

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Meadows Ridge Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 E Washington Street Colton, CA 92324	
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)		
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45240 Based on observation, interview, and record review the facility failed to follow policy and procedure to ensure call lights were answered in timely manner to provide care and services for two of three sampled residents (Resident 1 and 2). This failure had the potential to place a clinically compromised Residents (Resident 1 and 2) safety at risk. When residents were left soiled, and their activities of daily living were not met in timely manner. Findings: During interview and Records Reviewed with (Resident 1 and 2) indicates as followed: During review of Residents 1's Admission Record (general demographics), the document indicated Resident 1 was admitted to the facility on [DATE], with diagnoses to include osteoarthritis of left knee (degeneration of joint cartilage, and it causes pain and stiffness), spinal stenosis (space inside the bones of the spine gets too small), Polyneuropathy (multiple nerves outside of the brain and spinal cord becomes damage), Hemiplegia (paralysis of one side of the body), depression (depressed mood, loss of interest). During an interview on April 25,2024 at 11:50 am with Resident 1, Resident 1 states, Call light takes two hours at night, I sit here soiled, because of this I'm afraid to get UTI's . During review of Residents 2's Admission Record (general demographics), the document indicated Resident 2 was admitted to the facility on [DATE], with diagnoses to include multiple sclerosis (a chronic, progressive disease involving damage to the nerve cells. symptoms includes numbness, impairment of speech and muscle coordination), paraplegia (paralysis of the legs and lower body), obesity (a disorder that involves having too much body fat), hyperlipidemia (high levels fat particles in the blood), hypotension (low blood pressure), and overactive bladder (a problem with bladder function that causes the sudden need to urinate). During an interview on April 25, 2024, at 12:05 pm with Resident 2, Resident 2 states,The call lights take hours, and they leave me sitting soiled for hours, the waterproof pad underneath me are soaking wet. During an interview on April 25, 2024, at 12:40PM with CNA1, CNA1 stated, When I do come on shift, we do have residents complaining that NOC shift did not clean them up and they have their call lights for about 2 hours waiting to get change. (continued on next page)		

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

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on April 25, 2024, at 12:50 PM with CNA2, CNA2 stated, Some resident complaints that it takes 2 hours for night shift to answer the lights . During an interview on April 25, 2024, at 1246 PM, with the Administrator (ADMIN), the ADMIN stated, I have not got any complaints from residents on not answering call lights and waiting over an hour. Its everyone's job to answer call lights. No resident would be left soiled 1-4 hours. During a review of the facility's policy and procedure titled, Activities of Daily Living, ADLS revised March 2023, the policy and procedure indicated, Residents will be provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLS) .Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. During a review of the facility's policy and procedure titled, Answering the Call Light revised March 2023, the policy and procedure indicated, The purpose of the procedure is to ensure timely response to the resident's request and needs .Steps in the procedure 1a. If the resident needs assistance, indicate the approximate time it will take for you to respond. Ensure that it is within a reasonable time . During a review of the facility's policy and procedure titled, Resident Rights revised March 2023, the policy and procedure indicated, Employees shall treat all residents with kindness, respect, and dignity .1. c. be free from abuse, neglect, misappropriation of property, and exploitation.		