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	01/10/2025

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38993 Based on interview and record review, the facility failed to ensure a fall assessment was accurate for one of two sampled residents (Resident 1). This failure had the potential for staff to be unaware of Resident 1's risk for falls. Findings: During a review of Resident 1's S (Situation) B (Background) A (Appearance) R (Review and Notify) (SBAR), dated 12/31/24, the SBAR indicated, Resident was heard yelling from room, upon arrival resident was found on the floor. During a review of Resident 1's Nursing Post Fall Review (NPFR), dated 12/31/24, the NPFR indicated, History of Falls within last six months.no history. The NPFR indicated Resident 1 was a low fall risk. During a review of Resident 1's SBAR, dated 10/6/24 (approximately 2 1/2 months prior to 12/31), the SBAR indicated, Resident had a unwitnessed fall. During a review of Resident 1's SBAR, dated 11/21/24 (approximately 1 month prior to 12/31), the SBAR indicated, Resident had a fall while LOA (leave of absence). During an interview on 1/10/25 at 1:09 p.m. with Director of Nursing (DON), DON stated the NPFR was used to identify any increased risk factors for resident falls. DON stated the NPFR completed on 12/31/24 for Resident 1 was inaccurate due to Resident 1 having 3 falls in the last six months. During a review of the facility's policy and procedure (P&P) titled, Fall Risk assessment dated ,d+[DATE], the P&P indicated, Upon admission, the nursing staff and the physician will review a resident's record for a history of falls, especially falls in the last 90 days and recurrent or periodic bouts of falling over time.the staff will look for evidence of a possible link between the onset of falling (or an increase in falling episodes) and recent changes in the current medication regimen.

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