STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056324	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampton Post Acute	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)
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement a known resident staffing preference for one of four sampled residents, when Resident 1 was assigned to Certified Nursing Assistant (CNA) 1, despite the family's prior request to not have CNA 1 provide care to Resident 1 due to concerns related to a prior care encounter involving a skin issue.This failure had the potential to affect Resident 1's dignity, psychosocial well-being, and right to receive care per preferences.FINDINGS:Review of Resident 1's admission RECORD indicated Resident 1 was admitted to the facility with multiple diagnoses, including dementia (a decline in brain function that severely affects memory, thinking, and daily activities), anxiety (a feeling of fear, dread, unease, or worry), and depression (a serious mental health condition characterized by persistent, deep sadness, or a loss of interest).During a concurrent interview and record review on 04/22/2026 at 3:46 p.m. with the Licensed Nurse (LN 1), LN 1 stated CNA 1 was not to care for Resident 1 per family's request. Resident 1's records as listed below were reviewed with LN 1.Review of the facility document titled [NAME] [nurses' station] Patient Preferences, updated as of 3/11/26, indicated Resident 1, Prefers CNA 2 when she is here. The document did not indicate that CNA 1 was not to provide care to Resident 1.Review of Resident 1's comprehensive care plan, last reviewed on 4/22/26, did not reflect the family's staffing request and lacked interventions to communicate the preference to direct care staff.Review of the facility's Nursing Staffing Assignment and Sign-in Sheet, dated 4/12/26, indicated CNA 1 was assigned to the [NAME] PM shift and assigned to Rooms 16A through 17B. Resident 1 resided in room [ROOM NUMBER]B.Review of Resident 1's incontinent task documentation, dated 4/12/26, indicated CNA 1 documented incontinent care for Resident 1.During continued interview and record review on 04/22/2026 at 3:46 p.m., LN 1 confirmed CNA 1 was scheduled and worked with Resident 1 on 4/12/26. LN 1 verified Resident 1's care plan did not include the family's request that CNA 1 not to provide care to Resident 1. LN 1 stated failure to honor the staffing preference could affect Resident 1's dignity.During a concurrent interview and record review on 04/22/2026 at 3:49 p.m. with the Director of Staff Development (DSD), Resident 1's care plan, the 4/12/26 staffing assignment sheet, Resident 1's incontinent task documentation, and the facility's [NAME] Patient Preferences list were reviewed. The DSD confirmed Resident 1's family requested via text message in December 2025 that CNA 1 not to provide care to Resident 1. The DSD stated she might have communicated the request to staff but could not confirm. The DSD confirmed the request was not documented in the [NAME] Patient Preferences list or in Resident 1's care plan. The DSD further confirmed that CNA 1 provided care to Resident 1 on 4/12/26.During a concurrent interview and record review on 04/22/2026 at 5:15 p.m. with the Director of Nursing (DON), Resident 1's care plan, the 4/12/26 staffing assignment sheet, Resident 1's incontinent task documentation, and the facility's [NAME] Patient Preferences list were reviewed. The DON confirmed CNA 1 provided care to Resident 1 on 4/12/26. While reviewing the documents, the DON confirmed CNA 1 was not identified on the [NAME] Patient Preferences list as restricted from providing care to Resident 1, and the family's request was not reflected in the resident's care plan. The DON stated resident and family (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	staffing preferences were important and should be honored.Review of the facility policy titled Accommodation of Needs, revised November 2025, indicated, .The resident has the right to reside and receive services in the facility with reasonable accommodations of their needs and preferences. 1. The resident's individual needs and preferences are accommodated to the extent possible by the facility and staff.Review of the facility policy titled Dignity, revised October 2025, indicated, .2. Resident goals, choices, preferences, values, and beliefs are respected and honored to the extent possible.