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	10/10/2024

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44262 Based on interview and record review for one of three sampled residents (Resident 1), the facility failed to follow their policy in providing Activities of Daily Living (ADLS) when personal hygiene was not provide as needed and failing to notify responsible party (RP) of Resident 1 ' s shower refusals. This failure has potential in putting Resident 1 ' s health and safety at risk when hygiene needs were not met. Findings: 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: cerebral infarction (blood blocked to brain, causing tissue death), Benign Prostatic Hyperplasia (enlarged prostate) Neurogenic Bladder (bladder retention), Urinary tract infection, schizoaffective disorder (hallucination s, delusions), hypertension (high blood pressure). During a concurrent interview and record review of Resident 1 ' s Medical Record with the Director of Nursing (DON), reviewed are as follows: 1. Task ALDs Shower /Bath self from September 11, 2024- October 09, 2024, 22 bed baths recorded, only 2 showers: September 01, 2024, Hair washed, skin moisturized marked Yes (Nails trimmed and shaved marked No) September 05, 2024, hair washed, skin moisturized shaved marked, shower and skin check marked Yes, nails trimmed marked No. 2. Careplan (No documentation of shower refusals). 3. No Progress Notes of documentation of shower refusals. 4. No Change in Condition for shower refusals, No responsible party notification. (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
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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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on October 10, 2024, with the Director of Staff Development (DSD), the (DSD) stated, For showers, we were told to chart it down, we go back 3 times after they refuse to see if the resident changes their mind in taking a shower. The charge nurse and the Certified Nursing Assistant (CNA) documents shower refusals. I printed out the bed baths provided, but I only have 2 shower sheets since September 1, 2024, until now. I don ' t know what happened. I ' m not sure for this resident what happened, there is no documentation. During an interview on October 10, 2024, with the Director of Nurses (DON), the (DON) stated, If Resident 1 is not showering, he needs a bed bath. Showers should be as schedule if he doesn ' t refuse. The charge nurses will be the one to notify me of his refusals. For Refusals we do a Change of Condition of behaviors refusal of Care. Responsible Party and doctor will be notified. I can agree, no records on careplan, there are no refusals for showers. I did not know about the refusals of showers, I never knew of his refusals, it would have been part of his behaviors. During a review of the facility ' s policy and procedure titled, Activities of Daily Living ADL, supporting revised March 2018, 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 .(3) refuses care and treatment to restore or maintain functional abilities and (a) the resident and or representative has been informed of the risk and benefits of the proposed care or treatment .(c) the refusal and information are documented in the residents clinical record.