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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055401 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/02/2024 |
| NAME OF PROVIDER OR SUPPLIER Meadowbrook Post Acute | | STREET ADDRESS, CITY, STATE, ZIP CODE 461 E. Johnston Avenue Hemet, CA 92543 | |

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) |
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| <p>F 0571</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Limit the charges against residents' personal funds for items or services for which payment is made under Medicare or Medicaid.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39920</p> <p>Based on observation, interview and record review, the facility failed to ensure residents were free of imposed charges for services required for residents to achieve their goals and needs safely, when the facility developed and implemented a policy to charge residents, and/or their families when facility staff accompanied the resident to an appointment outside of the facility.</p> <p>This failure had the potential for residents to be charged for covered services and for residents of the facility to avoid necessary appointments.</p> <p>Findings:</p> <p>On March 7, 2024, at 9 a.m., an unannounced visit to the facility was conducted to investigate a complaint related to residents' rights.</p> <p>On March 7, 2024, at 10:09 a.m., a concurrent observation and interview was conducted with Resident 1. Resident 1 was in her room, in her bed, and was alert and oriented. Resident 1 stated the facility informed her they will start charging her \$25 if she requests a facility staff member to accompany her at outside appointments. Resident 1 stated sometimes she needs help at outside appointments, and she felt like avoiding outside appointments because of the \$25 charge.</p> <p>Resident 1's record was reviewed. Resident 1 was admitted to the facility on [DATE], with diagnoses which included osteoarthritis of hip (breakdown of cartilage, leading to pain and inflammation), spondylosis (osteoarthritis of the spine), mood disorder, and anxiety.</p> <p>The Physician's orders, dated September 6, 2023, indicated Resident 1 .May Have Ophthalmology Consult per resident request . , and the order dated November 9, 2023, indicated Resident 1 May have Podiatry consult and follow up treatment as needed .</p> <p>Resident 1's care plan, initiated on July 22, 2022, indicated, .The resident is at risk for falls r/t (related to) decreased mobility, chronic hip pain, DM (Diabetes Mellitus), Depression. Patient is pending for Bilateral (both sides) Hip Surgery .Staff will assist with transfers to minimize risk of falls .2 person transfer assist . Anticipate and meet The resident's needs .</p> <p>Resident 1's MDS (Minimum Data Set - an assessment tool), dated January 24, 2024, indicated Resident 1 needed wheelchair for mobility and needed substantial/maximal assistance with transfers.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0571</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On March 7, 2024, at 10:52 a.m., the Director of Nursing was interviewed. The DON stated the facility gave notice to all residents that starting February 1, 2024, a \$25 charge will be implemented if the residents require facility staff to accompany residents to appointments outside of the facility.</p> <p>On March 7, 2024, at 1:58 p.m., the Administrator was interviewed. The Administrator stated the facility gave notice to all residents that starting February 1, 2024, a \$25 charge will apply if the residents require facility staff assistance to appointments outside of the facility.</p> <p>The facility's notice letter titled, .Changes to Accompanying Residents to Appointments ., dated January 22, 2024, was reviewed. The letter indicated, .Effective February 1, 2024 a \$25 charge will be implemented if staff assistance is required to accompany residents to appointments beyond our premises. Required is defined as resident is deemed unsafe to attend appointment alone, resident or family requests an escort or location of appointment requests that resident be accompanied .</p> <p>The facility's policy titled, Escort Service for Resident Appointments, dated February 1, 2024, was reviewed. The policy indicated, .A \$25 escort service fee will be applied when staff assistance is required to accompany a resident to appointments outside the facility .The escort service fee will be billed to the resident's account .</p> | | |