

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515134	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2024
NAME OF PROVIDER OR SUPPLIER Meadowbrook Acres		STREET ADDRESS, CITY, STATE, ZIP CODE 2149 Greenbrier Street Charleston, WV 25311	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>45174</p> <p>Based on record review and staff interview the facility failed to develop and implement a comprehensive person-centered care plan with measurable objectives for each resident related to resident's behaviors. This is true for two (2) of two (2) residents reviewed for behavioral care plans. Resident Identifiers: Resident #43 and Resident #6. Facility Census: 59</p> <p>Findings Include:</p> <p>a) Resident #43</p> <p>During a review of the reportable dated 04/08/24, Resident #43's incident was as follows:</p> <p>Reported to this nurse per restorative aide that resident was sitting in quiet lounge beside another resident (2935) touching her, when he put his hand in her face and she bit him on the pointer finger. Residents separated, small red bite mark to pointer finger on 2935 has since dissipated. (Physician name) made aware and verbalized understanding. POA(Power of Attorney) (name) contacted and verbalized understanding.</p> <p>Further review of the care plan with an initiated date 12/20/22 and revision date 01/11/13 no behavioral focus, goal or interventions were implemented after the 04/08/24 incident.</p> <p>During an interview on 05/06/24 at 11:40 AM, the Administrator acknowledged the care plans did not reflect appropriate behavioral interventions.</p> <p>b) Resident #6</p> <p>A review of the reportable dated 04/30/24, reported the following:</p> <p>CNA reported to this nurse that while resident was in A hallway by clean linen door, she punched resident #52 in the right stomach/hip area. Per report from CNAs resident #6 stated after she punched the other resident that They are thieves. Residents were immediately separated. Residents went separate directions down the hall. Resident sitting in wheelchair in quiet lounge conversing with another resident at this time, will continue with current plan of care. Residents' hands assessed at this time and noted to be per baseline for resident. No increased pain or swelling noted at this time, will continue with current plan of care.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Further review of the care plan initiated on 08/24/22 and revised on 02/22/24, found there were no behavioral focus, goal or interventions were implemented after the 04/30/24 incident.</p> <p>During an interview on 05/06/24 at 11:40 AM, the administrator acknowledged the care plans did not reflect appropriate behavioral interventions.</p> <p>50551</p>