

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

Printed: 03/01/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555125	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/13/2024
NAME OF PROVIDER OR SUPPLIER Linwood Meadows Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0837 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility. 38993 Based on interview and record review, the facility failed to follow its policy and procedure when staff in-service training records were incomplete. This failure resulted in incomplete training records and the potential for staff to be inadequately trained to care for residents. Findings: During a concurrent interview and record review on 12/13/24 at 12:44 p.m. with Director of Staff Development (DSD), three in-service training logs were reviewed. In-service training log one had three staff signatures and in-service training log two had one staff signature, both training logs did not contain a date, start time, end time, in-service course title, instructor name and instructor signature. In-service training log three contained the signature of five staff but did not contain the start time, end time, instructor name and instructor signature. DSD stated the in-service training logs must contain the date, the time the in-service started and ended, the topic and name and signature of the person giving the lesson to be complete. During a concurrent interview and record review on 12/13/24 at 1:24 p.m. with Director of Nursing (DON), DON reviewed the in-service training logs. DON stated the in-service training logs were not complete. During a review of the facility's policy and procedure (P&P) titled, Recordkeeping, Staff Development dated 2/08, the P&P indicated, An individual training record for each employee will be maintained. This record will be filed in the employee's personnel record or training record. Training records include, as a minimum, date of each training class attended, subject of class, class length, instructor of each class, individual training records are completed by the in-service training coordinator and/or department supervisor.		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 555125	Facility ID: 555125 If continuation sheet Page 1 of 2

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 38993 Based on interview and record review, the facility failed to ensure three of three sampled staff Restorative Nursing Assistant (RNA 1), Registered Nurse (RN 1), and Certified Nursing Assistant (CNA 1), were aware of the facility's Enhanced Barrier Precaution (EBP-infection control measures used to reduce the spread of infection) protocol (blue heart placed above the bed of the affected resident) used to identify the residents requiring staff to wear PPE while providing care. This failure resulted in staff being unaware of which resident required EBP. Findings: During a concurrent observation and interview on 12/13/24 at 11:32 a.m. with RNA 1, RNA 1 entered a two-bed resident room with a blue PPE (personal protective equipment) caddy on the door. RNA 1 stated she was unaware of which resident required EPB. During an interview on 12/13/24 at 11:51 a.m. with RN 1, RN 1 stated when the blue caddy was on the resident's door staff were required to use EBP's while providing care to the residents in the room. RN 1 was unaware of how to identify the resident requiring the EBP. During an interview on 12/13/24 at 12:38 p.m. with CNA 1, CNA 1 stated when there was a blue caddy on the resident's door, staff was to wear PPE when providing for the residents. CNA 1 stated she was unaware of how to identify the resident requiring EBP. During an interview on 12/13/24 at 12:44 p.m. with Infection Preventionist (IP), IP stated when a resident required EBP, a blue heart was placed above the affected resident's bed and a blue PPE caddy was placed on the door. IP stated she would expect staff to be aware of the EBP protocol prior to providing care to the residents. During an interview on 12/13/24 at 1:24 p.m. with Director of Nursing (DON), DON stated staff should have been aware of the EBP protocol when providing care to the residents. During a review of the facility's policy and procedure (P&P) titled, Enhanced Barrier Precautions dated 3/24, the P&P indicated, Staff are trained prior to caring for residents on EBPs.signs are posted in the door or wall outside the resident room indicating the type of precautions and PPE (personal protective equipment) .		