

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555080	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/12/2025
NAME OF PROVIDER OR SUPPLIER Tracy Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 545 West Beverly Place Tracy, CA 95376	

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 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</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 0678</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 quality of care and services were provided to one of three sampled residents (Resident 1) when cardiopulmonary resuscitation (CPR- an emergency lifesaving procedure performed when the heart stops beating) was not attempted by licensed staff when Resident 1 was found unresponsive on [DATE]. This failure resulted in the wishes for Resident 1's Representative/ Decisionmaker (RR) not being honored and also potentially contributed to the death of Resident 1. A review of Resident 1's admission RECORD, dated [DATE], indicated Resident 1 was admitted to the facility on [DATE] with multiple diagnoses including chronic obstructive pulmonary disease (COPD- a group of lung diseases that cause persistent airflow obstruction and breathing problems that can significantly impact quality of life and life expectancy), encounter for palliative care (medical services where a patient receives care and support related to a serious or life-limiting illness), dementia (a group of conditions that cause a decline in cognitive abilities, such as memory, thinking, reasoning, and problem solving), hypertensive heart disease with heart failure (a condition where prolonged high blood pressure damages the heart muscle leading to the heart not pumping blood as well as it should). A review of Resident 1's medical record titled, [Hospice Company Name] [City Name] PHYSICIANS'S ORDER SHEET, dated [DATE], indicated, .admitted to [Hospice Company Name] under routine level of care. Code status: Full code [if a patient's heart and/or breathing stops, medical staff will perform all possible life-saving interventions, including CPR]. A review of Resident 1's medical record document provided by the Hospice Company titled, Narrative Note, dated [DATE], indicated, .Code status: Full code .Primary Hospice [specialized care that provides physical comfort and emotional, social and spiritual support for people nearing the end of life] Diagnosis: Chronic Obstructive Pulmonary Disease. Reviewed Hospice philosophy, care and goals, coverage, medications. and plan of care with family and facility staff. They Verbalized understanding of all instructions given. Consents were signed and reviewed with [RR/Decisionmaker's Name].in person. Provided [NAME] of Rights, patient's handbook with the review of emergency preparedness.to [RR/Decisionmaker's Name].A review of Resident 1's Physician Orders for Life Sustaining Treatment (POLST- portable medical orders communicating a patient's end-of-life wishes, ensuring they are known and honored by providers) dated [DATE], indicated, .First follow these orders, then contact Physician/NP [nurse practitioner]/PA [physician assistant]. A copy of the signed POLST form is a legally valid physician order .A .CARDIOPULMONARY RESUSCITATION (CPR): If patient has no pulse and is not breathing .Attempt Resuscitation/CPR .B .MEDICAL INTERVENTIONS .Full Treatment - primary goal of prolonging life by all medically effective means . Further review of Resident 1's POLST indicated that it was signed by the Resident 1's representative/decision maker (RR); the POLST form did not contain a physician's signature.A Review of Resident 1's Progress Notes titled, Nurses Note, dated [DATE], at 6:28 AM, indicated, .Resident was found unresponsive, unable to obtain v/s [vital signs: body temperature, pulse rate, respiration rate, blood pressure, and oxygen saturation], writer and another nurse assess resident @ [at] 0545 [5:45 AM]. [Hospice Company Name] notified and arrived @ 06:15 [6:15 AM]. Resident pronounced time of death 0618 [6:18 AM]. Further review of the Nurses Note failed to show CPR was attempted for Resident 1 when he was found unresponsive.During an interview on [DATE], at 11:12 AM, with the Director of Staff Development, the DSD confirmed Resident 1's POLST indicated he was Full Code. The DSD further confirmed that CPR was not performed on Resident 1 when he was found unresponsive on [DATE]. The DSD stated that she was assigned to Resident 1 and worked the night shift on [DATE] from 11 PM through [DATE] 11 AM. The DSD explained she was working alongside LN 1 during that shift and was training her on the floor. The DSD stated LN 1 notified her upon finding Resident 1 unresponsive in Resident 1's room. The DSD further stated that she accompanied LN 1 to Resident 1's room to assess him and acknowledged that nursing staff failed to initiate CPR. The DSD stated that in her mind, Resident 1 was unresponsive, had no heartbeat, she was unable to obtain vital signs, and was a hospice patient. The DSD further stated that she should have considered Resident 1 as Full Code; regardless of the POLST not being signed by the physician. The DSD stated LN 1 should have initiated CPR when she found Resident 1 unresponsive and not breathing to honor the RR's wishes and possibly save Resident 1's life. During a phone interview on [DATE], at 12:51 PM, with LN 1, LN 1 stated she worked alongside the DSD on the night shift for [DATE] through the morning of [DATE], and she was shadowing (involves observing a professional's work interactions and procedures) the DSD during the shift .LN 1 further stated that Resident 1 was found</p>		