers and tissues) of right lower limb, cellulitis of left lower limb, pressure ulcer of sacral region (an area of damaged skin and tissue near the tailbone, also known as a bedsore, caused by prolonged pressure). During an interview on 11/20/25 at 11:32 AM, Resident 2 stated she was admitted to the facility with multiple skin wounds, including pressure ulcers, and was provided with a LAL mattress for wound management. During a concurrent observation and interview on 11/20/25 at 11:39 AM, the Treatment Nurse (Tx Nurse) stated Resident 2 was admitted with multiple wounds and weighed less than 100 LBS. The Tx Nurse confirmed Resident 2's LAL mattress was set for someone who weighed 160 LBS and verified it was not set correctly for Resident 2's actual weight. During a concurrent interview and record review conducted on 11/20/25 at 12:19 PM, Resident 2's medical record titled Weights and Vitals Summary, dated 11/15/25 was reviewed with the Tx Nurse. The review of Resident 2's weight records indicated the most recent weight on 11/15/25 was 93.4 LBS. The Tx Nurse stated that Resident 2 had pressure wounds, and a LAL mattress was provided to support wound healing and relieve pressure. The Tx Nurse stated the LAL mattress should be set according to Resident 2's current weight. The Tx Nurse reported the mattress was set incorrectly. The Tx Nurse explained that nurses were responsible for adjusting the LAL mattress to match Resident 2's current weight. The Tx Nurse further stated</p>		