

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 08/05/2025
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)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on interview and record review, the facility failed to ensure the physician was notified when one of three sampled residents (Resident 1) medication was not administered per physician's orders. This failure resulted in Resident 1 not receiving enoxaparin sodium (medication used to prevent blood clots) and had the potential for Resident 1 to experience health complications. Findings: During a review of Resident 1's Order Summary Report (OSR) dated 7/10/25, the OSR indicated, enoxaparin sodium solution 30 mg (milligrams)/0.3 ml (milliliters) inject 30 mg subcutaneously one time a day for prevent blood clotting for 10 days. start date 7/10/25. end date 7/21/25. During a review of Resident 1's Medication Administration Record (MAR) dated 7/25, the MAR indicated, 7/17/25.9 (other/see nurses note). During a review of Resident 1's Progress Notes (PN) dated 7/17/25 at 11:57 a.m., the PN indicated, Enoxaparin Sodium Solution 30 mg/0.3ml inject 30 mg subcutaneously one time a day for prevent blood clotting for 10 days not available. Pending delivery. During an interview on 8/5/25 at 3:49 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated on 7/17/25 Resident 1's enoxaparin was not available for administration. LVN 1 stated the facility's policy and procedure was to notify the physician. LVN 1 was unable to provide documentation the physician was noted of the enoxaparin being unavailable. During an interview on 8/5/25 at 4 p.m. with Director of Nursing (DON), DON stated when the medication was not available for administration the physician should have been notified. During a review of the facility's policy and procedure (P&P) titled Medication Orders dated 2012, the P&P indicated, The prescriber is contacted for direction when delivery of a medication will be delayed or the medication is not or will not be available.</p>

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
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