

| | | | |
|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A340 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/18/2025 |
| NAME OF PROVIDER OR SUPPLIER Crestwood Manor - 104 | | STREET ADDRESS, CITY, STATE, ZIP CODE 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) |
|--|--|
| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</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: 05A340 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/18/2025 |
| NAME OF PROVIDER OR SUPPLIER Crestwood Manor - 104 | | STREET ADDRESS, CITY, STATE, ZIP CODE 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) | | |
| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop and implement a care plan for one of three sampled residents (Resident 1) when, Resident 1 did not continue to walk in the corridor out of fear of falling and no care plan was developed to address Resident 1's fear of falling and refusal to walk. This failure placed Resident 1 at risk of not receiving the appropriate care and services to include interventions which could result in a physical decline. Findings: Review of Resident 1's Activities of Daily Living (ADL) care plan, initiated on 10/4/21 and last revised on 9/9/25, in the section Focus, indicated, .the resident has an ADL self-care performance deficit. In the section titled Goal, indicated, .Resident will remain current level of physical function through review date. Review of Resident 1's fall risk care plan, initiated on 10/4/21 and revised last on 9/9/25, in the section titled Focus, indicated, .The resident is at risk for falls.6/23/25: Resident had unwitnessed fall in bathroom [ROOM NUMBER]/28/25 - Resident had unwitnessed fall in the bathroom [ROOM NUMBER]/5/25 - Resident had an unwitnessed fall in room next to her bed. In the section titled Interventions, indicated, .7/5/2025-PT [physical therapy] consult ordered 6/30/2025, performed on 7/5/2025. Per PT, resident unsafe with independent ambulation with FWW [front wheeled walker] and wheelchair. Needs staff assist at all times. During a review of Resident 1's Activities of Daily Living (ADL) Documentation Flow Sheets, dated July, August, and September of 2025, the ADL documentation for WALK IN CORRIDOR: SELF-PERFORMACE - How resident walks in corridor or unit and documented every shift (AM, PM, and Night Shift) was reviewed. Resident 1's record showed that in July of 2025, staff marked that Resident 1 had walked 10 times that month and was provided with staff assistance via supervision to limited assistance three times total. Resident 1's record showed that in August of 2025, staff marked that Resident 1 had walked 7 times that month and was provided with staff assistance via supervision two times total. Resident 1's record showed that from 9/1/25 through the AM shift on the 18th of the month, staff marked that Resident 1 had walked 7 times during that time frame and was provided with staff assistance via supervision to limited assistance three times total. During a review of Resident 1's Physical Therapy's (PT) Progress Notes, dated 7/4/25, the progress notes indicated that Resident 1 could not safely walk alone with an assistive device (refers to any item, such as a cane, wheelchair, or walker, used to help a resident move safely and function better) unless a staff member was supervising. During an interview on 9/19/25 at 2:47 PM, Certified Nurse Assistant (CNA 1) stated that Resident 1 stopped walking because Resident 1 had a fear of falling after having a fall on 7/5/25 which resulted in an injury. CNA 1 explained that she provided encouragement and assurance to Resident 1 to walk, however it has not been effective because Resident 1 continued to refuse to walk. CNA 1 stated that Resident 1's mobility had the potential to decline. During a concurrent interview and record review on 9/19/25 at 2:15 PM, Resident 1's Nurse's Notes, dated 7/9/25, and care plans were reviewed with the Director of Nursing (DON). Resident 1's nurses note indicated that when the physical therapist tried to get Resident 1 to walk, Resident 1 was too scared and would not cooperate. The DON confirmed that Resident 1 had a fear of falling and refusal to walk. The DON confirmed that there was no care plan to help Resident 1 who was afraid of falling and refused to walk with assistance. During an interview on 9/22/25 at 12:06 PM, the Director of Staff Development (DSD) stated that CNAs should inform the nurses if a resident refused help with an ADL care and if Resident 1 showed fear of falling when walking. The DSD further explained that the nurse needs to create a care plan, so the staff know how to properly take care of the residents. The DSD stated that a care plan was important because it informed the staff what to do to help the residents. The DSD stated, if staff did not assist a resident with exercise or walking when needed, it could lead to a loss of mobility. Review of facility's policy and procedure (P&P) titled, Care Planning, dated 10/28/17 indicated, Policy: A person-centered care plan to meet the individual needs of residents/clients is prepared by an Interdisciplinary Team. 9. Care planning shall include measurable objectives and timeframes to meet resident's medical, nursing, and mental and psychosocial needs.10. Develop care plans to be consistent with the resident rights, including review of clinical issues,.coordination of care,.to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. 11. Include resident refusals of treatment, the right to refuse treatment, alternate treatments attempted, resident education.</p> | | |

| | | | |
|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A340 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/18/2025 |
| NAME OF PROVIDER OR SUPPLIER Crestwood Manor - 104 | | STREET ADDRESS, CITY, STATE, ZIP CODE 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) |
|--|---|
| <p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>(continued on next page)</p> |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A340 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/18/2025 |
| NAME OF PROVIDER OR SUPPLIER Crestwood Manor - 104 | | STREET ADDRESS, CITY, STATE, ZIP CODE 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) | | |
| <p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) was provided services to maintain the ability to carry out an activity of daily living (ADL's), specifically mobility (walking) when, staff did not consistently document an attempt to walk Resident 1 or a refusal, staff did not always walk with Resident 1 with supervision as recommended according to the documentation, and a care plan with interventions (actions nursing staff and others take to help a resident reach their health goals and improve outcomes) was not created regarding Resident 1's fear of falling. This failure had the potential to result in the decline in Resident 1's ability to ambulate, from Resident 1 being able to ambulate independently for 10 to 50 feet on 6/11/25 according to Resident 1's quarterly MDS (Minimum Data Set, an assessment tool), to the activity of ambulation not occurring on Resident 1's next quarterly MDS, dated [DATE]. Findings:Review of Resident 1's fall risk care plan, initiated on 10/4/21 and revised last on 9/9/25, in the section titled Focus, indicated, .The resident is at risk for falls.6/23/25: Resident had unwitnessed fall in bathroom [ROOM NUMBER]/28/25 - Resident had unwitnessed fall in the bathroom [ROOM NUMBER]/5/25 - Resident had an unwitnessed fall in room next to her bed. In the section titled Interventions, indicated, . 7/5/2025-PT [physical therapy] consult ordered 6/30/2025, performed on 7/5/2025. Per PT, resident unsafe with independent ambulation with FWW [front wheeled walker] and wheelchair. Needs staff assist at all times. During a review of Resident 1's Nurses Note, dated 7/4/25, the record indicated, .Resident was seen by.PT [physical therapist] today for a PT Evaluation. Per [name of PT], resident is not safe for independent transfers or walking with an assistive device unless supervision is present with staff. Review of Resident 1's Physical Therapy Initial Evaluation., dated 7/4/25, the record indicated, .Findings.[Resident 1] was hesitant with the evaluation process but was cooperative.Walking attempts were not done as the patient was too fearful and became uncooperative. There is no need for the rehab aide to attempts [sic] working with this patient at this time because of her behavior and fear of falling.During an interview on 9/22/25, at 1:20 PM, with the Physical Therapist (PT), the PT stated, before he could start a rehabilitation program (designed to meet the needs of the individual, such as assistance with activities of daily living), the facility needed to address Resident 1's behavior because it was not safe for Resident 1 to walk, and it was risky for the Rehab Aide to work with Resident 1. The PT stated that Resident 1's behavior needed to be evaluated by the Psychiatrist to control the behaviors before he could start a rehabilitation program for Resident 1. The PT stated that he informed the staff about his evaluation and concerns but could not recall who specifically as the consultation for Resident 1 happened a few months ago, nor did he document this communication with staff. The PT stated that the facility has had other residents whose behaviors were assessed by a psychiatrist before beginning a rehabilitation program. During an interview on 9/18/25, at 2:10 PM, Resident 1 stated she did not remember the fall incident in July of this year (2025) but mentioned that she had experienced multiple falls in the past. Resident 1 stated she remembered falling many times but was unsure why. Resident 1 explained that she believed she was falling because she was not watching where she was going. Resident 1 stated that she could still walk using a walker but primarily used the wheelchair.During an interview on 9/18/25 at 1:50 PM, Licensed Nurse (LN) 1 stated that Resident 1 used to walk with a walker but now uses a wheelchair.During an interview on 9/19/25 at 2:47 PM, Certified Nurse Assistant (CNA) 1 stated that Resident 1 did not have a walker in the room. CNA 1 further stated that Resident 1 stopped walking because Resident 1 was scared of falling. During a concurrent interview and record review on 9/19/25 at 3:10 PM, with the Director of Nursing (DON), Resident 1's Activities of Daily Living (ADL) Documentation Flow Sheets, dated July, August, and September of 2025, the ADL documentation for WALK IN CORRIDOR: SELF-PERFORMACE - How resident walks in corridor or unit and documented every shift (AM, PM, and Night Shift) was reviewed. Resident 1's record showed that in July of 2025, staff marked that Resident 1 had walked 10 times that month and was provided with staff assistance via supervision to limited assistance three of the ten times. Resident 1's record showed that in August of 2025, staff marked that Resident 1 had walked 7 times that month and was provided with staff assistance via supervision two of the seven times. Resident 1's record showed that from 9/1/25 through the AM shift on the 18th of the month, staff marked that Resident 1 had walked 7 times during that time frame and was provided with staff assistance via supervision to limited assistance three of seven times. The DON confirmed the above documentation and stated that the CNAs might have charted the information incorrectly During a concurrent interview and record review on</p> | | |