

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056137	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Meadows Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  14857 Roscoe Boulevard Panorama City, CA 91402	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42275</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident's call light (device used by residents that when pressed informs facility staff that assistance is being requested) was within reach for one of seven sampled residents (Resident 2). On 5/23/2024, observed Resident 2's call light hanging behind Resident 2's headboard frame. Resident 2's call light was out of Resident 2's reach.</p> <p>This deficient practice had the potential to result in a delay with resident care, and residents not receiving assistance with activities of daily living (ADL- fundamental skills required to independently care for oneself, such as eating, dressing, getting into or out of a bed or chair, taking a bath or shower, and using the toilet).</p> <p>Findings:</p> <p>A review of Resident 2's Admission Record indicated the facility originally admitted the resident on 10/15/2022 and readmitted on [DATE] with diagnoses including cerebral infarction (also known as a stroke, refers to damage to tissues in the brain due to a loss of oxygen to the area).</p> <p>A review of Resident 2's Minimum Data Set (MDS -a standardized assessment and care screening tool) dated 3/23/2024, indicated, the resident was able to understand others, and was able to make self-understood. The MDS further indicated that Resident 2 required maximum assistance from staff with oral hygiene, toileting hygiene, shower, personal hygiene, and chair/bed-to-chair transfer.</p> <p>A review of Resident 2's Care Plan (untitled) with an initiated date of 9/12/2023 indicated Resident 2 has an ADL self-care performance deficit. The goal was for Resident 2 to maintain current level of function. The interventions included to encourage the resident to use the call light to call for assistance.</p> <p>During a concurrent observation and interview with Resident 2, inside Resident 2's room, on 5/23/2024 at 9:05 a.m., Resident 2 was lying in the bed and observed that Resident 2 was not able to reach the call light. Resident 2 was looking for the call light and stated he was unable to find it. Resident 2 further stated he could not call staff for help.</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview with Certified Nursing Assistant 1 (CNA 1), inside Resident 2's room, on 5/23/2024 at 9:12 a.m., CNA 1 stated that Resident 2's call light cord was hanging to the wall and stuck behind Resident 2's headboard frame. CNA 1 further stated Resident 2 was not able to use the call light if Resident 2 needed help at that time. CNA 1 stated that she did not check Resident 2's call light placement since she started her shift (at 7:00 a.m.) in the morning. CNA 1 stated residents' call lights should be always within reach to assist the residents when in need, especially during an emergency.</p> <p>During an interview with the Director of Nursing (DON) on 5/23/2024 at 12:29 p.m., the DON stated that the call lights should be placed within reach to provide the residents' need and assistance promptly.</p> <p>A review of the facility's policy and procedure titled, Call System, Residents, last reviewed on 2/1/2024, indicated, Residents are provided with a means to call staff for assistance through a communication system that directly calls a staff member or a centralized workstation Each resident is provided with a means to call staff directly for assistance from his/her bed, from toileting/bathing facilities and from the floor The resident call system remains functional at all times .</p>		