

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 11/22/2024
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>47369</p> <p>Based on interview and record review the facility failed to ensure privacy and confidentiality were maintained for one of four sampled Residents (Resident 4) when Resident 4's medication was sent home with Resident 1.</p> <p>This failure resulted in unauthorized access of Resident 4's health and personal information.</p> <p>Findings:</p> <p>A review of Resident 4's ADMISSION RECORD, indicated, she was admitted to the facility in mid-2024 with diagnoses which included essential hypertension (high blood pressure with no identified medical cause).</p> <p>A review of Resident 4's Order Summary Report, indicated, .clonidine .Oral Tablet 0.1 MG .Give 3 tablet by mouth as needed for Systolic [first number of blood pressure reading, the pressure when your heart contracts and pumps blood] BP > 170 TID [blood pressure greater than 170 three times per day].</p> <p>A review of the facility pharmacy's Electronic Shipping Manifest (list of medications delivered to the facility), dated 10/2/24, indicated, 135 tablets of clonidine were delivered to the facility for Resident 4.</p> <p>A review of Resident 1's ADMISSION RECORD, indicated, he was admitted to the facility in late 2024 and discharged home on 10/12/24.</p> <p>During a telephone interview on 11/21/24, at 3:09 PM, Family Member (FM) 1 stated when Resident 1 arrived home, medications for another resident were found mixed in with his medications. FM 1 further stated they received 4 blister packs with Resident 4's name listed on the top of each, which contained a total of 105 clonidine tablets.</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: 555307	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 11/26/24, at 3:44 PM, the Director of Nurses (DON) stated that Resident 4's clonidine had been discontinued the same day it was ordered. The DON further stated when medications were discontinued, they were left in the medication storage room until they were disposed of per facility policy. The DON stated when a nurse discharged a resident, they were expected to review all the medications to ensure they were sending the correct medications home with the resident. The DON further stated when Resident 4's medications were sent home with Resident 1, there was a risk to Resident 1 of accidentally using the wrong medication. The DON further stated there was a HIPAA (Health Insurance Portability and Accountability Act, a federal law that protects health information from being disclosed without a patient's consent) compliance risk for Resident 4.</p> <p>A review of an undated, facility job description titled, Licensed Vocational Nurse, indicated, .As a licensed Vocational Nurse, you are delegated the responsibility and accountability necessary for carrying out your assigned duties . The Licensed Vocational Nurse (LVN) in a skilled nursing facility is responsible for delivering high quality nursing care to the residents . Residents Rights .maintain the confidentiality of all resident care information .</p>		

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 11/22/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</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 ensure professional standards of care were met for 3 out of 3 sampled residents, (Resident 1, Resident 2, and Resident 3) when:</p> <ol style="list-style-type: none"> 1. Resident 1, Resident 2, and Resident 3 's scheduled medications were not administered in a timely manner, 2. Resident 1 did not receive timely interventions for constipation, and 3. The photo on Resident 1 ' s clinical documents, used for identification, was of another resident. <p>These failures had the potential for:</p> <ol style="list-style-type: none"> 1. Reduced therapeutic benefits of the medications prescribed to Resident 1, Resident 2, and Resident 3; 2. Discomfort from constipation for Resident 1; and, 3. Inaccurate identification of Resident 1, with a risk for incorrect treatment. <p>Findings:</p> <p>1a. A review of Resident 1 ' s ADMISSION RECORD, indicated, he was admitted to the facility in late 2024 with diagnoses which included Parkinsonism (a progressive disease of the nervous system marked by tremor, muscle rigidity and slow imprecise movement).</p> <p>During a telephone interview on 11/21/24, at 3:09 PM, Family Member (FM) 1 stated Resident 1 ' s Parkinson ' s medications were given incorrectly during his stay at the facility. FM 1 further stated not receiving the medications correctly caused Resident 1 to have increased tremors and caused him to be worried and afraid.</p> <p>A review of Resident 1 ' s Medication Admin Audit Report, (report of the actual time medications were administered) for 10/6/24 indicated Resident 1 ' s Parkinson ' s medications, Entacapone 200 MG [milligrams] 1 tablet by mouth three times a day was scheduled to be given 5 PM and was administered at 8:59 PM.</p> <p>A review of Resident 1 ' s Medication Admin Audit Report, for 10/8/24 indicated, Resident 1 ' s Parkinson ' s medications, Entacapone 200 MG 1 tablet by mouth three times a day and Carbidopa- Levodopa 25-100 MG Give 2 tablet by mouth three times a day were scheduled to be given at 9 AM and were administered at 10:21 AM.</p> <p>(continued on next page)</p>		

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 11/22/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 1 ' s Medication Admin Audit Report, for 10/9/24 indicated, Resident 1 ' s Parkinson ' s medications, Entacapone 200 MG 1 tablet by mouth three times a day and Carbidopa- Levodopa 25-100 MG Give 2 tablet by mouth three times a day were scheduled to be given at 1 PM and were administered at 2:53 PM. Carbidopa- Levodopa 25-100 MG Give 2 tablet by mouth three times a day was scheduled to be given at 9 AM and was administered at 10:43 AM.</p> <p>A review of Resident 1 ' s Medication Admin Audit Report, for 10/10/24 indicated, Resident 1 ' s Parkinson ' s medications, Entacapone 200 MG [milligrams] 1 tablet by mouth three times a day and Carbidopa- Levodopa 25-100 MG Give 2 tablet by mouth three times a day were scheduled to be given at 5 PM and were administered at 9:58 PM with his bedtime dose of two Carbidopa- Levodopa 25-100 MG extended release tablets.</p> <p>A review of Resident 1 ' s Medication Admin Audit Report, for 10/12/24 indicated, Resident 1 ' s Parkinson ' s medications Entacapone 200 MG [milligrams] 1 tablet by mouth three times a day and Carbidopa- Levodopa 25-100 MG Give 2 tablet by mouth three times a day were scheduled to be given at 9 AM and were administered at 11:08 AM.</p> <p>1b. A review of Resident 2 ' s ADMISSION RECORD, indicated she was admitted to the facility in mid-2020 with diagnoses which included heart failure and type 2 diabetes (a chronic disease in which the body has a shortage of insulin, a decreased ability to use insulin, or both which affects blood sugar levels).</p> <p>A review of Resident 2 ' s Medication Admin Audit Report, for 11/21/24, indicated, her diabetes medications, glipiZIDE 2.5 MG. and metFORMIN 500 MG give with meal and blood pressure medication Carvedilol 25 mg every 12 hours were scheduled to be given at 8 AM and were administered at 9:55 AM.</p> <p>A review of Resident 2 ' s Medication Admin Audit Report, for 11/22/24, indicated her diabetes medication metFORMIN 500 MG give with meal and blood pressure medication Carvedilol 25 mg every 12 hours were scheduled to be given at 8 AM and were administered at 10:29 AM.</p> <p>During a concurrent interview and record review on 11/22/24, at 1:17 PM, licensed nurse (LN) 1 stated medications should be administered within one hour before or after they are due. LN 1 stated he administered medications to Resident 2 in the AM. LN 1 stated he clicked off the medications on the electronic MAR as soon as he administered the medications. LN 1 confirmed the medication admin audit indicated the medications were not administered on time.</p> <p>1 c. A review of Resident 3 ' s ADMISSION RECORD, indicated, she was admitted to the facility in mid-2024 with diagnoses which included hypertensive heart disease (heart problems that occur due to long term high blood pressure).</p> <p>A review of Resident 3 ' s Medication Admin Audit Report, for 9/16/24 indicated, Carvedilol 6.25 MG Give 1 tablet by mouth every 12 hours for htn [hypertension, high blood pressure] and metFORMIN 1000 MG give 1 tablet by mouth two times a day for DIABETES WITH BREAKFAST & DINNER were scheduled to be given at 8 AM and were administered at 11:15 AM.</p> <p>During a concurrent interview and record review on 11/22/24, at 10:40 AM the Director of Medical Records confirmed the Medication Admin Audit Reports indicated, Resident 1, Resident 2, and Resident 3 ' s medications were not administered within the expected time frame.</p> <p>(continued on next page)</p>		

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 11/22/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a telephone interview on 11/26/24, at 3:44 PM, the Director of Nurses (DON) stated it was his expectation that medications would be administered one hour before or one hour after their scheduled time. The DON further stated medications should be documented as soon as they were administered to prevent errors. The DON stated Parkinson ' s medications affect the nerve pathways to lessen tremors and movements and needed to be given in a timely manner due to their short-term efficacy. The DON further stated it was important to give diabetes medications on time for them to be effective and to prevent fluctuations in blood glucose levels. The DON stated when medications were scheduled every twelve hours, such as blood pressure medication, it was important to administer them on time to maintain consistent blood levels.</p> <p>2. A review of Resident 1 ' s ADMISSION RECORD, indicated, he was admitted to the facility on [DATE] with diagnoses which included Parkinsonism (a progressive disease of the nervous system marked by tremor, muscle rigidity and slow imprecise movement).</p> <p>During a telephone interview on 11/21/24, at 3:09 PM, FM 1 stated Resident 1 required medications to have bowel movements due to Parkinson ' s Disease. FM 1 further stated when Resident 1 was admitted to the facility she informed the admitting staff that Resident 1 ' s last bowel movement was on 10/3/24 and he needed something done so he could move his bowels. FM 1 stated the facility did not attempt any interventions until 10/12/24.</p> <p>A review of Resident 1 ' s Medication Administration Record (MAR) for the month of October indicated, Dulcolax suppository 10 mg as needed for constipation was administered on 10/11/24 and 10/12/24, and Senna-Plus Oral Tablet as needed for constipation and Fleet enema as needed for constipation were administered on 10/12/24.</p> <p>The facility was unable to provide documentation of Resident 1 having had a bowel movement during his stay from 10/5/24-10/12/24.</p> <p>During an interview on 12/6/24, at 12:13 PM, the DON stated the facility ' s bowel care protocol was to provide laxatives (medications used to stimulate bowel movements) to residents if they had not had a bowel movement for 3 days. The DON further stated, not having routine bowel movements created the risk of complications such as nausea and vomiting, decreased appetite, not feeling well, and fever.</p> <p>3. A review of Resident 1 ' s ADMISSION RECORD, indicated he was admitted to the facility in late 2024 with diagnoses which included Parkinsonism (a progressive disease of the nervous system marked by tremor, muscle rigidity and slow imprecise movement).</p> <p>During a telephone interview on 11/27/24, at 12:33 PM, FM 1 stated she had received a copy of Resident 1 ' s medical records from the facility. FM 1 stated the photo on Resident 1 ' s MAR and the admission record were not of him. FM 1 further stated Resident 1 was not wearing an identification band during his stay at the facility and she wondered how staff identified him.</p> <p>During an interview on 12/6/24, at 12:13 PM, the DON stated that on admission resident ' s photos were taken and attached to their electronic health record and an identification (ID) band was placed on their wrist, or their bed rail, or wheelchair if they were confused. The DON further stated resident photos and ID bands were used to identify residents during care. The DON stated if the wrong resident was pictured on the MAR there was the potential for them to receive the wrong medication.</p> <p>(continued on next page)</p>

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 11/22/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of a facility policy titled, Administering Medications, Revised April 2019, indicated, Medications are administered in a safe and timely manner, and as prescribed. Medications are administered in accordance with prescriber orders, including any required time frame. Medication administration times are determined by resident need and benefit, not staff convenience. Factors that are considered include. Enhancing optimal therapeutic effect of the medication. Preventing potential medication or food interactions. Medications are administered within one (1) hour of their prescribed time. The individual administering medications verifies the resident ' s identity before giving the resident his/her medications. Methods of identifying the resident include. Checking identification band. Checking photograph attached to the medical record.</p>

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 11/22/2024
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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Plan the resident's discharge to meet the resident's goals and needs.</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 ensure a safe and effective transition of care after discharge from the facility for Resident 3, when Resident 3 was unable to care for herself, therapy did not prepare her to maneuver the steps in her home and was transferred home alone.</p> <p>This failure created undue stress for Resident 3 and her family and resulted in Resident 3 ' s readmission to a hospital.</p> <p>Findings:</p> <p>A review of Resident 3 ' s ADMISSION RECORD, indicated she was admitted to the facility on [DATE] and discharged on [DATE] with diagnoses which included chronic respiratory failure (condition that prevents proper oxygen exchange, may cause shortness of breath, and extreme tiredness), muscle weakness, abnormalities of gait (walking) and mobility and morbid obesity (being 80- 100 pounds over ideal body weight).</p> <p>A review of Resident 3 ' s clinical record, Physical Therapy [a health profession that uses activities and exercises to help restore or improve movement and physical function] PT Evaluation & Plan of Treatment, dated 9/12/24, indicated, Prior Living resided in private residence Mobilizes at home with cane, lives alone Stairs=DNT [did not test] (3 steps in landing to front door).</p> <p>A review of Resident 3 ' s clinical record, SOCIAL SERVICES PROGRESS NOTES, dated 9/13/24 indicated, Per resident, she lives alone plan is to return home upon completion of therapy.</p> <p>A review of Resident 3 ' s Minimum Data Set (MDS, a federally mandated resident assessment and screening tool which identifies care needs) Section GG - Functional Abilities, dated 9/27/24, indicated the code 02 was marked, Substantial/maximal assistance- Helper does MORE THAN HALF the effort for the following care areas:</p> <p>Toileting hygiene: The ability to maintain perineal hygiene [wiping or cleaning after urination or a bowel movement], adjust clothes before or after voiding or having bowel movements.</p> <p>Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self.</p> <p>Lower body dressing: The ability to dress and undress below the waist, including fasteners.</p> <p>Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility.</p> <p>The MDS further indicated, the code 09, .Not applicable . for the care area of:</p> <p>Tub/shower transfer: The ability to get in and out of a tub/shower.</p> <p>A review of Resident 3 ' s PHYSICIAN ORDERS, dated, 9/25/24, indicated, Discharge Disposition Home with family.</p> <p>(continued on next page)</p>		

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 11/22/2024
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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 3 ' s Occupational Therapist (OT, therapy focused on activities of daily care) Progress Notes, dated, 9/26/24, indicated, .Transport coordinator came to ask this writer how to transport patient home. Patient is going AMA [against medical advice] due to not having recommended caregiver support. Let patient know that transport via WC [wheelchair] to home and that family needs to be there to help patient as she has 3 stairs, which PT [physical therapy] has not done with patient as it is deemed unsafe at this time.</p> <p>A review of Resident 3 ' s clinical record, Physical Therapy PT Discharge Summary, dated 9/27/24, indicated, .D/C [discharge] Destination: Home Against Medical Advice Prior Living Description: Mobilizes at home with cane, lives alone Stairs = N/A- Not Applicable at this time Mobility W/C [wheelchair] .</p> <p>A review of Resident 3 ' s NOTICE OF TRANSFER / DISCHARGE, dated 9/27/24, indicated, Home with family The transfer/ discharge is appropriate because your health has improved sufficiently so that you no longer require services provided by this facility.</p> <p>During an interview on 11/22/24, at 11:31 AM, the Social Services Director (SSD) stated Resident 3 had completed her anticipated days of stay per her insurance provider. The SSD further stated if caregiving hours could not be established for residents with Resident 3 ' s insurance, then the insurance ' s case manager and the SSD made the determination for those residents to leave Against Medical Advice (AMA). The SSD stated Resident 3 could not establish a caregiver at home and did not want to consider other options. The SSD stated Resident 3 signed an AMA form prior to discharge but the SSD could not produce the form.</p> <p>A review of an email, received on 11/26/24, at 2:37 PM, the Medical Records Director indicated, there was no AMA form in Resident 3 ' s health record because she did not leave AMA, her discharge was planned.</p> <p>During a telephone interview on 11/26/24, at 3:16 PM, Family Member (FM) 2 stated she had repeatedly told the SSD that Resident 3 weighed over 300 pounds and could not walk. FM 2 further stated she could not help due to a disability, and she was begging for help. FM 2 stated the facility provided only pamphlets to expensive places that Resident 3 could not afford. FM 2 further stated the facility was threatening that they would discharge Resident 3 to the street. FM 2 stated she was concerned about the insurance not paying if the discharge was considered AMA and the facility informed her it was not actually an AMA discharge. FM 2 stated, They said she could stand and walk, but she couldn ' t. We had to call the Fire Department to get her back to the hospital. They said she could get around in a wheelchair, but her wheelchair was too big for a regular house. FM 2 stated Resident 3 was hospitalized two days and was currently in a different skilled nursing facility.</p> <p>During a telephone interview on 11/26/24, at 3:40 PM, the Administrator (ADM) stated, the AMA policy was different for residents with Resident 3 ' s insurance. The ADM further stated for anyone else AMA was when a resident left before they were supposed to. The ADM stated with Resident 3 ' s insurance when residents anticipated days were up, they were expected to be discharged with no extension of days, and if the discharge was not safe, they were considered to be leaving AMA.</p> <p>(continued on next page)</p>		

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 11/22/2024
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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/10/24, at 10:47 AM, Adult Protective Services (APS) staff stated the facility sent Resident 3 home when they knew she was not safe. The APS stated the facility called APS a day or two before they discharged Resident 3, by the time APS was able to make contact Resident 3 had already been discharged . The APS further stated the facility sent the Ombudsman (an advocate for the health, safety, welfare, and rights of residents in long term care facilities) notice that Resident 3 was safe to transfer home when she was not. The APS stated she was told the facility did not help Resident 3 with safe discharge planning or completing Medi-Cal (public health insurance) applications.</p> <p>A review of a facility policy titled, Discharging a Resident without a Physician ' s Approval, revised October, 2012, indicated, A physician ' s order should be obtained for all discharges, unless a resident or representative is discharging himself or herself against medical advice. If the resident or representative (sponsor) insists upon being discharged without the approval of the Attending Physician, the resident and/or representative must sign a Release of Responsibility form.</p> <p>A review of an undated, facility job description titled Social Services Lead Assistant, indicated, The primary purpose of your job position is to assist in planning, developing, organizing , implementing, evaluating, and directing social service programs to assure that the medically related emotional and social needs of the resident are met/maintained on an individual basis .Assist in providing solutions for social and practical environmental problems including seeking financial assistance, discharge planning (including collaboration with community agencies), and referrals to community agencies when specialized assistance is required.</p>		