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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION           | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055401 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY COMPLETED<br><br>07/17/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Meadowbrook Post Acute |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>461 E. Johnston Avenue<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
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| <p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p> | <p>Post nurse staffing information every day.</p> <p>Based on observation, interview and record review, the facility failed to ensure the posted nurse staffing data was complete when the actual hours were not calculated and posted on a daily basis. This failure resulted in complete staffing information not being readily available to residents and the public. Findings: On July 17, 2025, at 8:35 a.m., an unannounced visit was made to the facility to investigate a complaint. On July 17, 2025, a review of the facility documents titled, Census and Direct Care Services Hours Per Patient Day (DHPPD) dated, July 7 thru July 16, 2025, indicated projected (Estimated) hours were documented. The lower portion of the document indicated, Actual Direct Care Service Hours and DHPPD. This section must be completed at the end of each 24-hour patient day. The sections for the actual direct care service hours, average patient census, actual DHPPD, actual total CNA (Certified Nursing Assistant) direct care service hours and actual CNA DHPPD were blank. On July 17, 2025, at 1:44 p.m., an interview was conducted with the Director of Staff Development (DSD), who stated, he is responsible for calculating and posting the DHPPD hours daily. The DSD stated, he does not calculate and document the Actual DHPPD hours, until the day after payday, because he does not have access to payroll hours, until then. The DSD stated paydays are on the 10th &amp; 25th of the month. A review of the facilities DHPPD hours, observed posted on the wall at the North side Nurses Station, dated, July 17, 2025, untimed, indicated, a projection of the scheduled DHPPD hours met the minimum required hours. Further review indicated, no Actual hours were documented. On July 17, 2025, at 4:17 p.m., a concurrent interview with the DSD, and record review of the DHPPD posted hours, dated July 17, 2025, was conducted. The DSD verified, Actual hours were not calculated or documented, stating, he does not post the Actual hours from current or prior day, as he does not have access to payroll hours, until the day after paydays.</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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