

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/29/2026
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)		
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on interview, and record review, the facility failed to implement comprehensive care plan (a dynamic, individualized, and multidisciplinary document outlining a resident's medical, functional, and psychosocial needs) interventions for 1 of 3 sampled residents (Resident 1) by not consistently providing oral care to Resident 1. This deficient practice had the potential to place Resident 1 at risk for not receiving effective, individualized care that could negatively affect the resident's oral health, comfort, safety, and overall well-being. Findings: A review of Resident 1's admission RECORD, indicated Resident 1 was admitted to the facility with diagnoses including metabolic encephalopathy (a brain function failure caused by illness, toxins, or chemical imbalances with signs included confusion, memory loss, feeling sleepy or low energy, seizures or coma in severe cases), dysphagia (difficulty swallowing), dementia (a decline in mental ability severe enough to interfere with daily life), and adult failure to thrive (a complex syndrome of gradual physical, mental, and functional decline marked by unintended weight loss, reduced appetite, and inactivity). A review of Resident 1's Minimum Data Set (MDS, an assessment tool) dated 7/6/26, indicated Resident 1 required maximal assistance with oral hygiene (helper does more than half the effort, including lifting or holding the resident's trunk or limbs while providing oral care). Further review of the MDS indicated a Brief Interview for Mental status (BIMS) score of 4, reflecting severe cognitive impairment. During a concurrent interview and record review on 7/29/26, at 8:43 AM, with Licensed Nurse (LN) 1, Resident 1's Care Plan Report was reviewed. The care plan included the focus, .Resident [Resident 1] has oral/dental health problems r/t [related to] edentulous status [lacking or missing natural teeth] ., initiated on 1/28/26. The care plan also included the intervention, .Provide mouth care as per ADL [Activities of Daily Living] personal hygiene ., which was initiated on 1/28/26. LN 1 stated that nurses were responsible for developing residents' care plans upon admission and updating them as needed in response to changes in condition, identified concerns, or resident preferences, with oversight provided by the Minimum Data Set (MDS) coordinator to ensure timely revisions. LN 1 further stated that care plans served as a communication tool to guide staff in meeting residents' needs and that staff were expected to follow the outlined interventions to support residents' health and well-being. LN stated that Resident 1 required staff assistance with oral care and that Certified Nursing Assistants (CNAs) had access to the resident's care plan, including oral care interventions. Upon review of Resident 1's oral care task, LN 1 confirmed that oral care was charted at Not Applicable on several occasions including 7/3/26 at 6:29 AM, 7/4/26 at 12:50 AM, 7/5/26 at 6:29 AM, 7/6/26 at 7:52 PM and 11:46 PM, 7/8/26 at 12:51 AM, 7/9/26 at 12:53 AM, and 7/13/26 at 12:12 AM. LN 1 stated that expectation for Certified Nursing Assistants (CNAs) was to provide oral care/oral hygiene to help prevent oral health problems and promote Resident 1's comfort. LN 1 further stated that documenting oral care as Not Applicable did not confirm whether oral care had been provided. LN (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 555105	If continuation sheet Page 1 of 4

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1 stated that inconsistent oral care and implementation of interventions suggested that Resident 1's oral health needs were not consistently met, placing the resident at risk for decline in oral and overall health. During an interview on 7/29/26, at 9:18 AM, CNA 1 stated that each resident had individualized care plans containing interventions related to their specific care needs, and that CNAs had access to the areas of focus and interventions they were expected to implement and follow. CNA 1 further stated that CNAs were required to review residents' care plans at least once every shift to ensure the identified interventions were implemented and residents' needs were met. CNA 1 stated that he was routinely assigned to the hallway where Resident 1 resided, and provided care for Resident 1 on multiple occasions during her stay. CNA 1 further stated that Resident 1 required assistance with Activities of Daily Living (ADLs), including oral care and oral hygiene. CNA 1 stated that CNAs were responsible for providing oral care to Resident 1 every shift. CNA 1 further stated care plans were tools to provide proper care to residents. CNA 1 explained that CNAs were responsible for following the care plan interventions, including assisting Resident 1 with oral care every shift to maintain proper oral hygiene and help prevent oral health problems. During a concurrent interview and record review on 7/29/26, at 12:12 PM, with the MDS coordinator, the facility's undated policy and procedure (P&P) titled, Comprehensive Care Plans, was reviewed. The policy indicated, .It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident.services that are identified.meet professional standards of quality.Policy Explanation and Compliance Guidelines.8. Qualified staff responsible for carrying out interventions.of their roles and responsibilities for carrying out the interventions. The MDS coordinator stated that nurses were responsible for initiating care plans and implementing appropriate interventions upon a resident's admission and whenever there was a change in the resident's condition. The MDS coordinator further stated that his responsibilities included reviewing, updating, and revising care plans quarterly and whenever changes in condition occurred, in collaboration with the interdisciplinary (IDT) team. The MDS coordinator stated that care plans served as communication tools to guide staff, including nursing personnel, in providing appropriate care and services to promote residents' health, maintain their wellbeing, and prevent further complications. The MDS coordinator further stated that the care plan interventions provided guidance to staff to ensure residents identified needs were consistently addressed and met. The MDS coordinator explained that his expectation of the nursing staff was to assist Resident 1 consistently with oral care and to follow the guidelines as outlines in the P&P for Comprehensive Care plans, to maintain proper oral hygiene throughout Resident 1's stay in the facility. The MDS coordinator stated that the expectation was not met.		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on interview, and record review, the facility failed to ensure 1 of 3 sampled residents (Resident 1), who was dependent on staff for activities of daily living (ADL, basic activities required to care for oneself such as eating and bathing), received the necessary care and services to maintain oral hygiene when oral care was not consistently provided to Resident 1. This deficient practice had the potential to negatively affect Resident 1's oral health, comfort, self-esteem, and overall well-being. Findings: A review of Resident 1's admission RECORD, indicated Resident 1 was admitted to the facility with diagnoses including metabolic encephalopathy (a brain function failure caused by illness, toxins, or chemical imbalances with signs included confusion, memory loss, feeling sleepy or low energy, seizures or coma in severe cases), and dysphagia (difficulty swallowing), dementia (a decline in mental ability severe enough to interfere with daily life). A review of Resident 1's Minimum Data Set (MDS, an assessment tool) dated 7/6/26, indicated Resident 1 required maximal assistance with oral hygiene (helper does more than half the effort, including lifting or holding the resident's trunk or limbs while providing oral care). Further review of the MDS indicated a Brief Interview for Mental status (BIMS) score of 4, reflecting severe cognitive impairment. During a concurrent interview and record review on 7/29/26, at 8:43 AM, with Licensed Nurse (LN) 1, Resident 1's medical record was reviewed. LN 1 stated Resident 1 required staff assistance with ADLs, including oral care. After reviewing Resident 1's oral care task, LN 1 confirmed that oral care was charted at Not Applicable on several occasions, including 7/3/26 at 6:29 AM, 7/4/26 at 12:50 AM, 7/5/26 at 6:29 AM, 7/6/26 at 7:52 PM and 11:46 PM, 7/8/26 at 12:51 AM, 7/9/26 at 12:53 AM, and 7/13/26 at 12:12 AM. LN 1 stated the expectation for Certified Nursing Assistants (CNAs) was to provide oral care/oral hygiene to help prevent oral health problems and promote Resident 1's comfort. LN 1 further stated that documenting oral care as Not Applicable did not confirm whether oral care had been provided. Accor LN 1 stated that CNAs were expected to document oral care as Yes, No, Refused, or resident Not Available. LN 1 further stated that there was no evidence that oral care had been provided during the identified time frames. LN 1 explained that inconsistent oral care would place Resident 1 at risk for oral health complications, including oral thrush and other oral infections. During an interview on 7/29/26, at 9:18 AM, with CNA 1, CNA 1 stated Resident 1 required assistance with oral care/oral hygiene. CNA 1 further stated that staff were expected to remain with Resident 1, provide guidance, apply toothpaste to the toothbrush, and supervise while Resident 1 brushed her teeth and rinse her moth. CNA 1 stated that CNAs were required to document whether oral care was provided, as documentation served as evidence that the care had been completed. CNA 1 further stated that CNAs were expected to chart as Yes, No, Refused, or Not Available in the Facility, and to notify the charge nurse whenever oral care was refused or not provided. CNA 1 stated that documenting oral care as Not Applicable indicated there was no evidence that oral care had been provided during that time frame. CNA 1 further stated inconsistent oral care could place Resident 1 at risk for poor oral hygiene, and oral health complications. During a concurrent interview and record review on 7/29/26, at 1:08 PM, with the Director of Staff development (DSD), Resident 1's medical record was reviewed. The DSD stated that Resident 1 required staff assistance with ADLs, including oral care. Resident 1's oral care task was reviewed and the DSD verified that oral care was charted at Not Applicable on several occasions including 7/3/26 at 6:29 AM, 7/4/26 at 12:50 AM, 7/5/26 at 6:29 AM, 7/6/26 at 7:52 PM and 11:46 PM, 7/8/26 at 12:51 AM, 7/9/26 at 12:53 AM, and 7/13/26 at 12:12 AM. The DSD stated that he was responsible for reviewing CNAs documentation/charting daily to ensure charting was completed correctly. The DSD further stated that he did not notice that charting for Resident 1's oral (continued on next page)		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	care had been completed as Not Applicable, and he was unsure how this was missed. The DSD stated that upon reviewing Resident 1's oral care task documentation, he was unable to confirm whether oral care had been provided to Resident 1 on those several occasions during multiple time frames. The DSD stated that the purpose of providing oral care to Resident 1 was to ensure quality of care, prevent gum and dental issues, and reduce the risk of oral infections. The DSD further stated that his expectation of CNAs was to consistently assist Resident 1 with oral care/oral hygiene to maintain oral health and reduce the possibility of further complications. During a subsequent concurrent interview and record review on 7/29/26, at 1:21 PM, with the DSD, the facility's undated policy titled, Activities of Daily Living (ADLs), was reviewed. The policy indicated, .The facility will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices.Care and services will be provided for the following activities of daily living: 1. Bathing, dressing, grooming and oral care.3. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain.personal and oral hygiene. The DSD stated that the expectation for CNAs was to follow the facility's ADLs policy and that the expectation was not met.		