

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

Printed: 03/27/2025
Form Approved OMB
No. 0938-0391

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 01/03/2025
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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47098 Based on observation, interview, and record review, the facility failed to ensure that one of three sampled residents (Resident 1) was free from financial exploitation (taking advantage of a resident for personal gain, through the use of manipulation, intimidation, threats, or coercion) by a staff member. This failure had the potential to cause significant emotional and financial harm to Resident 1 and had the potential to place other residents at risk of abuse, neglect and exploitation. Findings: During a review of Resident 1 ' s Face Sheet (a document containing clinical and demographic information), it indicated Resident 1 was admitted to the facility on [DATE], with diagnoses which included depression (feeling sad and low motivation), anxiety (feeling restless), and colonostomy status (an opening in the abdominal wall to allow waste to exit the body through the colon). During a review of the State of California Form 341 REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE, dated December 5, 2024, it indicated Resident 1 came into activities dining room [ROOM NUMBER]/4 (December 4, 2024) to paint her nails well we were seating down she asked me how my thanksgiving was I told her that it was nice but quiet, she then stating saying if I ever need anything to let her know, that she had 2,300 (\$ 2,300) on her card and was able to help Employee 1 because she was able to make Thanksgiving happen to year . During an interview with Resident 1, on December 6, 2024, at 9:35 AM, Resident 1 stated that three days before Thanksgiving, Employee 1 told her she needed items for her family's Thanksgiving dinner. Resident 1 stated she voluntarily gave Employee 1 her EBT (Electronic Benefits Transfer- used in California for the delivery, redemption, and reconciliation of issued public assistance benefits) card and PIN with the condition that the total purchase does not exceed \$600.00. Resident 1 further stated Employee 1 copied her EBT card number and PIN onto her phone and used it to make purchases through an online grocery delivery application. Resident 1 further stated that most items purchased were kept by Employee 1. During a concurrent phone interview and record review with the Administrator (Admin), on December 6, 2024, at 10:40 AM, the Receipts print out [name of supermarket] dated December 4, 2024, at 8:21 PM was reviewed. The receipts indicated two transactions as follows: (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: 555089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/03/2025
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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	a. November 17, 2024, a total purchase of \$436.51. b. November 21, 2024, a total purchase of \$225.70. The Admin acknowledged that Employee 1 used Resident 1 ' s EBT card to make the purchases, with a total purchase of \$662.21 for both transactions. The Admin further stated this action violated the facility ' s policy, which explicitly prohibits employees from accepting money, gifts from the residents. During a review of Resident 1 ' s Change of Condition dated December 6, 2024, at 11:52 AM, it indicated, Resident 1 is experiencing emotional distress due to alleged financial abuse with staff member [Employee 1] . Resident was assisted to the room to lay down to relax due to emotional distress . During an interview with the Social Worker (SW 1), on December 6, 2024, at 12:14 PM, the SW 1 stated that she was not aware that Resident 1 had an EBT card in her possession, as the facility provided for all residents with their needs. The SW 1 further stated that the facility financial abuse prevention policy was not followed this case. The SW 1 emphasized that employees should not be handling or using resident financial resources. During a concurrent interview and record review with the Social Worker 1 (SW 1), on December 6, 2024, at 12:19 PM, the II. Rules of Conduct dated June 2023 was reviewed. It indicated, The following conduct is prohibited and will not be tolerated by the Company .A. Resident / Patient Care .5. Borrowing any money or accepting a gift of any type, monetary or otherwise, from a resident . The SW 1 stated Employee 1 violated the facility ' s Rule of Conduct by accepting and using Resident 1 ' s EBT card, which should not have occurred. During a concurrent phone interview and record review on January 3, 2025, at 10:38 AM, with the Admin and the Director of Nursing (DON), the facility ' s undated policy and procedure (P&P) titled Abuse & Mistreatment of Residents was reviewed. It indicated, 8. Misappropriation of Resent property means the deliberate misplacement, exploitation, or wrongful use, temporary or permanent, of a resident ' s belongings of money without the resident ' s consent. The Administrator and DON agreed that the incident was a clear case of financial abuse and confirmed that the facility ' s policies were not followed by the Employee 1. During a concurrent phone interview and record review on January 3, 2025, at 10:39 AM, with the Admin, the facility ' s policy and procedure (P&P) titled Resident Rights dated February 2021 was reviewed. It indicated C. be free from abuse, neglect, misappropriation of property, and exploitation; The Admin stated the policy was not followed by the Employee 1.		