

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2024
NAME OF PROVIDER OR SUPPLIER Lincoln Meadows Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1550 Third Street Lincoln, CA 95648	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>32096</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1's) right was exercised timely when the resident's representative (RR) was not notified of Resident 1's change in condition and/or the resident's emergency transfer to a hospital.</p> <p>This failure resulted in RR feeling astounded and upset when the hospital contacted her regarding Resident 1's care.</p> <p>Findings:</p> <p>Review of Resident 1's clinical record, Admission Record, indicated the resident was admitted to the facility with diagnoses that included memory problem with agitation and aphasia (loss of ability to understand or express speech). In the resident's Admission Record, Resident 1's spouse was listed as the Emergency Contact #1 and also as his Responsible Party.</p> <p>In a telephone interview on 7/1/24 at 3:50 p.m., the RR stated that the facility did not notify her of her husband (Resident 1's) change in condition nor his hospital transfer to the emergency department on 6/12/24. The RR stated the hospital called her the following day and only then she knew her husband was in the hospital, and that he was transferred to the emergency room the previous day. The RR indicated she was astounded at the phone call that her husband was not in the facility but at the hospital and emphasized the upsetting part was the facility transferred her husband without her knowledge.</p> <p>Review of Resident 1's clinical record, eINTERACT Change in Condition Evaluation-V5.1, dated 6/13/24, indicated, Resident physically abusive towards the staff, agitated unable to redirect the resident. Resident continued to go into other resident's room, laying on the beds. In the behavior description section of the form documented Resident 1's physical aggression was dangerous. A Licensed Nurse (LN) documented the resident exhibited the change in condition starting in the afternoon of 6/12/24, the physician was notified on 06/12/2024 17:16 [5:16 p.m.] and obtained the order for a hospital transfer. In the evaluation form, it was documented that the RR was notified 06/12/2024 00:00 [12 a.m.].</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2024
NAME OF PROVIDER OR SUPPLIER Lincoln Meadows Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1550 Third Street Lincoln, CA 95648	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In a concurrent interview and record review on 7/2/24 at 10:37 a.m. at the nursing station, Licensed Nurse (LN) 1 stated on 6/12/24 Resident 1 had a change in condition exhibiting very aggressive and combative behaviors and the resident was transferred to the emergency department to ensure safety of the resident and others. LN 1 stated it was the facility practice that LNs were to obtain a physician order prior to resident's hospital transfer, notify the resident representative and document the person, time and their response in the resident's clinical record. LN 1 verified the 6/12/24 eINTERACT Change in Condition Evaluation for Resident 1 did not specify RR response and acknowledged the time discrepancies between the physician notification and the RR notification.</p> <p>Review of the facility's revised May 2017 policy and procedure, Change in a Resident's Condition or Status, stipulated, Our facility shall promptly notify the resident, his or her Attending physician, and representative (sponsor) of changes in the resident's medical/mental condition .a nurse will notify the resident's representative when .It is necessary to transfer the resident to a hospital/treatment center.</p> <p>In a concurrent interview and record review on 7/2/24 at 11:25 a.m. in the Director of Nursing (DON's) office, the DON stated Resident 1 was transferred to the hospital on 6/12/24 due to a change in behavior to the level that staff was unable to ensure safety of the resident and his roommate. The DON stated she had already spoken with the PM (evening) LN who sent Resident 1 out to the hospital on 6/12/24, and stated her expectations for LNs to notify RRs after the physician notification when residents had changes in condition and/or hospital emergency transfer. The DON stated the PM LN on 6/12/24 should have notified the RR about the resident's change in behavior and the subsequent hospital transfer. The DON acknowledged the RR should have been astounded when she received a phone call from the hospital.</p>		