STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555125	A. Building B. Wing	08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Linwood Meadows Care Center	4444 West Meadow Visalia, CA 93277

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 38993 Based on interview and record review, the facility failed to develop and implement a care plan for two of two sampled residents (Resident 1 and Resident 2). This failure had the potential for Resident 1 and Resident 2 to have unmet care needs. Findings: a. During a review of Resident 1 ' s S (Situation) B (Background) A (Appearance) R (Review and Notify) (SBAR), dated 8/9/24, the SBAR indicated, Writer was called to residents room by CNA (Certified Nursing Assistant), writer walked in and found resident sitting on the floor back up against the bed on the right side of bed, legs crossed. During a review of Resident 1 ' s Care Plan (CP), dated 8/9/24, the CP indicated, Resident had an unwitnessed fall and is at risk for change in neurological status, fear or falls.Interventions.Medication regiment review as indicated.Evaluation of medications for side effects that may increase fall risk. During a concurrent interview and record review on 8/20/24 at 10:47 a.m. with Director of Nursing (DON), Resident 1 ' s clinical record was reviewed. DON was unable to provide evidence the medication review was completed. During a review of the facility ' s policy and procedure (P&P) titled, Falls and Fall Risk, Managing dated 3/2018, the P&P indicated, In conjunction with the attending physician, staff will identify and implement relevant interventions.to try to minimize serious consequences of falling. b. During a review of Resident 2 ' s SBAR dated 8/12/24, the SBAR indicated, Writer called into room by fell ow nurses stating that resident had a unwitnessed fall.resident noted with bump to back of right side of head, c/o (complain of) hip pain to right hip, and skin tears x (times) 2 to right elbow and right lower extremity.MD notified and gave the following orders.cleanse skin tear to right lower leg with NS (normal saline), pat dry, apply TAO (triple antibiotic ointment), apply collagen (main protein found in skin and other connective tissues), apply dry dressing daily.cleanse skin tear to right elbow with NS, Pat dry, apply TAO, apply collagen, apply dry dressing. (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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 2 ' s CP ' s, on 8/20/24 at 10:49 a.m. with DON, Resident 2 ' s CPs were reviewed. There was no CP developed for Resident 2 ' s skin tears. DON stated there should have been a care plan developed. During a review of the facility ' s policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered dated 3/22, the P&P indicated, The interdisciplinary (a group of professionals from different disciplines who work together to achieve a common goal) team should review and updates the care plan. when there has been a significant change in the resident ' s condition.