

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A269	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/24/2025
NAME OF PROVIDER OR SUPPLIER Meadowbrook Behavioral Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3951 East Blvd. Los Angeles, CA 90066	

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 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46843</p> <p>Based on observation, interview and record review, the facility failed to ensure resident's right to examine the results of the most recent survey (an annual inspection of the facility by State or Federal surveyors) and any plan of correction in effect with respect to the facility by not posting the information in a readily accessible place for four of four sampled residents (Residents 68, 22, 74, and 29).</p> <p>This failure resulted in the denial of the resident's rights to information regarding there care while in the facility.</p> <p>Findings:</p> <p>During record review, the admission record indicated Resident 68 was admitted on [DATE], with diagnoses that included, diabetes mellitus (DM-a disease characterized by elevated levels of blood sugar), Schizophrenia (a mental illness that causes people to lose touch with reality), hyperlipidemia (an abnormally high concentration of fats or lipids in the blood).</p> <p>During record review, the Minimum Data Set (MDS - a resident assessment tool) dated 11/20/24, indicated Resident 68's cognition (a person's mental ability to think, learn, remember, use judgement, and make decisions) was intact. The MDS indicated Resident 68 could perform all activities of daily function (ADL- getting out of bed to walk, eating, toilet use and personal hygiene) without assistance.</p> <p>During an interview on 1/22/25 at 10:44 am, Resident 68 stated she was interested in reading/reviewing the results of last year's (20240 recertification survey, however, she did not know where the survey report is located.</p> <p>During record review, the admission record indicated Resident 22 was admitted to the facility on [DATE], with the diagnoses of, but not limited to, hypertension (high or raised blood pressure), DM, and Schizophrenia.</p> <p>During record review, the MDS dated [DATE], indicated Resident 22's cognition was intact. The MDS indicated Resident 22 could perform all ADL (getting out of bed to walk, eating, toilet use and personal hygiene) without assistance.</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 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 1/22/25 on 10:41 am Resident 22 stated she would like to know the results of 2024 survey, it sounds like interesting reading. However, Resident 22 stated she did not know where the survey report is located. Resident 22 asked if the report was online and if so, how does she get to the report so that she could read it for herself.</p> <p>During record review, the admission record indicated Resident 74 was admitted to the facility on [DATE], with the diagnosis of, but not limited to, Schizophrenia and convulsions (uncontrolled, rapid shaking of the body due to uncontrolled muscle movements).</p> <p>During record review the MDS dated [DATE], indicated Resident 68's cognition was intact. The MDS indicated Resident 68 could perform all ADL (getting out of bed to walk, eating, toilet use and personal hygiene) without assistance.</p> <p>During an interview on 1/22/25 at 10:47 am Resident 74 stated she would be interested in reading the results of 2024 recertification survey to find out what problems were listed and if the facility had fixed the problems.</p> <p>During record review, the admission record indicated Resident 29 was admitted to the facility on [DATE], with diagnoses not limited to Schizophrenia, keratosis (a small, rough bump on the skin that could potentially turn into skin cancer if left untreated).</p> <p>During record review, the MDS dated [DATE], indicated Resident 29's cognition was intact. The MDS indicated Resident 68 could perform all ADL (getting out of bed to walk, eating, toilet use and personal hygiene) without assistance.</p> <p>During an interview on 01/22/25 at 10:49 am Resident 29 stated he would be interested in reading the results of 2024 recertification survey.</p> <p>During an interview on 1/22/25 at 10:53 am, the Program Manager (PM) stated she would investigate and find out where the binder containing 2024 survey results was located. The PM stated she has not seen the survey binder in the facility.</p> <p>During observation on 01/22/25 at 11:16 am of the facility bulletin board for posting information including the results of surveys was observed in an area which has the staff restroom, and the staff exit to the front lobby. The staff exit is locked to prevent residents from wandering outside the facility and the residents are not permitted to enter this area. Also, the binder containing the last three years survey results is kept in an area that is secured by yellow and black quarantine tape that cuts off an area just before the exit door.</p> <p>During an interview on 1/22/25 at 11:26 am, the Assistant Administrator (AA) stated the 2024 survey results are in the quarantine area. AA stated this area (where the survey binder is located) is quarantined to prevent residents from wandering near the door and that the residents are not permitted to enter the quarantined area. AA stated the survey binder cannot be identified when standing behind the quarantine tape, because the letters are too small for anyone to read unless they can get up close to the binder itself.</p> <p>(continued on next page)</p>		

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<p>F 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 01/22/25 at 12:52 pm, the Staffing Counselor (SC) 1 stated, the area containing the survey binder results is in the caution area and that the caution area (yellow and black taped area) is to inform/alert the residents not to go past the area with the black and yellow boundary line.</p> <p>During an interview on 1/22/25 at 1:22 pm, the Administrator (ADM) stated the survey results are in a binder in the caution area and that the residents do not have access to this area. The ADM stated that he would post something to let the residents know where the survey binder is located so that the residents can read the survey results.</p> <p>During record review, the facility policy and procedure titled STP203-CA Resident Rights dated effective Date: 11/01/17, indicated, Each resident admitted to a Special Treatment Program will have the rights listed below. A list of resident rights will be prominently posted in English and Spanish. [NAME] a right is denied, the reason given for denying the right must be provided to the resident. Rights may not be denied as a condition of admission, as art of a treatment plan, or for the convenience of staff nor may they be treated as a privilege to be earned. Interventions that restrict personal freedom will be used only when absolutely necessary and under the order of a physician. PURPOSE To assure that resident's personal dignity, well-being, and self-determination is maintained. To assure that residents are knowledgeable of their responsibilities in this regard.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44253</p> <p>Based on interview and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Accurately code the Minimum Data Set (MDS - a resident assessment tool) for the section relating to Antipsychotic Medication (a class of medications that treat mental illness) use for one of four sampled residents (Resident 48). 2. Transmit the quarterly and annual assessments within 14 days after completion for two of four residents sampled (Residents 45 and (52). <p>These deficient practices had the potential to incorrectly reflect Resident 48's plan of care, care, and services received Residents 45, 48, and 52.</p> <p>Findings:</p> <p>a. During record review, the admission record indicated Resident 48 was admitted to the facility on [DATE] with diagnoses of paranoid schizophrenia (a mental illness that is characterized by disturbances in thought), hyperlipidemia (high fat level in a person's blood) and high blood pressure.</p> <p>During record review, the Physician's Orders, dated 8/27/2021, indicated the facility to administer Zyprexa (medication to treat mental illness such as Schizophrenia) to Resident 48 as follows:</p> <ul style="list-style-type: none"> - Zyprexa 10 milligrams (mg - measurement of a unit dose) one time a day related to paranoid schizophrenia - Zyprexa 20 mg by mouth at bedtime related to paranoid schizophrenia every AM (morning) order remains unchanged <p>During record review the Quarterly MDS, dated [DATE], indicated Resident 48's cognition was intact. The MDS indicated the resident had a diagnosis of paranoid schizophrenia. Also, Section N0415 of the MDS indicated the resident was not taking antipsychotic medication.</p> <p>During record review, the Medication Administration Record (MAR) for 12/2024, indicated Resident 48 received Zyprexa, every day in the month of 12/2024.</p> <p>During an interview on 1/23/2025 at 1:33 PM, Registered Nurse Supervisor (RN) 1 stated Resident 48, has been taking the antipsychotic medication, Zyprexa, since 2021.</p> <p>During a concurrent interview and record review on 1/24/2025 at 10:10 AM, Resident 48's MDS, dated [DATE] and physician orders were reviewed with the Director of Nursing (DON). The DON stated the MDS incorrectly indicated Resident 48 did not take an antipsychotic medication. The DON stated the MDS was an overall assessment of the resident. The DON further stated the MDS has to accurately reflect what the care the resident was receiving.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During record review, the Centers for Medicare and Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual Version 3.0, dated October 2024, indicated the person completing the MDS needs to check if any antipsychotic medication was taken by the resident at any time during the 7-day lookback period (or since admission/entry or reentry if less than 7 days) .</p> <p>During record review, the facility policy and procedures (P&P) titled, MDS Completion and Submission Timeframes, dated 7/2017, indicate, the assessment coordinator or designees is responsible for ensuring that resident assessments are submitted to CMS' Internet Quality Improvement Evaluation System (IQIES) in accordance with current federal and state guidelines.</p> <p>During record review, the facility's MDS/RAI Coordinator Job Description, revised 12/2022, indicated, the primary purpose of this position is to conduct and coordinate the development and completion of the resident assessment in accordance with the requirements of the state and the policies and goals of this facility. MDS/RAI Coordinator administrative functions included establishing the assessment reference date (ARD), reason for the assessment, accuracy, timely completion and submission for each assessment.</p> <p>46843</p> <p>b. During record review, the admission record indicated Resident 45 was admitted to the facility on [DATE] with diagnoses including, Schizophrenia (a mental illness that causes people to lose touch with reality), anemia (a blood disorder that occurs when the body doesn't produce enough healthy red blood cells).</p> <p>During record review, the MDS dated [DATE], indicated Resident 45's cognition was intact. The MDS indicated Resident 45 could perform all activities of daily living (ADL- getting out of bed to walk, eating, toilet use and personal hygiene)without assistance.</p> <p>During record review the admission record, indicated the facility admitted Resident 52 on 11/1/2022 with diagnoses including, Schizophrenia.</p> <p>During record review, the MDS dated [DATE], indicated Resident 52's cognition was intact. Resident 52 can perform all activities of daily living (ADL- getting out of bed to walk, eating, toilet use and personal hygiene) without assistance.</p> <p>During a concurrent interview and record review on 1/24/25 at 9:56 am with the Director of Nursing (DON), the MDS for Residents 45 and 52 were reviewed. The DOIN stated Resident 45's quarterly MDS assessment and Resident 52's annual MDS assessment has been completed however, the MDS hds not been transmitted. The DON stated that if the assessments had been successfully transmitted the screen would have shown accepted instead of completed. The DON stated she was not sure what happened, because the MDS nurse oversees completing and submitting the MDS in a timely manner according to policy and regulations. The DON stated, she will be sure to monitor the MDS records going forward to ensure that they are all submitted in a timely manner.</p> <p>During record review, the facility policy and procedures titled, MDS Completion and Submission timeframes dated July 2017, indicated Policy Statement. Our facility will conduct and submit resident assessments in accordance with current federal and state submission timeframes.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Policy Interpretation and Implementation:</p> <ol style="list-style-type: none"> 1. The Assessment Coordinator or designee is responsible for ensuring that resident assessments are submitted to CMS' QIES Assessment Submission and Processing (ASAP) system in accordance with current federal and state guidelines. 2. Timeframes for completion and submission of assessments is based on the current requirements published in the Resident Assessment Instrument Manual. 		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45037</p> <p>Based on interview and record review, the facility failed to develop/create and implement a person-centered comprehensive care plan plan (a resident-specific plan with defined clinical goals and interventions used to manage identified medical issues or other areas of concern) that addressed:</p> <ol style="list-style-type: none"> 1. The psychotropic medication (a medication that affects behavior, mood, thoughts, or perception) medications and or medications and or medical needs and for one of six sampled residents (Resident 14). 2. The medical needs and goals for one of six sampled residents (Resident 16). <p>These deficient practices had the potential to result in increased risks for Residents 14 and 16 to receive suboptimal care from facility staff in these care areas leading to diminished physical, mental, and psychosocial well-being.</p> <p>Findings:</p> <p>A review of Resident 16's Admission record indicated Resident 16 was admitted to the facility on [DATE] with diagnoses that included herpes viral infection (a virus causing contagious sores, most often around the mouth or on the genitals) and immunodeficiency virus (a virus that attacks the body's immune system).</p> <p>A review of Resident 16's History and Physical dated 10/30/2024, indicated Resident 16 could not make own decisions but can make needs known.</p> <p>A review of Resident 16's Minimum Data Set (MDS- a resident assessment tool) dated 12/11/2024, indicated Resident 16 was cognitively intact (mental ability to make decisions of daily living) and did not require assistance with Activities of Daily Living (ADL's- activities related to personal care).</p> <p>During a review of Resident 16's care plan titled Baseline Care Plan dated 3/31/21, indicated the care plan did not have interventions and/or goals for the genital herpes for Resident 16.</p> <p>During an interview on 01/23/25 at 1:25 pm, Registered Nurse Supervisor (RNS) stated a baseline care plan is supposed to be developed and implemented within 48 hours of admitting a resident. RNS stated care plans are used for the wellbeing of the residents and to monitor for any changes are needed. RNS stated care plans also helps to direct the care of the residents.</p> <p>During an interview and concurrent record review on 01/24/25 at 9:48 am, with the Director of Nursing (DON), the care plans for Resident 16 were reviewed. The DON stated that there was no care plan or interventions for the diagnosis of herpes for Resident 16. DON stated initial care plans are developed and implemented within 48 hours of admitting a resident. DON stated if care plans are not developed and implemented within 48 hours, the facility is not in compliance with the facility's policy for care plans. DON stated, it is important to implement baseline care plan for all the residents so that can have an effective plan for their (residents) care.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During record review, the facility policy and procedures (P&P) titled Care Plan-Baseline with an effective date of 8/25/21, indicated:</p> <p>I. Purpose: A baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care shall be developed and implemented for each resident by the interdisciplinary Team (IDT).</p> <p>II. Policy- The baseline care plan is developed within 48 hours of a resident's admission.</p> <p>44253</p> <p>During record review, the admission record indicated an the facility admitted Resident 14 on 10/14/2024 with diagnoses of schizophrenia (a mental illness that is characterized by disturbances in thought), anxiety disorder (a mental health condition with feeling of worry, anxiety, or fear interfering with one's daily activities) and pain.</p> <p>During record review, the Physician Order, dated 12/20/2024 indicated the facility to administer to Buspirone (medication to treat anxiety) two 10 milligrams (mg-unit dose measurement) tablets (for a total of 20 mg) by mouth two times a day for anxiety manifested by racing thoughts related to schizophrenia.</p> <p>During record review, the Psychiatric Progress Notes, dated 12/13/2024, indicated Resident 14 was withdrawn, guarded, anxious and internally preoccupied. The Psychiatric Progress Notes also indicated the resident's cognition was intact and the resident's impulse control, insight and judgment are partially impaired.</p> <p>During record review, the MDS dated [DATE], indicated Resident 14's cognition was intact. The MDS also indicated the resident was diagnosed with an anxiety disorder receiving antipsychotic and antianxiety medication.</p> <p>During record review the Care Plans for Resident 14, indicated there were no individualized person-centered care plans with measurable objectives, monitoring, and a timetable to meet the resident's needs that addressed the resident's use of Buspirone.</p> <p>During a concurrent interview and record review on 1/23/2025 at 1:26 PM, Registered Nurse Supervisor (RN) 1 stated Resident 14 did not have a care plan that addressed the resident's use of Buspirone. RN 1 stated all psychotropic medications should have a care plan. RN 1 also stated the care plan prevents the resident from being injured due to side effects of the medication.</p> <p>During an interview on 1/24/2025 at 10:18 AM, the Director of Nursing (DON) stated psychotropic medications are care planned in order to monitor the side effects of the medications.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During record review, the facility's P&P titled, Care Plan Comprehensive, dated 8/25/2021, indicated, The facility's Interdisciplinary team (comprises professionals from various disciplines who work in collaboration to address a patient with multiple physical and psychological need), in coordination with the resident and or his/her family or representative, must develop and implement a comprehensive person centered care plan for each resident, that includes measurable objectives and timeframes to meet a resident's medical, physical and mental and psychosocial needs that are identified in the comprehensive assessment.</p>

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>45037</p> <p>Based on interview and record review the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure staff are competent on what cleaning agents is effective to clean the facility to prevent the spread on viruses, bacteria, and infections. 2. Staff completed infection control skills competencies. <p>These failure can cause or have the potential to cause a resident to contract an infection.</p> <p>Findings:</p> <p>During an interview on 01/23/25 at 02:36, Housekeeping Supervisor (HS) stated the disinfectant that the housekeepers clean the entire facility does not indicate what if any bacteria, infection, or viruses the disinfectant kills. HS stated if the solution does not kill the bacteria, infection, or virus the residents could get an infection that can spread to another resident and can make the residents very sick. HS stated he has never had an in-service or completed an infection control competency since being employed with the contracted cleaning service or with the facility.</p> <p>During an interview on 01/24/25 at 10:56 am, Director of Staff Development (DSD) stated she does not keep the files for any of the housekeepers due the housekeeping department being contracted employees. DSD stated that the Administrator (ADM) keeps the Housekeeping Supervisor's employee file in the ADM's office, and the contracted company keeps the files for the other housekeepers. DSD stated all of housekeeper's annual competencies are completed online with the contracted company.</p> <p>During a concurrent interview and record review on 01/24/25 at 1:56 pm, HS employee file was reviewed. The ADM there was not infection control in-service, competency, or any other training in the employee file for the HS.</p> <p>During record review, the facility's policy titled In-service Training, All Staff revised on 7/2022, indicated, Policy Interpretated and Implementation:</p> <ol style="list-style-type: none"> 1. All staff are required to participate in regular in-service education. In-service education participation is considered working time for which staff are paid their regular wages. 2. For the purposes of this policy, Staff means all new and existing personnel, individuals providing services under contractual agreement, and volunteers. 6. Required training topics include the following: <ul style="list-style-type: none"> e. The infection prevention and control program standards, policies and procedures.

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>44253</p> <p>Based on observation, interview, and record review, the facility failed to ensure staffing information was posted and placed in a visible and prominent place daily.</p> <p>As a result, the total number of staff and the actual hours worked by the staff was not readily accessible to the residents and guests.</p> <p>Findings:</p> <p>During an observation on 1/22/2025 at 11:03 AM, the facility's Daily Nurse Staffing form was observed. The Daily Nurse Staffing form indicated the number of certified nursing assistants (CNAs), Licensed Vocational Nurses (LVNs) and Registered Nurses (RNs) scheduled to work the three eight hour shifts. The Staffing sheet was located in an area secured by yellow and black quarantine tape that cuts off the space just before the exit door. The exit is locked to prevent residents from wandering outside the facility. The area has the staff restroom and the staff exit to the front lobby. Residents are not permitted to enter the area where the staffing is posted.</p> <p>During a concurrent interview and observation on 1/22/2025 at 12:57 PM, the facility's Staffing Hours Posting was observed with the Director of Staff Development (DSD). The DSD stated the staffing is posted by the time clock, in an area that is not accessible to the residents. The DSD further stated residents can't read the staff posting where it is positioned.</p> <p>During an interview on 1/23/2025 at 9:41 AM, Resident 22 stated she would also be interested in knowing the number of staff on duty during the day. Resident 22 further stated that information is not available to the residents.</p> <p>During an interview on 1/24/2025 at 1:31 PM, the Director of Nursing (DON) residents are not allowed in the area where the nursing hours are posted and would not be able to see the posting.</p> <p>During record review, the facility policy and procedures titled Posting Direct Care Daily Staffing Numbers, revised 8/2022, indicated, Within two (2) hours of the beginning of each shift, the number of licensed nurses (RNs, LPNs, and LVNs) and the number of unlicensed nursing personnel (CNAs [Certified Nursing Assistants] and NAs [Nursing Aides]) directly responsible for resident care is posted in a prominent location (accessible to residents and visitors) and in a clear and readable format.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A269	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/24/2025
NAME OF PROVIDER OR SUPPLIER Meadowbrook Behavioral Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3951 East Blvd. Los Angeles, CA 90066	
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 - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>45037</p> <p>Based on observation, interview, and record review, the facility failed to ensure safe and sanitary food storage and preparation practices when:</p> <ol style="list-style-type: none"> 1. Container of cooked leftover chicken was noted in the refrigerator without a date on it. 2. Opened and unboxed bags of meatballs, egg rolls, and some type of meat were not labeled or dated in the kitchen's freezer. 3. A pan of uncooked chicken stored on top of raw vegetables in the refrigerator. <p>These deficiencies had the potential to result in harmful bacteria growth that could place the residents at risk for food borne illness or contamination.</p> <p>Findings:</p> <p>During the initial tour of the kitchen and comcurrent interview with the Dietary Supervisor (DS) on 01/21/25 at 08:11 am, the following were observed:</p> <ol style="list-style-type: none"> 1. Unlabeled and undated opened and unboxed bags of meatballs, egg rolls, and identified meat in the kitchen's freezer. 2. A pan of uncooked chicken sitting on top of raw vegetables. 3. A container of undated cooked chicken. 4. There was no documentation on the cooling down log for the cooked chicken that was stored in the refrigerator dated 1/20/25. <p>During an interview, DS stated that he does not know which Dietary [NAME] stored the cooked food in the refrigerator. DS stated sitting raw chicken on top of fresh vegetables can make the resident s very sick. DS stated the fresh vegetables will have to be thrown out to prevent the residents from getting very sick. DS stated the staff is not supposed to store leftover cook food in the refrigerator because the left over food can make the residents very sick. DS stated all foods are supposed to be dated, labeled, and have expiration or used by dates on them.</p> <p>During an interview on 01/22/25 at 8:44 am, Dietary [NAME] stated he did not know who cooked, stored, and dated the cooked chicken that was stored in the refrigerator. Dietary [NAME] stated the cooks are not supposed to store cooked foods in the refrigerator unless the dietary staff follow the cool down method and log because it can make the residents sick. Dietary [NAME] stated the kitchen staff is not supposed to store raw chicken on top of fresh vegetables because it will contaminate the fresh vegetables and make the residents very sick.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During record review, the facility's policy titled Food Receiving and Storage with a date of 3/1/27, indicated:</p> <p>Policy Statement: Food shall be received and stored in a manner that complies with safe food handling practices.</p> <p>Refrigerated/Frozen Storage: 9. Uncooked and raw animal products and fish are stored separately in drip-proof containers and below fruits, vegetables and other ready-to-eat foods to prevent meat juices from dripping on to these foods.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45037</p> <p>Based on observation, interview, and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Used a quality cleaning agent to prevent the spread of infection. 2. Maintain adequate supply of N95 Masks (a personal protective equipment used to protect the wearer from particles or from liquid). <p>These failures had the potential to result in the spread of infection to residents, staff, and guests.</p> <p>Findings:</p> <p>a. During an observation and concurrent interview on [DATE] at 2:36 pm, the Housekeepers cart parked by the conference room next to the Housekeeping Supervisor. A bottle of rapid multi surface disinfectant cleaner, and a bottle of bio-enzymatic odor eliminator was observed on top of the housekeeping cart. The Housekeeping Supervisor (HS) stated housekeepers use the disinfectant to clean the entire facility, however, the disinfectant did not indicate if the disinfectant can be used for bacteria/viruses. HS stated if the solution does not kill the bacteria or viruses the residents could get an infection and the infection can spread to other residents and make the resident very sick. HS stated he has never been in-service (trained) or completed a infection control competency with the contracted cleaning service or with the facility.</p> <p>During an interview on [DATE] at 3:06 pm, the Administrator stated the HS should be knowledgeable about the cleaning supplies including disinfectants to ensure the facility is using the right disinfectant to prevent the resident from acquiring an infection and becoming very ill.</p> <p>During record review, the facility policy and procedures (P&P) titled Infection Prevention and Control revised on ,d+[DATE], indicated:</p> <p>Policy interpretation and implementation:</p> <ol style="list-style-type: none"> 1. Infection prevention and control policies and procedures apply to all personal, consultants, contractors, residents, visitors and volunteers. 2. The objectives of the infection prevention and control policies and procedures are to: <ol style="list-style-type: none"> a. monitor, prevent, detect, investigate, and control infections in the facility. b maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public. <p>46843</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b. During an interview on [DATE] at 8:06 am Maintenance Supervisor (MS) stated the facility has all the supplies necessary to care for residents in case of an infection outbreak. MS stated he orders supplies every month and when needed.</p> <p>During observation of the supply of Personal Protective Equipment (PPE) on [DATE] at 8:13 am, the entire 4 cases supply of N95 masks had an expiration date of [DATE]. All other supplies were on hand, gloves, face shields, gowns were available.</p> <p>During an interview on [DATE] at 8:15 am, MS stated all the N95s had expired. MS stated that he will order a new supply of N95 masks in order to have current supplies on hand for staff in case of emergency.</p> <p>During concurrent observation and interview and reon [DATE] at 10:06 am with the Director of Nursing (DON), the entire 4 cases supply of N95 masks were observed. The DON stated, the N95 masks are expired, and they should be replaced. The DON stated the facility staff should have masks that are not expired for the resident's safety in order help prevent the spread of disease in case of a respiratory outbreak.</p> <p>During record review of the facility P&P titled Personal Protective Equipment Infection Control Undated, indicated, Personal protective equipment appropriate to specific task requirements is available at all times.</p> <p>2. Personal protective equipment provided to our personnel includes but is not necessarily limited to:</p> <ol style="list-style-type: none"> 1. Gowns/aprons/lab coats (disposable, cloth, and/or plastic); b. Gloves (sterile, non-sterile, heavy-duty and/or plastic); c. Masks or respirator; and <p>4. PPE required for transmission-based precautions is maintained outside and inside the resident's room, as needed.</p>

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>45037</p> <p>Based on observation, interview, and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Repair leaking pipe under kitchen sink. 2. Repair entire wall panel from the sink that was completely separated from the wall. <p>These deficient practices could result in:</p> <ol style="list-style-type: none"> 1. Growth in mold and become a breeding ground for bacteria due to the damp environment it creates. 2. Rodents entering in the kitchen. <p>Findings:</p> <p>During the initial tour and interview to the kitchen on 01/21/25 at 8:11 am, with Dietary Supervisor (DS), the following were observed:</p> <ol style="list-style-type: none"> 1. Unlabelled and undated opened and unboxed bags of meatballs, egg rolls, and some types of meat in the kitchen's freezer. 2. A pan of uncooked chicken sitting on top of raw vegetables. 3. A container of cooked chicken without a date on it. 4. No documentation on the cooling down log for the cooked chicken that was stored in the refrigerator. 5. Water leaking under the sink where the dishes are being washed. There was a red bucket underneath the leaking pipe to catch the water. 6. A rodent trap along the wall in the kitchen near the dishwashing area, holes underneath the kitchen sink where the dishes are being washed near the pipes and the boarder trim noted with holes/separated from of the wall. Interview: <p>DS stated he was unaware that the kitchen sink was leaking water. DS stated staff could slip and fall and get injured or cause a mold problem that could make the residents sick and nsects could come/enter the kitchen.</p> <p>During a follow up visit to the kitchen on 01/22/25 at 9:22 am, water was observed leaking under the sink where the dishes were being washed. There was a red bucket underneath the leaking pipe to catch the water.</p> <p>(continued on next page)</p>

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview and concurrent record review on 1/24/25 at 11:30 an, Maintenance Director stated he has been employed with the facility for 5 months. Stated he was unaware of the holes underneath the kitchen sink where the dishes are being washed near the pipes and the boarder trim noted with holes/separated from bottom of the walls or was he aware of the pipes leaking underneath the kitchen sink. MD stated he make rounds in the kitchen at least once a week and as needed. MD stated he do not keep a log of when he make rounds in the kitchen to check to see what need to be repaired. MD stated if the recommended repairs are not made pest and rodents can get into the kitchen. During a concurrent record review with the MD of the Ecolab pest invoice dated 12/17/24, indicated during the inspection of the kitchen area interior findings: The entire wall panel from the sink down is completely separated from the wall. Please seal the gap to prevent any unwanted pest. It further indicated to please address structural concern.</p> <p>During record review, the facility's Pest Control Invoice dated 12/17/2024, indicated, The entire wall panel from the sink down is completely separated from the wall. Please seal the gap to prevent any unwanted pest. It further indicated to please address structural concern.</p> <p>During record review, the facility's policy and procedures titled Maintenance Service revised on 2009, indicated:</p> <p>Policy Statement:</p> <ol style="list-style-type: none"> 1. Maintenance services shall be provided to all areas of the building, grounds, and equipment. <p>Policy Interpretation and Implementation:</p> <ol style="list-style-type: none"> 1. Maintenance Department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times. 2. Functions of maintenance personnel include, but are not limited to: <ol style="list-style-type: none"> a. Maintaining the building in compliance with current federal, state, and local laws, regulations, and guidelines. f. Establishing priorities in providing repair service. <ol style="list-style-type: none"> i. Providing routinely scheduled maintenance service to all areas. 3. The Maintenance Director is responsible for developing and maintaining a schedule of maintenance service to assure that the buildings, grounds, and equipment are maintained in a safe operable manner. 4. A copy of the maintenance schedule shall be provided to each department director so that appropriate scheduling can be made without interruption of services to residents. 10. Records shall be maintained in the Maintenance Director's office. 		

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<p>F 0911</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure resident rooms hold no more than 4 residents; for new construction after November 28, 2016, rooms hold no more than 2 residents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44253</p> <p>Based on observation, interview, and record review, the facility failed to ensure three of 27 resident rooms (rooms [ROOM NUMBER]) accommodated no more than 4 residents per room. room [ROOM NUMBER] and room [ROOM NUMBER] had seven residents. room [ROOM NUMBER] had five residents.</p> <p>This deficient practice had the potential to affect the delivery of care and safety of the residents especially during an emergency.</p> <p>Findings:</p> <p>During a tour of the facility on 1/21/2024 at 8:36 AM in Rooms 3, 4 and 5 were observed. In room [ROOM NUMBER], three beds were observed with curtains closed around and three residents were not in the room. In room [ROOM NUMBER], there was one resident still in bed and in room [ROOM NUMBER], there were 2 residents in bed. There was a clear path to the bathroom in between all rooms.</p> <p>During a concurrent observation and interview on 1/21/2024 at 8:47 AM at Resident 60's bedside, Resident 60, stated the room gave each resident adequate space.</p> <p>During record review, the facility's room waiver request letter, dated 11/11/2024, indicated the facility's resident population were diagnosed with chronic and persistent mental illness and were otherwise healthy, ambulatory, and able to negotiate egress without the assistance of staff, as opposed to traditionally geriatric and physically compromised skilled nursing facility populations. The rooms did not have an adverse effect on the residents' health and safety nor impeded the ability of any resident in the room to attain their highest practicable well-being.</p>		

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<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>44253</p> <p>Based on observation, interview, and record review, the facility failed to meet the requirement of 80 square feet per resident in six out of 27 resident rooms (Rooms 1, 3, 4, 5, 7, 8 and 9) in the facility that did not meet the requirement of 80 square feet per resident.</p> <p>This deficient practice had the potential to result in inadequate usable living space for the residence Rooms 1, 3, 5, 7, 8, 9 and working space for the healthcare staff.</p> <p>Findings:</p> <p>During record review, the facility's room waiver letter and the client accommodations analysis form completed by the facility on 1/23/2025, indicated the following seven rooms provided less than 80 feet per resident:</p> <table border="1"> <thead> <tr> <th>Rooms #</th> <th>Beds</th> <th>Room Size(ft.)</th> <th>Sq. Ft/Bed</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>140.6</td> <td>70.3</td> </tr> <tr> <td>3</td> <td>6</td> <td>469</td> <td>78.1</td> </tr> <tr> <td>5</td> <td>5</td> <td>336</td> <td>67.2</td> </tr> <tr> <td>7</td> <td>2</td> <td>138</td> <td>69</td> </tr> <tr> <td>8</td> <td>2</td> <td>138</td> <td>69</td> </tr> <tr> <td>9</td> <td>2</td> <td>138</td> <td>69</td> </tr> </tbody> </table> <p>During a concurrent an observation and interview on 1/21/2024 at 8:47 AM at Resident 60's bedside, Resident 60, stated the room gave each resident adequate space.</p>	Rooms #	Beds	Room Size(ft.)	Sq. Ft/Bed	1	2	140.6	70.3	3	6	469	78.1	5	5	336	67.2	7	2	138	69	8	2	138	69	9	2	138	69
Rooms #	Beds	Room Size(ft.)	Sq. Ft/Bed																										
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