

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 04/22/2020
NAME OF PROVIDER OF SUPPLIER DYCORA 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 0842 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and facility policy and procedure review, the facility failed to maintain complete medical records for 3 of 3 sampled residents, (Resident 1, Resident 2, and Resident 3), when the clinical record did not contain the documented results of the physician's visits. These failures resulted in an incomplete portrayal of resident status, and potentially resulted in insufficient information for the staff to review who cared for Resident 1, Resident 2, and Resident 3. Findings: 1. Resident 1 was admitted to the facility at the end of 2017 with [DIAGNOSES REDACTED]. A review of Resident 1's Electronic Health Record (EHR) showed a physician progress notes [REDACTED]. 1a. Resident 2 was admitted to the facility in the middle of 2019 with [DIAGNOSES REDACTED]. A review of Resident 2's, paper clinical record physician progress notes [REDACTED]. Review of Resident 2's EHR showed the most current Physician's progress note was dated 10/30/19. 1b. Resident 3 was admitted to the facility in the middle of 2018 with [DIAGNOSES REDACTED]. A review of Resident 3's, paper clinical record revealed the most recent physician progress notes [REDACTED]. A review of Resident 3's EHR showed the most recent physician progress notes [REDACTED]. During a concurrent interview and record review on [DATE]7/20 at 2:37 p.m., with the Assistant Director of Nurses (ADON), she indicated the physician did not chart timely in the chart, and indicated that he was supposed to. During an interview with the Director of Nurses (DON), on [DATE]7/20 at 2:40 p.m., the DON indicated current, physician progress notes [REDACTED]. The DON further stated that the physician conducted the visits, but the documented results of the visits should have been in the chart, and they weren't. During an interview and concurrent record review on [DATE]7/20 at 3:40 p.m., with Licensed Nurse (LN) 2, LN 2 confirmed the, physician progress notes [REDACTED]. During an interview and concurrent record review on [DATE]7/20, at 3:45 p.m., with the Medical Records Director (MRD), she indicated these were the most recent, physician progress notes [REDACTED]. A review of the facility policy titled, CA-Physician Visit Schedule, undated, indicated, The resident must be seen by a physician at least once every 30 days for the first 90 days after admission. Thereafter, the resident may be seen every 60 days if medically stable.		
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.