

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

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2026
NAME OF PROVIDER OR SUPPLIER Creekside Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9107 N. Davis Road Stockton, CA 95209	
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 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure quality of care was provided according to professional standards of practice for one of three sampled residents (Resident 1) when, 1. Resident 1's Continuous Positive Airway Pressure (CPAP- a medical device attached to a facemask and then placed over the resident's mouth or nose and used to deliver pressurized air into the airway to keep it open) order was not transcribed from the [ACUTE CARE HOSPITAL NAME]'s discharge orders on 5/24/26 to Resident 1's active orders at the facility upon admission on [DATE]. 2. Resident 1 was given Resident 2's medications by mistake on 6/6/26. These joint failures put Resident 1's health and safety at risk when Resident 1 developed an altered level of consciousness (a state of confusion) due to impaired gas exchange (a condition where the lungs struggle to transfer oxygen into the bloodstream and remove carbon dioxide) after she had not received CPAP treatment for 14 days (delayed care), which resulted in her being admitted to [ACUTE CARE HOSPITAL NAME] on 6/7/26 for three days to receive further evaluation and treatment; and additionally, Resident 1 was at risk for health complications related to med to med interactions (occurs when another medication alters how another medication works in the body) related to the medication error. Findings: 1. During a review of Resident 1's hospital clinical record titled, [ACUTE CARE HOSPITAL NAME] . Discharge summary, dated [DATE], indicated, . Continue supportive care and use of CPAP if available. Discharge Order Details: 05/24/06 . Today- Skilled Nursing Facility . During a review of a facility provided document titled, INVENTORY OF PERSONAL EFFECTS [RESIDENT 1'S NAME AND ROOM NUMBER] ., admit date [DATE], signed by FM 2 and the facility, indicated Resident 1's inventory list included, . Breathing Machine. During a review of Resident 1 ' s facility clinical record titled, admission Record, (a document that contained Resident 1's demographic information) dated 5/24/26, indicated Resident 1 ' s diagnoses included Obstructed Sleep Apnea (a condition where the throat muscles relax too much during sleep, blocking the airway), morbid obesity (the accumulation of excess fat that increases the body's effort of breathing) with alveolar hypoventilation, (a breathing pattern that is too slow or shallow to meet the body's needs) Asthma (a long term disease that makes the airways narrow), and anemia (low red blood cells that leads to low oxygen in the blood). A review of Resident 1's clinical record from the [ACUTE CARE HOSPITAL NAME], titled, Discharge Summary, admission date of 6/7/26 and discharge date of 6/10/26, indicated on 6/7/26, Resident 1 was admitted from the facility to [ACUTE CARE HOSPITAL NAME] with an altered level of consciousness (confusion) and was further evaluated for dehydration (lacking adequate water in the body). Upon admission, Resident 1 appeared to be experiencing, shortness of breath. The hospital admission labs revealed a partial pressure of carbon dioxide (pCO2- measures how much carbon dioxide is in the blood and an indicator of how well the lungs are removing carbon dioxide) level of 59 (high, normal range for pCo2 = 35 to 45), and bicarbonate (HC03-a natural compound in the body that balances the acid levels) level of 34.9 (high, normal range 22-26). The record indicated Resident 1's acute metabolic encephalopathy (a medical emergency characterized by a rapid, decline in brain function) was likely due to a combination of dehydration and hypoventilation (breathing at an abnormally slow rate, resulting in an increased amount of pCO2 in the blood), and mixed medications. The record further indicated, . It was unclear if (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: 555387
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F 0684 Level of Harm - Actual harm Residents Affected - Few	documentation from the nursing staff related to this incident. During a concurrent interview and record review on 6/25/26 at 3:55 PM, with the DON, the facility's P&P titled, Change in Condition., dated 8/25/25, indicated, Purpose To ensure residents, family, legal representatives, and physicians are informed of changes in the resident's condition.A facility must immediately inform the Resident.Residents physician.where there is an accident involving the Resident. The DON verified the facility did not follow this policy. The DON confirmed the facility did not do a change of condition nor notify the MD until three days later.		