

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055304	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/19/2020
NAME OF PROVIDER OF SUPPLIER DYCOR TRANSITIONAL HEALTH - QUAIL LAKE		STREET ADDRESS, CITY, STATE, ZIP 1221 ROSEMARIE LANE STOCKTON, CA 95207	
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 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review and policy review, the facility failed to implement a care plan for one of three sampled residents (Resident A) when Resident A was an elopement risk. This failure resulted in Resident A not being monitored and had the potential for elopement. Findings: Resident A was admitted to the facility with [DIAGNOSES REDACTED]. to think, feel, and behave clearly). Resident A's clinical record contained a form titled,Risk for Elopement dated 1/6/20, which indicated Resident A's score was 12. At the bottom of the form indicated 10 or greater = (equals) elopement risk. Resident A's clinical record contained a care plan initiated on 1/25/20, which indicated, Resident was found outside of the facility at the corner of Pershing and Rose Marie lane. Under the section, Interventions was Will remain on 15 minutes monitoring when in room, initiated on 1/26/20. Review of Resident A's Q (every) 15 Minute Safety Checks sheets revealed the following missing dates: 1/26/20, 1/27/20, 1/29/20, 1/30/20, 1/31/20, and 2/5/20. During an interview with the Director of Nursing (DON) on 2/7/20, at 11:51 a.m., she confirmed the facility was unable to produce documentation that Resident A was monitored every 15 minutes, as care planned, on the above dates. Review of the facility's policy Care Planning Process, dated 12/11/17 indicated, The care plan will be person centered and incorporate the patient/resident's goals of care and treatment.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.