STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A340	A. Building B. Wing	05/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crestwood Manor - 104	1130 Monaco Court Stockton, CA 95207

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42432 Based on interview and record review, the facility failed to protect the resident's right to be free from physical abuse by a resident when Resident 2 punched Resident 1 in the nose with a closed fist on [DATE], which caused Resident 1's nose to bleed. This failure caused Resident 1 to experience emotional distress and a physical injury. Findings: A review of Resident 1's face sheet (include's the patient's name, address, date of birth, insurance information, diagnoses, and emergency contact information) revealed a diagnosis of schizoaffective disorder, bipolar type (seeing and hearing things that are not reality, depression, and episodes of hyper activity). A review of Resident 1's nurse's progress note, dated [DATE], indicated [Resident 1] attempting to go to the bathroom, demanded roommate to get off the toilet so he could go. [Resident 2] upset and punched [Resident 1] in the face in bathroom both residents share. [Resident 1] had slight bleeding from nose, ice pack applied at nurses station and kept at nurses station until room change made for safety . A review of Resident 2's face sheet revealed diagnoses of dementia with psychotic disturbance (mental state where someone is not sure what's real or not and has problems with memory). A review of Resident 2's progress note, dated [DATE], indicated MD [doctor] in facility, assessed [Resident 2] d/t [due to] [Resident 2] punching peer on the nose with right hand. Per MD, noted swelling of right [, d+[DATE]th fingers] . A review of Resident 2's care plan, initiated on [DATE], indicated .Inappropriate social behavior (yelling towards others) .resident can have outbursts towards others .when he doesn't get answers he wants . A review of Resident 2's care plan, initiated on [DATE], indicated .Assalutive behavior .resident assaulted a nurse at a previous placement XXX[DATE], spit in a staff members face . (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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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with Resident 1 on [DATE] at 3:02 p.m., Resident 1 stated he and Resident 2 were in the bathroom and were saying comments to each other when Resident 2 punched him with a fist and bloodied his nose. Resident 1 stated staff intervened and separated them, then moved Resident 2 to a new room. Resident 1 stated the incident stressed him out and messed with his program. During a concurrent interview and record review with Licensed Nurse (LN) 1 on [DATE] at 3:33 p.m., LN 1 confirmed Resident 2 punched Resident 1 in the nose. LN 1 stated Resident 2 had a history of assaultive behavior. A review of the facility's policy and procedure titled Elder and dependent adult abuse/suspicion of a crime, revised [DATE], indicated .[Name of facility] believes every person served .has the right to be free of . physical abuse .with resulting physical harm .or mental suffering .including .other residents . Based on interview and record review, the facility failed to protect the resident's right to be free from physical abuse by a resident when Resident 2 punched Resident 1 in the nose with a closed fist on [DATE], which caused Resident 1's nose to bleed. This failure caused Resident 1 to experience emotional distress and a physical injury. Findings: A review of Resident 1's face sheet (include's the patient's name, address, date of birth, insurance information, diagnoses, and emergency contact information) revealed a diagnosis of schizoaffective disorder, bipolar type (seeing and hearing things that are not reality, depression, and episodes of hyper activity). A review of Resident 1's nurse's progress note, dated [DATE], indicated [Resident 1] attempting to go to the bathroom, demanded roommate to get off the toilet so he could go. [Resident 2] upset and punched [Resident 1] in the face in bathroom both residents share. [Resident 1] had slight bleeding from nose, ice pack applied at nurses station and kept at nurses station until room change made for safety . A review of Resident 2's face sheet revealed diagnoses of dementia with psychotic disturbance (mental state where someone is not sure what's real or not and has problems with memory). A review of Resident 2's progress note, dated [DATE], indicated MD [doctor] in facility, assessed [Resident 2] d/t [due to] [Resident 2] punching peer on the nose with right hand. Per MD, noted swelling of right [, d+[DATE]th fingers] . A review of Resident 2's care plan, initiated on [DATE], indicated .Inappropriate social behavior (yelling towards others) .resident can have outbursts towards others .when he doesn't get answers he wants . A review of Resident 2's care plan, initiated on [DATE], indicated .Assalutive behavior .resident assaulted a nurse at a previous placement XXX[DATE], spit in a staff members face . (continued on next page)

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