

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 08/13/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>42275</p> <p>Based on observation, interview, and record review, the facility failed to implement infection control practices by failing to ensure one of nine sampled staff (Licensed Vocational Nurse 1 [LVN 1]) wore an isolation gown (protective apparel, used to protect the wearer from the spread of infection or illness if the wearer comes in contact with potentially infectious liquid and solid material) and a face shield (a protective covering for all or part of the face that is commonly made of clear plastic and is worn especially to reduce the spread of transmissible disease) before entering Resident 2's room which was placed on novel respiratory precautions (NRP - precautions should be used for residents known or suspected to be infected with {Coronavirus Disease 2019 [COVID-19 - a highly contagious respiratory illness in humans capable of producing severe symptoms]}).</p> <p>These deficient practices had the potential to result in the spread of infection placing residents, staff, and visitors at risk to be infected with COVID-19.</p> <p>Findings:</p> <p>During a review of Resident 2's Admission Record, indicated the facility admitted Resident 2 on 5/9/2024 with diagnoses that included hemiplegia (a medical condition that causes a person to lose strength or experience paralysis [loss of muscle function] on one side of their body) and hemiparesis (weakness or the inability to move on one side of the body) following cerebral infarction (a type of stroke that occurs when blood flow to the brain is blocked, causing brain tissue to die) affecting left dominant (powerful) side and atrial fibrillation (an irregular and often very rapid heart rhythm).</p> <p>During a review of Resident 2's Minimum Data Set (MDS - a standardized resident assessment and care screening tool) dated 5/16/2024, indicated Resident 2's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was moderately impaired. The MDS further indicated that Resident 2 required moderate assistance with eating, oral hygiene, toileting hygiene, shower/bathing, personal hygiene, and bed mobility (movement).</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 2's Physician's Order dated 8/9/2024, indicated, to place Resident 2 on contact isolation (an infection prevention method that involves healthcare staff and visitors following precautions to prevent the spread of germs from residents to others; used for residents who have germs that can spread through touching the resident or objects in their room) and droplet isolation (a set of steps that healthcare staff and visitors take to prevent the spread of germs from residents who have infections that can be spread through coughing, sneezing, or talking) every shift for ten days.</p> <p>During a review of Resident 2's Care Plan (untitled) initiated date 8/9/2024, indicated that Resident 2 had episodes of respiratory or flu (an infection of the nose, throat, and lungs, which are part of the respiratory system) like symptoms of non-productive cough (dry cough). The intervention included was to place Resident 2 under contact and droplet precautions for seven (7) to ten (10) days.</p> <p>During a concurrent observation and interview on 8/12/2024, at 6:00 a.m., observed an NRP signage posted outside of Resident 2's room, indicated to wear a gown, an N-95 (a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles) and face shield or goggles on room entry (prior to entering the room). Observed Licensed Vocational Nurse 1 (LVN 1) enter Resident 2's room after preparing Resident 2's medication, wearing only an N-95 and gloves. LVN 1 entered Resident 2's room without wearing an isolation gown or a face shield. Observed LVN 1 assisted Resident 2 to sit up and take medication. When LVN 1 exited Resident 2's room, LVN 1 was asked if LVN 1 was aware of the NRP sign posted before entering Resident 2's room. LVN 1 confirmed the finding and stated that she should have worn an isolation gown and a face shield prior to entering Resident 2's room.</p> <p>During an interview on 8/12/2024 at 8:35 a.m. with the Director of Nursing (DON), the DON stated that staff should follow the NRP signage posted at the door before entering the resident rooms. The DON stated that the NRP signage is a way of communicating to the staff and visitors what type of isolation precautions should be observed and followed while providing care and services to the residents. The DON stated LVN 1 should have worn an isolation gown and a face shield along with an N95 and gloves before entering Resident 2's room.</p> <p>During a review of the facility policy and procedure (P&P) titled Infection Prevention Quality Control Plan last reviewed on 2/1/2024, indicated To provide guidelines for general infection control while caring for residents Transmission-based Precaution will be used to whenever measures more stringent than Standard Precautions are needed to prevent spread of infection Wear personal protective equipment (PPE - protective items worn to protect the body or clothing from hazards that can cause injury and to protect residents from cross-transmission [the transfer of germs from one area to another]) as necessary to prevent exposure to spills or splashes of blood or body fluids or other potentially infectious materials.</p>		