

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 03/30/2026
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)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to ensure safe and sanitary food preparation practices were followed in accordance with professional standards of practice when the kitchen's double preparation (prep) sink was observed unsanitary with multiple dried food particles in both sinks and underneath the first prep sink was a red bucket filled with yellowish gray fluid. These failures had the potential to cause food-borne illnesses (stomach illness resulting from ingestion of contaminated food) in a medically vulnerable population for 53 out of 54 residents who received food prepared in the kitchen. Findings: 1. On March 27, 2026, at 1:14 p.m., an initial tour of the kitchen was conducted with the Dietary Manager (DM). The kitchen's double prep sink was observed with a long cookie sheet covering both sinks with two signs one above each sink that indicated DO NOT USE UNDER REPAIR with multiple dried food particles in both sinks. Under the first prep sink was a red bucket filled with a yellowish gray fluid, and in the corner on the floor at the end of the double prep sinks was one wet yellow blanket. The DM stated the kitchen has had a drainage issue with the prep sinks since March 18, 2026. The DM stated the maintenance supervisor was notified and attempted to repair the sinks without success. The DM stated a plumber came out on March 19, 2026, and stated the drainage pipe under the double prep sink which leads out of the facility was collapsed underneath the courtyard cement. The DM stated a second plumber came out on March 20, 2026, and stated the same as the first plumber that there was a collapsed pipe underneath the courtyard cement. The DM stated the kitchen staff were using bus tubs (plastic tubs) to clean the facility fruits and vegetables. At 1:36 p.m., an interview was conducted with the Administrator (ADM). The ADM stated the kitchen's double prep sinks became non-operatable on March 18, 2026. The ADM stated the maintenance supervisor attempted to repair the double prep sinks without success. The ADM stated a plumber conducted an estimate on March 18, 2026, and another plumber conducted a second estimate on March 20, 2026. Both plumbers stated the facility had a collapsed pipe. A concurrent observation of the kitchen's double prep sinks was conducted with the ADM, DM, Cook, and Director of Nursing (DON). The ADM stated the kitchen's double prep sinks were dirty, underneath the first prep sink was a red bucket filled with yellow grey water, and at the end of the double prep sinks in the corner of the floor was a wet yellow blanket. At 2:05 p.m., a concurrent observation and interview was conducted with the Cook. The [NAME] stated the kitchen's double prep sinks had been non-operatable, dirty with old, dried food, underneath the first prep sink was a red bucket filled with yellow grey water, and at the end of the double prep sinks in the corner of the floor was a wet yellow blanket since March 18, 2026. The [NAME] stated the kitchen's double prep sinks should not have dried food particles and the first prep sink should not have underneath it a red bucket filled with yellow grey liquid. The cook stated the kitchen should be in a sanitary condition at all times and it was not currently in a sanitary condition. At 2:18 p.m., an interview was conducted with the DON. The DON stated there had not been any residents complaining of signs and symptoms of food-borne illnesses (nausea, vomiting, and diarrhea). The DON stated there had not been any residents transferred from the facility to an acute care hospital of signs and symptoms of food-borne illness. A review of the facility policy and procedure titled, Sanitization, dated 2001, indicated .all kitchens, kitchen areas and dining areas are kept clean, free from garbage and debris.</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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