

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/26/2024
NAME OF PROVIDER OR SUPPLIER  Noble Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2740 North California 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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>50018</p> <p>Based on observation, interview, and record review, the facility failed to ensure that one of five sampled residents' (Resident 1) smoking safety evaluation records were completed in a timely manner.</p> <p>This deficient practice had the potential to cause inaccurate documentation in Resident 1's clinical record and had the potential to cause injury from smoking.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated Resident 1 was admitted to the facility in June of 2024, with a diagnosis of, but not limited to, personal history of nicotine dependence (an addiction to tobacco products caused by the drug nicotine) and toxic effect of tobacco cigarette.</p> <p>During an observation on 7/11/24, at 4:05 p.m., in the designated smoking area, Resident 1 was observed smoking without a smoking apron.</p> <p>During a review of Resident 1's undated Smoking Safety Evaluation record, the effective date of the evaluation record was listed as 6/26/24 at 3 pm. The signed date was listed as 7/12/24 at 3:16 pm.</p> <p>During a concurrent interview and record review on 7/24/24, at 3:51 p.m., with the Medical Records Director (MRD), Resident 1's Smoking Safety Evaluation record was reviewed. The MRD stated that if someone forgot to sign a document, it would not lock and then it would stay open. The MRD confirmed that Resident 1's Smoking Safety Evaluation record was initiated on 6/26/24 but did not have a lock date until 7/12/24. The MRD further confirmed that the Director of Staff Development (DSD) was the person who signed Resident 1's Smoking Safety Evaluation record.</p> <p>During a concurrent interview and record review on 7/26/24, at 10:30 a.m., with the DSD, Resident 1's Smoking Safety Evaluation record was reviewed. The DSD confirmed that he signed Resident 1's Smoking Safety Evaluation record on 7/12/24. The DSD stated that he would have preferred to sign the record on the day it was conducted. The DSD stated that the purpose of conducting a smoking evaluation was to confirm if a resident could smoke for safety reasons. The DSD further stated that a smoking evaluation would not be considered complete until it was signed by a nurse. The DSD's expectation would be to have the assessments signed at the moment of completion.</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:  555105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/26/2024
NAME OF PROVIDER OR SUPPLIER  Noble Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2740 North California 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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 7/26/24, at 10:41 a.m., with the Director of Nursing (DON), Resident 1's Smoking Safety Evaluation record was reviewed. The DON acknowledged that Resident 1's Smoking Safety Evaluation record effective date was 6/26/24. The DON further acknowledged that the record was not signed until 7/12/24. The DON's expectations were for the nurses to complete the assessment and document in the same shift. The DON further stated that the moment any evaluation sheet was started, that it would be documented at that time.</p> <p>During a review of the facility's undated policy and procedure titled, Documentation in Medical Record, in the section, Policy Explanation and Compliance Guidelines, indicated, .Documentation shall be completed at the time of the service, but no later than the shift in which the assessment, observation, or care service occurred .</p>		