STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555089	A. Building B. Wing	09/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadows Ridge Care Center	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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46917 Based on observation, interview, and record review, the facility failed to ensure a certified nursing assistant was able to demonstrate competency in skills and techniques for one of three sampled residents (Resident 1) when a Certified Nursing Assistant (CNA 1) did not report Resident 1's redness on the nose to a licensed nurse. This failure had the potential to result in delayed treatment and care for Resident 1, placing Resident 1 ' s health at risk. Findings: During a review of Resident 1 ' s Admission Record (contains demographic and medical information), the Admission Record indicated Resident 1 was admitted to the facility on [DATE], with diagnoses of malignant neoplasm of the stomach (stomach tumor), malignant neoplasm of unspecified kidney (kidney tumor) and repeated falls. During a concurrent observation and interview on September 5, 2024, at 9:58 AM, with Resident 1, in Resident 1 ' s room, Resident 1 was lying in bed. Resident 1 ' s bed was in the lowest position. Resident 1 had redness on her nose, appearing like flushing on her nose. Resident 1 stated she did not know how she got it. During an interview on September 11, 2024, at 1:47 PM, with CNA 1, CNA 1 stated she noticed the redness but did not report it to the licensed vocational nurse (LVN 1) or the registered nurse (RN). CNA 1 further stated she was busy and forgot to tell the licensed staff. During an interview on September 11, 2024, at 2:08 PM, with LVN 1, LVN 1 stated he saw the redness on Resident 1 ' s nose but stated he believed it had already been identified due to Resident 1 ' s behavior of hitting her face. LVN 1 further stated it was his expectation for the CNA ' s to report any skin changes. During an interview on September 11, 2024, at 2:16 PM, with RN, the RN stated he was not informed until later that Resident 1 had redness to her nose. The RN further stated Resident 1 when asked about her nose, Resident 1 could not state what happened to her nose. The RN stated it is his expectation for the staff to report any changes with the residents. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555089	A. Building B. Wing	09/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadows Ridge Care Center	1700 E Washington Street Colton, CA 92324

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on September 26, 2024, at 12:01 PM with the Administrator (Admin) and Director of Nursing (DON), the facility ' s document titled Certified Nursing Assistant (CNA) Job Description dated August 23, 2011, was reviewed. The Certified Nursing Assistant (CNA) Job Description indicated .Essential Duties and Responsibilities . observes resident ' s skin and documentations and reports skin conditions .Other Duties . Recognize and reports resident pain. Abnormal skin condition, incident, etc., to the charge nurse. The Admin stated the job description was not followed by CNA 1. During a concurrent interview and record review on September 26, 2024, at 12:02 PM, with the Admin and DON, the facility ' s policy and procedure (P&P) titled, Change In A Resident ' s Condition or Status dated revised February 2021 was reviewed. The P&P indicated, Our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident ' s medical/mental condition .1. The nurse will notify the resident ' s attending physician . when there has been a(an) a. accident or incident involving the resident; b. discovery of injuries of unknown source . The Admin stated CNA 1 did not follow the policy when CNA 1 did not report to the charge nurse the redness on Resident 1 ' s nose. The Admin further stated CNA 1 was terminated.