

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055304	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER BROOKSIDE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1221 ROSEMARIE LANE , STOCKTON, California, 95207	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health, Life Safety Code Unit, during an abbreviated survey to investigate a complaint. Complaint Number: CA002684497. The inspection was limited to the complaint investigated and does not represent the findings of a full inspection of the facility. Two Life Safety Code deficiencies were written as a result of complaint CA002684497.	K0000		
K0522 SS = F	HVAC - Any Heating Device CFR(s): NFPA 101 HVAC - Any Heating Device Any heating device, other than a central heating plant, is designed and installed so combustible materials cannot be ignited by device, and has a safety feature to stop fuel and shut down equipment if there is excessive temperature or ignition failure. If fuel fired, the device also: * is chimney or vent connected. * takes air for combustion from outside. * provides for a combustion system separate from occupied area atmosphere. 19.5.2.2 This STANDARD is NOT MET as evidenced by: Based on observation and interview, the facility failed to maintain the boiler heating system. This was evidenced by an inoperable boiler system. This affected 95 of 95 residents and five of five smoke compartments and could result in the inability to maintain the temperature at the facility. Findings: During an onsite investigation tour and interview with the Administrator on 12/4/25, the boiler heating system was observed. At 10:15 a.m., the boiler heating system located in the mechanical room on the	K0522	1/5/26: POC approved by Cynthia Luc, SSM-I	

RECEIVED
By Rocio Casper at 7:06 am, Dec 23, 2025

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 reverse for further 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 **Administrator** (X6) DATE **12/12/25**

K0522: HVAC – Any Heating Device: The facility will maintain the boiler heating system.

When the boiler system failure was identified on 12/1/25, the facility immediately implemented the following corrective actions:

- Contacted the HVAC/boiler service vendor to assess and restore system operation.
- Monitored temperatures.
- Offered residents extra blankets.
- Instructed direct care staff to encourage residents to dress in layers.
- Informed staff to keep windows, doors, and curtains closed.
- Offered residents warm beverages.

All residents have the potential to be affected by the boiler heating system being inoperable. A Maintenance Director performed a facility-wide environmental assessment to verify temperatures. Direct care staff conducted resident condition checks (vital signs, comfort assessments, monitoring for cold stress). Temperature logs were kept and reviewed across all units for the duration of the incident. No residents were identified as adversely affected.

From 12/2/25-12/8/25, multiple heating and air system vendors completed a boiler system inspection, provided recommendations, and attempted to restore the boiler to full working condition without success. On 12/9/25 it was determined the boiler could not be repaired and needed to be replaced. A rental boiler was ordered 12/9/25 and arrived on 12/15/25 to be installed. On 12/15/25, the rental boiler was installed with safety checks completed and working to heat the building.

On 12/19/25, the Boiler Preventive Maintenance Schedule was reviewed and updated to require weekly parameter checks (pressure, temperature, ignition) and monthly safety shutoff testing, in addition to the quarterly professional inspection. Competency verification was completed for the Maintenance Director by the sister facility Maintenance Director on 12/22/25.

The facility will monitor the plan of correction in the QAPI meeting. The weekly parameter checks and monthly safety shutoff testing will be completed and logged by the Maintenance Director and reported weekly and monthly to the Administrator. Quarterly vendor inspection reports will be reviewed by the Maintenance Director and reported to the Administrator. These findings will be reported in the QAPI meeting for trending, analysis, and any further recommendations. Any audit discrepancies will trigger immediate corrective action, retraining, and evaluation. If no negative trends are identified after six months, the item will be removed from the QAPI agenda.

All corrective actions will be fully implemented by 1/4/2026.

K0700: HVAC – Operating Features: The facility will maintain safe and comfortable temperature levels in resident rooms.

When uncomfortable temperature levels in resident rooms were identified on 12/1/25, the facility immediately implemented the following corrective actions:

- Contacted the HVAC/boiler service vendor to assess and restore system operation.
- Monitored temperatures.
- Offered residents extra blankets.
- Instructed direct care staff to encourage residents to dress in layers.
- Informed staff to keep windows, doors, and curtains closed.
- Offered residents warm beverages.

All residents have the potential to be affected by failure to maintain safe and comfortable temperature levels in resident rooms. A Maintenance Director performed a facility-wide environmental assessment to verify temperatures. Direct care staff conducted resident condition checks (vital signs, comfort assessments, monitoring for cold stress). Temperature logs were kept and reviewed across all units for the duration of the incident. No residents were identified as adversely affected.

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All corrective actions will be fully implemented by 1/4/2026.

HVAC – Operating Features: The facility will follow the Emergency Operations Plan for notification to state survey agency of nursing home situation.

Immediately upon discovering the failure to report the unusual occurrence, the facility discussed the incident in question with the CDPH surveyor who was conducting an abbreviated survey. An internal review of the incident was completed to determine root causes. The Administrator was interviewed and re-educated on reporting requirements.

To ensure no similar oversight occurred, the previous 30 days of incident logs, nursing notes, and daily shift reports were audited by the Administrator on 12/19/25. Any event fitting CDPH's definition of an unusual occurrence was reviewed to verify it had been properly reported. No additional unreported unusual occurrences were identified.

On 12/16/25, the Administrator received education from the Regional Operations Director on Title 22 §72541 reporting requirements, definitions of unusual occurrences, and required timelines and reporting processes. A CDPH Reporting Log was implemented to track all facility reported incidents from initial notice through CDPH submission.

To ensure sustained correction, the Administrator will perform a weekly audit of all incidents for 12 weeks. After 12 weeks, audits will continue monthly for an additional 6 months. Findings will be reported at the Quality Assurance Performance Improvement (QAPI) meeting each month. Any identified gaps will result in immediate retraining and corrective action.

All corrective actions will be fully implemented by 1/4/2026.

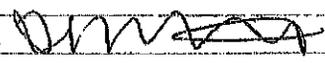
INSERVICE; SIGN IN SHEET

FACILITY: Brookside Care Center	CONDUCTED or PRESENTED BY: TERESA MENDOZA	DATE: 12/16/25	Start Time: 1130 End Time: 1200
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MEETING NOTES

METHOD OF PRESENTATION: Lecture, discussion with opportunity to ask questions and give feedback, hand out, and oral quiz.

SUBJECTS COVERED: Activation of Emergency Operations Plan & Unusual Occurrence reporting.

PRINT NAME	Title	Shift	SIGNATURE
Susan Martins	Administrator	AM	

Unusual Occurrence Reporting

Policy Statement

As required by federal or state regulations, our facility reports unusual occurrences or other reportable events which affect the health, safety, or welfare of our residents, employees or visitors.

Policy Interpretation and Implementation

1. Our facility will report the following events to appropriate agencies:
 - a. Earthquakes, floods, gas explosions, severe fires, power outages or other calamities that damage the facility or threaten the welfare, safety or health of residents, employees or visitors;
 - b. An outbreak of any communicable disease;
 - c. Poisonings;
 - d. Death of a resident, employee or visitor because of unnatural causes (e.g., suicide, homicide, accidents, etc.);
 - e. Actual or threatened employee walkouts/strikes, or other curtailment of services, or interruption of essential services (e.g., heating, air conditioning, food, water, linens, sewage or needed medical supplies) provided by the facility;
 - f. Inoperable emergency systems, equipment or resident call systems, which if not corrected could readily become life-threatening;
 - g. Allegations of abuse, neglect and misappropriation of resident property; and
 - h. Other occurrences that interfere with facility operations and affect the welfare, safety, or health of residents, employees or visitors.
2. Unusual occurrences shall be reported via telephone to appropriate agencies as required by current law and/or regulations within twenty-four (24) hours of such incident or as otherwise required by federal and state regulations.
3. A written report detailing the incident and actions taken by the facility after the event shall be sent or delivered to the state agency (and other appropriate agencies as required by law) within forty-eight (48) hours of reporting the event or as required by federal and state regulations.
4. The administration will keep a copy of written reports on file.

References	
OBRA Regulatory Reference Number	483.12; 483.25(d); 483.70(b)
Survey Tag Numbers	F600; F602; F604; F606; F607; F689; F836
Other References	
Related Documents	
Version	1.1 (H5MAPL0913)

4.6. EXTREME WEATHER - HEAT OR COLD

It is the policy of this facility to protect our residents, staff and others who may be in our facility from harm during emergency events. To accomplish this, we have developed procedures for specific hazards which build on the cross-cutting strategies in our continuity of operations plan. The priority of this facility is to minimize the stress our residents could experience from extreme temperatures related to weather events. To mitigate this risk, we rigorously maintain our systems of heating, ventilation and air conditioning and generator. (See Subsistence Needs – Alternative Sources of Energy P&Ps). In the event of a disruption to these systems during extreme weather we will initiate the following actions:

INITIAL RESPONSE: See Rapid Response Guides: Extreme Weather – Cold/Heat, Power Outage, and Evacuation P&Ps.

IMMEDIATE RESPONSE:

Incident Commander and Planning Chief:

- Monitor and obtain updates on weather conditions, structural integrity, and nursing home conditions. Assign staff to regularly check internal temperatures in resident areas.
- Contact utility company for restoration of power and/or vendors for needed equipment such as heaters or coolers.
- Monitor the situation in coordination with local response authorities. If indicated by conditions, initiate the Evacuation P&P, either partial to ensure safety of impacted residents, or full if situation is severe and anticipated to be prolonged.
- Communicate with local emergency management and state survey agency regarding nursing home situation status, critical issues, and resource requests.
- Inform staff, residents, and families/representatives of the situation and provide updates as needed.
- If indicated, assign staff to secure the nursing home and implement limited visitation policy.

Operations Chief:

- Assess residents frequently for comfort and any change of condition.
- Identify residents whose fragile condition may require transfer and inform IC.
- Ensure continuation of resident care and essential services.
- Distribute appropriate comfort equipment throughout the nursing home (e.g., portable fans and blankets), as needed.
- Provide increase hydration and implement cooling or warming measures as indicated.
- If unable to maintain safe temperatures in all resident areas, gather residents into the Main dining room, and/or Rehab gym where temperatures are able to be maintained within an acceptable range.

Logistics Chief:

- Support Operations with equipment and supplies as needed.
- If Instructed by IC, obtain additional equipment such as portable coolers for use during emergency.

Finance/Admin Chief:

- Monitor all costs, including claims and insurance reports, lost revenue, and expanded services, and provide report to Command Staff.

RECOVERY:

- Complete all repairs and restoration activities.
- Notify residents, families/representative, local response authorities and the State Survey agency of the return to normal operations.
- Continue to assess residents for adverse impacts from the incident.
- Document all costs, including claims and insurance reports, lost revenue, and expanded services, and provide report to Command Staff.
- Work with insurance, funding agencies, local, state, and federal emergency management to begin reimbursement procedures for resident billing and cost expenditures related to the event.
- Assess any damage to facility infrastructure, including:
 - Status of all utilities
 - Ability to sustain operations with current impact on infrastructure and utilities
 - Activate utility contingency plans
 - Activate arrangements as needed for generator and fuel support

Breg Ervine 12/22/25

(Jacob) (Breg)
Educated / Return DEMO

Steps:

Check for leaks

- 1. Inspect unit for any indication of leaking water GE-JK
- 2. Check outside casing for leaks GE-JK

Check fuel level if fueled by oil or propane N/A

- 1. Ensure that there is an adequate level of fuel
- 2. Refuel if necessary
- 3. Confirm that fuel train is operating normally

Flush to remove sediment buildup

- 1. Do NOT shut off water to heater GE-JK
- 2. Hook hose to the drain faucet at the bottom of the water heater or route water to a floor drain GE-JK
- 3. Open drain valve and flush until water is clean and free of sediment GE-JK
- 4. **Be careful, the water is hot and can cause burns** GE-JK
- 5. Close valve and check for leaks GE-JK

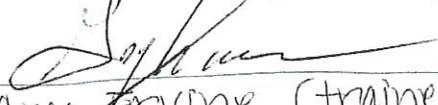
Test pressure relief valve

- 1. Do NOT shut off water to heater GE-JK
- 2. Locate overflow pipe and relief valve lever GE-JK
- 3. Ensure overflow pipe is located near a floor drain or use a hose to divert the water outside GE-JK
- 4. Activate the relief valve GE-
- 5. **Be careful, the water is hot and can cause burns** GE-JK
- 6. Allow the drain to flow for 15 seconds GE-
- 7. Reset the lever, confirm it is well seated with no leaks GE-JK
- 8. If the unit leaks, reset again until it reseats with no leaks GE-JK

Miscellaneous checks

- 1. Make sure the thermostat is working properly GE-JK
- 2. Check that the circulation pump is operational GE-JK
- 3. Make sure the mixing valves are operational and clean GE-JK
- 4. Unit is properly vented (draft motor operational and correctly adjusted) GE-JK
- 5. Test Carbon Monoxide Detector (If Applicable) N/A
- 6. High/Low combustion air provided per code GE-JK
- 7. Area around boiler is clean GE-JK
- 8. Check equipment room for overall cleanliness GE-JK
- 9. Lubricate motor bearings GE-JK

sign/date :  12-22-25
 Jacob Kahn (trainer)

sign/date :  12-22-25
 Breg Ervine (trainee)

