

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  04/24/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>50977</p> <p>Based on interview, and record review, the facility failed to report a change of condition (COC - a change in the resident's normal, physical, mental, or behavioral state) to the responsible party (RP, a person has the authority to make decisions for another person) for one of three sampled residents (Resident 1), when Resident 1's change in behavior was not reported to Resident 1's RP.</p> <p>This failure resulted in Resident 1's family being uninformed that Resident 1 had gotten into an altercation with another resident.</p> <p>Findings:</p> <p>Review of Resident 1's clinical record titled, ADMISSION RECORD (a document that contained Resident 1's demographic information), indicated Resident 1 was admitted to the facility with diagnosis that included, but not limited to depression.</p> <p>Review of Resident 1's clinical record titled, eINTERACT Change in Condition Evaluation, dated 4/12/25, by the Licensed Nurse (LN 1), indicated Resident 1 had been physically aggressive towards another resident. The eINTERACT Change in Condition Evaluation further indicated, Son [of Resident 1] . made aware.</p> <p>During an interview on 4/24/25, at 3:00 p.m., with LN 1, LN 1 stated although she had documented that she had notified Resident 1's RP of Resident 1's COC, LN 1 had gotten busy and had forgotten to notify Resident 1's RP. LN 1 stated it was important to notify Resident 1's RP so the RP would be informed and aware of Resident 1's current health and/or behavioral changes.</p> <p>During an interview and record review on 5/7/25, at 3:30 p.m., with the Administrator (ADM), the facility's policy and procedure (P&amp;P) titled, Change in Condition, dated 2016, was reviewed. The P&amp;P indicated, . Basic Responsibility Licensed Nurse .To appropriately assess, document and communicate changes of condition . Notify the responsible party . The ADM stated it was important to update Resident 1's RP of the changes that had taken place regarding Resident 1's plan of care.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 5/7/25, at 3:58 p.m., with the Assistant Director of Nursing (ADON), the facility's P&amp;P titled, Change in Condition, dated 2016 was reviewed for a second time. The P&amp;P indicated, .Basic Responsibility Licensed Nurse .To appropriately assess, document and communicate changes of condition . Notify the responsible party .assessment findings .Notify the Resident and/or responsible party of current status and subsequent actions/orders . The ADON stated the Licensed Nurses should have immediately made Resident 1's RP aware of the changes in Resident 1's behavior.</p>