

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 12/04/2025
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)
F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide medically-related social services to help each resident achieve the highest possible quality of life. (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
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<p>F 0745</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 provide appropriate and timely social services support for one of three sampled residents (Resident 1) when, the facility was made aware of Resident 1's wish to leave the facility approximately one month post admission due to not being able to use his motorized wheelchair in the facility, however, referrals were not sent to other facilities to find alternative placement until approximately three months later, nor was follow up conducted by facility staff following the referrals being sent to check on the status. This failure had the potential to negatively affect Resident 1's mental health and psychosocial well-being. Findings:A review of Resident 1's admission RECORD, indicated Resident 1 had a diagnosis of generalized muscle weakness, major depressive disorder (causing persistent sadness, loss of interest, and impacts how you feel, think, and act, interfering with daily life), acquired absence of right leg below knee (surgical removal of the lower leg), multiple sclerosis (MS; a disorder of the central nervous system marked by weakness, numbness, a loss of muscle coordination, and problems with vision, speech, and bladder control). Resident 1 was admitted to the facility on [DATE]. During an interview on 12/4/25 at 9:46 AM, Resident 1 stated that when he first came to the facility, his motorized wheelchair was here, but the previous administrator told him he cannot use it at the facility. Resident 1 stated that he told the previous administrator that if the facility did not allow the motorized wheelchair, he did not want to stay at the facility. Resident 1 stated he had been using his motorized wheelchair for 12 years and since he could not use it at the facility, his will to live was draining. Resident 1 stated he cannot do anything but stay in bed all day without his motorized chair. Resident 1 stated that the social services staff talked to him about finding him a new place to stay since the day he was admitted to the facility. Resident 1 stated that the staff from the business office told him that they sent his records to different facilities that could accommodate him. Resident 1 stated it caused him stress and anxiety to be at the facility and not use his motorized wheelchair which was very important to him. During an interview on 12/4/25, at 12:45 PM, with the admission Director (AD) and the admission Coordinator (AC), the AD stated that when a newly admitted resident had a motorized wheelchair, they let the resident know that they can have it at the facility, but they cannot use it and that was always the policy of this facility. The AD stated that they let the case manager at the hospital communicate that information to the resident and once they get to the facility, they remind the resident. The AD stated sometimes the hospital did not let them know. The AD stated the residents can refuse to be admitted to the facility. The AD stated Resident 1 was made aware of the facility's policy on motorized wheelchairs. The AC stated that the hospital did not tell the facility that Resident 1 had a motorized chair. The AC stated the assisted living facility (ALF) where Resident 1 was previously staying prior to his hospitalization, dropped off his belongings including the motorized wheelchair at the facility. During an interview on 12/4/25, at 1:02 PM, with the Case Manager Assistant (CMA) and the Case Manager (CM), the CMA stated Resident 1 was requesting to go to a different facility that allowed motorized wheelchairs. The CM stated initially Resident 1 was admitted for short term rehabilitation (a temporary, intensive therapy program helping residents recover strength, mobility, and independence after illness, injury, or surgery) but after he got admitted, the ALF told them that they could not take Resident 1 back. The CMA stated the social services department sent referrals to other skilled nursing facilities (SNF) to find a new place for Resident 1. The CMA stated she was made aware of the resident's intent to transfer to another SNF maybe a month after Resident 1 was admitted to the facility but did not remember when. The CMA stated she did not write any notes in Resident 1's medical record regarding Resident 1's request to transfer. The CMA stated Resident 1 switched to custodial care (long-term assistance with daily living activities like bathing, dressing, eating, and toileting) sometime in October of this year (2025). During an interview on 12/4/25, at 1:31PM, with the Business Office Assistant (BOA), the BOA stated she sent three referrals to three SNF's because those were the request of Resident 1. The BOA stated there was no response from anybody and she faxed the referrals on 11/22/25, and the social services department were responsible for following up on those referrals. During an interview on 12/4/25, at 2:31 PM, the Social Services Assistant (SSA) stated during a quarterly meeting on 11/3/25, Resident 1 verbalized that he wanted to transfer to a facility that can accept motorized wheelchairs. The SSA stated the front office (business office) sent the referrals. The SSA stated that social services follow up normally after a few days of sending the referral, by calling the facility and asking for the status of the referral sent. The SSA confirmed she had not followed up on the referrals sent for Resident 1. During an interview on</p>		