

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555470	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/23/2024
NAME OF PROVIDER OR SUPPLIER Wagner Heights Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9289 Branstetter Place 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)
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>43496</p> <p>Based on observation, interview, and record review, the facility failed to follow the menu for 18 of 18 residents who received pureed diets (food that has been ground, pressed, and/or strained to a soft, smooth consistency, like pudding) during the lunch meal service on 9/23/24, when the vegetable served did not reflect what was listed on the menu.</p> <p>This failure had the potential for residents ' preferences not to be met and could result in decreased meal intake.</p> <p>Findings:</p> <p>During an observation on 9/23/24 at 11:36 AM in the kitchen, [NAME] 1 placed cooked carrots into the blender, poured thickener and hot water into the blender, and pureed the items together. [NAME] 1 poured the pureed carrots into a serving dish and placed it on the steam table.</p> <p>During an interview on 9/23/24 at 1:45 PM with [NAME] 1 in the kitchen, [NAME] 1 confirmed she pureed carrots instead of the squash listed on the menu. [NAME] 1 stated all the residents who were on a pureed diet received pureed carrots instead of squash for the lunch meal. [NAME] 1 stated they didn ' t puree the squash because she was just busy doing other prep items. [NAME] 1 stated residents should have received the squash because it was on the menu for the day.</p> <p>During an interview on 9/23/24 at 2:23PM with the Administrator (Admin), the Admin stated menus were important for resident preferences and to accommodate their needs. The Admin stated if the menu was not known or not followed, needs of residents would not be met. The Admin stated Residents should be served items shown on the menu. The Admin confirmed expectations were not met.</p> <p>During a review of a facility document .SPRING MENU . dated 4/11/24 . indicated, .Monday .Apr-28, Jun-02, Jul-07, Aug-11, Sep-15 .Lunch .Aunties Baked Squash .</p> <p>A review of a facility policy and procedure (P & P) titled Menus, dated 2/2017 indicated, To ensure food/fluid variety, adequate nutrition, and allow for effective planning of food and dining service .All menus are dated and the current menu is posted in the facility so that it is available to the residents and staff .</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: 555470	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/23/2024
NAME OF PROVIDER OR SUPPLIER Wagner Heights Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9289 Branstetter Place 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)		
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>43496</p> <p>Based on observation and interview, the facility failed to ensure food served from the kitchen was appetizing when,</p> <ol style="list-style-type: none"> 1. Pureed foods (food that has been ground, pressed, and/or strained to a soft, smooth consistency, like pudding) were not prepared according to recipe directions for the lunch meal on 9/23/24 for 18 of 18 residents who received a pureed diet, resulting in an unappetizing texture; and, 2. The lunch meal served on 9/17/24 was served late and was not at an appetizing temperature for two of four sampled residents. <p>This failure had the potential to result in decreased meal intake. A decrease in meal intake could result in weight loss and malnutrition over time.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During an observation on 9/23/24, at 11:36 AM, [NAME] 1 prepared pureed carrots for the lunch meal. [NAME] 1 placed cooked carrots into the blender, added an unmeasured amount of hot water and a thickening product, and turned the machine on, blending the items together. [NAME] 1 poured the contents of the blender into a serving dish on the steam table. <p>During an observation on 9/23/24 at 11:48 AM in the kitchen, [NAME] 1 spooned pureed carrots onto plates. The consistency of the carrots was too runny to hold its form, and they ran over 1/3 of the plate. The pureed carrots mixed with the other food items on the plate.</p> <p>During an interview on 9/23/24 at 1:35 PM, with [NAME] 1 in the kitchen, [NAME] 1 stated they prepared the pureed carrots by putting them into the blender, put water and thickener into the blender, and did not use a measuring cup for the water or thickener.</p> <p>During an interview on 9/23/24, at 1:45 PM with [NAME] 1, [NAME] 1 confirmed the carrots came out a little bit runny and wasn ' t the right consistency for pureed food.</p> <p>During a review of a facility policy and procedure (P & P) titled Recipes, dated 2/17 indicated, .Recipes are available for use and will be utilized .</p> <ol style="list-style-type: none"> 2. During an observation on 9/17/24 at 12:30 PM in the Seaside Dining Room the meal cart arrived, 45 minutes after the scheduled mealtime. <p>During a concurrent observation and interview on 9/17/24 at 12:31 PM with Resident 1 in the Seaside Dining Room, Resident 1 ' s meal tray was served at 12:31 PM. Resident 1 touched the ham with her index finger and stated the food was cold again and it was like this all week. Resident 1 reported telling staff the food was always cold when it arrived at the dining room late.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555470	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/23/2024
NAME OF PROVIDER OR SUPPLIER Wagner Heights Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9289 Branstetter Place 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)		
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 9/17/24 at 12:33 PM in the Seaside Dining Room, Resident 2 received her lunch tray at 12:33 PM. Resident 2 ' s lunch tray contained two tacos. Resident 2 stated, I can ' t even eat this because it ' s too hard and it ' s cold .</p> <p>During an interview on 9/17/24 at 3:40 PM with the Director of Nursing (DON), the DON confirmed lunch was not served as scheduled today.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555470	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/23/2024
NAME OF PROVIDER OR SUPPLIER Wagner Heights Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9289 Branstetter Place 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)		
<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>43496</p> <p>Based on observation, interview, and record review, the facility failed to prepare and serve pureed food (food that has been ground, pressed, and/or strained to a soft, smooth consistency, like pudding) at the correct texture for 18 of 18 residents who received a pureed diet, when pureed foods were not prepared according to recipe directions for the lunch meal on 9/23/24.</p> <p>This failure increased the risk of swallowing difficulty for residents who required a modified food texture and could also result in decreased meal intake.</p> <p>Findings:</p> <p>During an observation on 9/23/24, at 11:36 AM, [NAME] 1 prepared pureed carrots for the lunch meal. [NAME] 1 placed cooked carrots into the blender, added an unmeasured amount of hot water and a thickening product, and turned the machine on, blending the items together. [NAME] 1 poured the contents of the blender into a serving dish on the stream table.</p> <p>During a concurrent interview and record review on 9/23/24 at 11:44 AM with the Registered Dietitian (RD) in the kitchen, the RD confirmed water is not listed on the recipe while reviewing a facility document titled SEASONED CARROTS ., dated 4/17/2024, indicated, .FOOD THICKENER BULK .PROCESS UNTIL SMOOTH USING 1/2 TBSP [tablespoon] FOOD THICKENER PER SERVING .FOR BEST RESULTS . ALTERNATE ADDING THICKENER WITH PROCESSING, CHECKING PRODUCT CONSISTENCY PERIODICALLY .</p> <p>During an observation on 9/23/24 at 11:48 AM in the kitchen, pureed carrots were served from a serving spoon, not a scoop. The consistency of the carrots was too runny to hold its form. When the pureed carrots were spooned onto the plate, the contents ran over 1/3 of the plate. The pureed carrots mixed with the other food items on the plate.</p> <p>During an interview on 9/23/24 at 1:35pm, with [NAME] 1 in the kitchen, [NAME] 1 stated they prepared the pureed carrots by putting them into the blender to blend, put in water and thickener into the blender, just put in a little bit, and did not use a measuring cup for the water or thickener.</p> <p>During an interview on 9/23/24, at 1:45 PM with [NAME] 1, [NAME] 1 confirmed the carrots came out a little bit runny and wasn ' t the right consistency for pureed food. [NAME] 1 stated pureed food should resemble the consistency of mashed potatoes and stated, If I send the food out too runny or too thick, can be hard for the resident to properly eat.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555470	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/23/2024
NAME OF PROVIDER OR SUPPLIER Wagner Heights Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9289 Branstetter Place 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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>43496</p> <p>Based on observation and interview, the facility failed to store clean dishes in accordance with professional standards for food safety for a total of 144 residents who received food from the kitchen when:</p> <ol style="list-style-type: none"> 1. Food trays were stacked and put away wet; 2. Plastic drinking glasses were stacked on a tray and still wet. <p>This failure had the potential to put residents eating facility prepared meals at risk for foodborne illnesses.</p> <p>Findings:</p> <p>During an observation on 9/23/24 at 1:45 PM in the kitchen, clean dishes were observed coming out of the dishwasher and placed directly on trays, top side down. No air could circulate within the cups to allow them to air dry completely.</p> <p>During an interview on 9/23/24 at 1:45 PM with the Registered Dietician (RD) in the kitchen, the RD identified liquid on drying trays as water. The RD stated water should not be on the tray where dishes were placed to dry. The RD identified moisture build-up inside the plastic cups. The RD stated the problem it created was an environment for pathogen growth. The RD stated this could make residents sick.</p> <p>During an interview on 9/23/24 at 1:47 PM with the Director of Nursing (DON) in the kitchen, the DON stated there was moisture visible inside plastic cups placed upside down on the tray used for dry dishes. The DON stated this created an environment for bacteria growth and this could make residents sick. The DON further stated the drying process can ' t be rushed.</p>		