

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555307	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Clearwater Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1517 East Knickerbocker Drive Stockton, CA 95210	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47369</p> <p>Based on interview and record review, the facility failed to protect two of three sampled residents' (Resident 1 and Resident 3) right to be free from sexual abuse by another resident, when Resident 2, who had a history of inappropriate behaviors, touched Resident 1 ' s thigh and Resident 3 ' s abdomen and groin without consent.</p> <p>This failure had the potential to negatively affect Resident 1 and Resident 3's psychosocial well- being.</p> <p>Findings:</p> <p>a. A review of Resident 1 ' s BIMS [brief Interview for Mental Status] TEMPORARY WORKSHEET, dated 6/4/24, indicated a BIMS score of 15 which suggested his memory was intact.</p> <p>During an interview on 7/11/24, at 1:09 PM, Resident 1 pointed to his thigh and stated Resident 2 entered his room on 6/8/24 and touched him on his leg. Resident 1 further stated Resident 2 .kept doing it. By the fourth time I had enough. He would come in my room at night. I did not want to hit him because I would get in trouble . Resident 1 stated it scared him and he finally had to leave, .It took me four days to get over it .</p> <p>A review of Resident 1 ' s SBAR [Situation, Background, Assessment, Request] & INITIAL COC [Change of Condition] / ALERT CHARTING & SKILLED DOCUMENTATION, dated 6/8/24, at 7:48 PM, indicated, . SITUATION .accusing other resident of sexual/physical abuse .6/8/2024 19:00 [7PM] . Initial COC Alert Charting Notes .patient wife came to the charge nurse that she wanted her husband to be discharged now . Wife signed the AMA [against medical advice] form and patient and wife left the facility .</p> <p>A review of Resident 1 ' s ADMISSION RECORD, indicated he was readmitted to the facility on [DATE].</p> <p>b. A review of Resident 2 ' s ADMISSION RECORD, indicated he was admitted to the facility in May of 2024.</p> <p>A review of Resident 2 ' s BIMS TEMPORARY WORKSHEET, dated 5/3/24, indicated a BIMS score of 15 which suggested his memory was intact.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 2 ' s clinical document titled, SBAR & INITIAL COC/ ALERT CHARTING & SKILLED DOCUMENTATION, dated, 6/8/24, at 11 PM, indicated, SITUATION .Inappropriate behavior with another resident .06/08/2024 22:00 [10PM] .Initial COC Alert Charting Notes .writer, was notified that Pt [patient] was rubbing another Pt ' s leg in an inappropriate manner. The other resident went AMA because this incident [sic] .Pt was then moved to room [ROOM NUMBER] and kept under close observation .</p> <p>A review of Resident 2 ' s care plan initiated 6/8/24, indicated, [Resident 2] was noted to have made sexually inappropriate comments to another male resident .will not be inappropriate with other Residents .Moved Pt to a private room. Monitoring behavior closely .</p> <p>A review of Resident 2 ' s ALERT CHARTING, dated 6/9/24, indicated, .level of consciousness .alert . Oriented to Person? Yes .Oriented to Place? Yes .Oriented to Time? Yes .Oriented to Situation? Yes . On alert charting for episode of inappropriate touching of another resident. Resident monitored whereabouts and activity every 30 minutes .</p> <p>A review of Resident 2 ' s SOCIAL SERVICES PROGRESS NOTES, dated 6/13/24, at 1:32 PM, indicated, . Res seen sitting in another resident ' s room [ROOM NUMBER]/12/24. Other (male) resident informed staff that it was unwelcomed. SSD informed resident prior to this that he should not be entering other resident ' s rooms .</p> <p>During an interview on 7/11/24, at 2:03 PM, the Social Services Director (SSD) stated Resident 2 had agreed to stay out of other resident ' s rooms after the incident with Resident 1 but did not. The SSD confirmed Resident 2 had been found in another resident ' s room on 6/12/24.</p> <p>c. A review of Resident 3 ' s ADMISSION RECORD, indicated he was admitted to the facility in May of 2024.</p> <p>A review of Resident 3 ' s BIMS TEMPORARY WORKSHEET, dated 5/19/24, indicated a BIMS score of 15 which suggested his memory was intact.</p> <p>A review of Resident 3 ' s SBAR & INITIAL COC/ ALERT CHARTING & SKILLED DOCUMENTATION, dated 6/16/24, at 3:31 PM, indicated, .SITUATION . physical assault victim .06/16/2024 10:00 .Initial COC Alert Charting Notes .Resident noted to have been sleeping when [Resident 2] went into his room .Pt remarked that he was sleeping when he briefly woke up to [Resident 2] touching him in the ABD [abdomen] and groin .</p> <p>A review of Resident 2 ' s SBAR & INITIAL COC/ ALERT CHARTING & SKILLED DOCUMENTATION, dated 6/16/24, at 4:25 PM, indicated, .SITUATION .Inappropriate behavior with another resident/AMA transfer . 6/16/2024 10:10 .Pt [Resident 2] noted to have been found in the room of [Resident 3]. [Resident 3] was resting with his eyes closed in bed with head at incline and arms at side .Per CNA ' s [certified nurse ' s assistant] it appeared that Pt was rubbing the abdomen of [Resident 3] and attempting to move lower to the groin .Upon informing Pt of the allegations against him, Pt noted to c/o general malaise accompanied by feeling of nausea .Pt called 911 to transfer himself to hospital .</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/11/24, at 1:42 PM, CNA 3 stated Resident 2 and Resident 3 ' s room were across the hall from each other. CNA 3 further stated on 6/16/24, she observed Resident 2 in the doorway of Resident 3 ' s room and asked him to return to his room. CNA 3 stated when she passed out lunch trays, she observed Resident 2 in Resident 3 ' s room by his bed. CNA 3 stated she observed Resident 2 ' s hand by Resident 3 ' s lower abdomen. CNA 3 further stated staff were performing 30-minute checks on Resident 2 but towards the end it was not working. CNA 3 stated there was a lot going on in the mornings, staff checked up on him, but .who knows what happened in between .</p> <p>During an interview on 7/11/24, at 4:16 PM, CNA 5 stated Resident 3 was not able to move. He was in bed when Resident 2 entered his room. CNA 5 further stated she saw Resident 2 touch Resident 3 ' s abdomen, so she went to get the nurse while another CNA tried to remove Resident 2 from the room. CNA 5 stated Resident 2 wanted to stay in Resident 3 ' s room to keep him company. CNA 5 stated Resident 2 tried many times to enter Resident 3 ' s room. CNA 5 further stated Resident 2 would stay in the hall and wait until no one was watching him and then enter the other residents ' rooms. CNA 5 stated Resident 2 knew when no one was watching, and knew what he was doing.</p> <p>During a concurrent interview and record review on 7/11/24, at 4:25 PM, the Administrator (ADM) provided copies of the 30-minute monitoring forms as described below:</p> <p>The first form was dated June 9, 2024, timed 7 AM to 4 PM in 30-minute increments. Resident 2 ' s name was written on the form, his whereabouts were listed, and the form was initialed for each time slot.</p> <p>The second page was dated June 13, 2024, in typeface. The 13 was crossed off and the 10th was handwritten in. No resident name was listed. The form was timed 7 AM- 7PM and initialed for each time slot.</p> <p>The third form was dated June 14th, 2024. On the side of the form was written 6-11, the form was timed 7:30 PM- 8 AM, no resident name was listed, and no initials were documented.</p> <p>The fourth form was dated June 17, 2024. The date was crossed off and June 15, 2024, was written above it. On the bottom left of the form the date 6/13 was written. The form was timed 2:30 PM -2:30 AM. No resident name was listed. The form contained no initials.</p> <p>The fifth form was dated June 15th, 2024, timed 8:30 AM- 8:30 PM. No resident name was listed, and no initials were documented.</p> <p>The sixth form was dated June 16, 2024, the date was crossed off, and June 14, 2024, was written above it. The date 6/15/2024 was written on the side of the form. The form was timed from 9 PM - 1:30 AM and 7 AM- 2PM. There was no resident name. There were no initials for the times from 9 PM - 1:30 AM.</p> <p>The seventh form was dated June 18th, 2024, in typeface. The date 6/16 was written above it. The resident's room number was listed. The form was timed 3 AM- 3PM. No signatures were noted.</p> <p>The eighth form was dated June 19th, 2024. It was timed 3:30 PM - 4:30 PM. There was no resident name listed.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The ADM confirmed the 30-minute monitoring forms had several gaps in the documentation, including the dates and the initials. The ADM stated they could not confirm Resident 2 ' s whereabouts were monitored with the documentation provided. The ADM further stated Resident 2 ' s behaviors were predatory and posed a risk of potential abuse to the other residents in the facility.</p> <p>A review of a facility Policy titled Abuse, Neglect, Exploitation and Misappropriation Prevention Program, revised April 2021, indicated, .Residents have the right to be free from abuse .This includes but is not limited to .verbal, mental, sexual or physical abuse .Protect residents from abuse .by anyone including .other residents .Develop and implement policies and protocols to prevent and identify abuse or mistreatment of residents .</p>		