

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 09/24/2024
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>50541</p> <p>Based on interview and record review, the facility failed to report an allegation of abuse (the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish) to the State Survey Agency and local law enforcement, and the facility failed to report the results of all investigations to the State Survey Agency within five working days of the incident for one of four sampled residents (Resident 1).</p> <p>This failure had the potential to result in a delayed investigation.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility in September 2024 with medical diagnoses which included hemiplegia and hemiparesis (paralysis of one side of the body) following cerebral infarction (when blood flow to the brain is blocked or reduced) affecting left dominant side and exhibiting facial weakness. A Brief Interview for Mental Status (BIMS, a cognitive screening tool used to assess a person's mental status) score showed 14 out of 15 (cognition intact).</p> <p>During a review of Resident 1's Grievance/Concern Form, dated 9/6/24, the Grievance/Concern Form indicated, [Certified Nursing Assistant 1's (CNA 1) name] disrespected [Resident 1]! Pushed her fingers in his chest and said, ' Listen Needy Boy ', there are many needs on this floor and you're pushing your button too many times .</p> <p>During an interview on 9/19/24 at 10:54 a.m. with Resident 4, Resident 4 reported Resident 1 had, .A bad run in . with CNA 1. Resident 4 reported Resident 1 was his previous roommate. Resident 4 reported hearing CNA 1 yelling at Resident 1 through the curtain. Resident 4 reported CNA 1 called Resident 1, Something, like boy. Resident 4 reported the language used by CNA 1 to Resident 1 was, Really demeaning .his wife was livid .got the forms .filled out a complaint.</p> <p>During a phone interview on 9/19/24 at 12:12 p.m. with Licensed Nurse 1 (LN 1), LN 1 stated, I didn't report it [the incident] because somebody else reported it .the CNA manager, transferred [CNA 1] to a different hallway.</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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 9/19/24 at 12:39 pm. with the Director of Staff Development (DSD), the DSD stated, I got a grievance from [Resident 1] .claimed [CNA 1] was rude and poking him in the chest and comments about being needy. DSD reported he spoke to Resident 1 on 9/10/24. DSD stated, There was no injury; he showed me his chest. I did a one on one inservice with the [CNA 1] on customer service. I did not report it to anyone else in the facility .It stopped with me as her supervisor .If it was a CNA I didn't know, I would have suspended her.</p> <p>During a concurrent interview and record review on 9/19/24 at 1:06 p.m. with LN 2, Resident 1's Grievance/Concern Form, dated 9/6/24 was reviewed. The first paragraph of Resident 1's Grievance/Concern Form indicated, [Certified Nursing Assistant 1's (CNA 1) name] disrespected [Res 1]! Pushed her fingers in his chest and said, ' Listen Needy Boy ', there are many needs on this floor and you're pushing your button too many times . LN 2 reported the wife of Resident 1 approached her on Saturday afternoon, 9/7/24, and reported a complaint. LN 2 reported the wife told her one of the CNAs was being disrespectful and called Resident 1, Something .needy boy. LN 2 reported she apologized to the wife and gave her a grievance form to complete. LN 2 stated, I checked the schedule and moved the CNA to a different hall .I am not concerned about abuse from reading the first paragraph. I did not speak to Resident 1. I did not interview Resident 4.</p> <p>During a concurrent interview and record review on 9/19/24 at 1:25 p.m. with the Social Services Director (SSD), Resident 1's Grievance/Concern Form, dated 9/6/24 was reviewed. The first paragraph of Resident 1's Grievance/Concern Form indicated, [Certified Nursing Assistant 1's (CNA 1) name] disrespected [Resident 1]! Pushed her fingers in his chest and said, ' Listen Needy Boy ', there are many needs on this floor and you're pushing your button too many times . The SSD stated, Reading this I do not have any concerns of abuse .I wouldn't have thought to report it as abuse.</p> <p>During a concurrent interview and record review on 9/19/24 at 1:58 p.m. with Administrator (ADM), Resident 1's Grievance/Concern Form, dated 9/6/24 was reviewed. The first paragraph of Resident 1's Grievance/Concern Form indicated, [Certified Nursing Assistant 1 ' s (CNA 1) name] disrespected [Resident 1]! Pushed her fingers in his chest and said, ' Listen Needy Boy ' , there are many needs on this floor and you're pushing your button too many times . ADM stated, Reading this, it does concern me for further investigation, but it didn't need to be reported as abuse .This is a customer service issue, and it was handled in house. It didn't rise to the level of something that needed to be reported to CDPH (California Department of Public Health).</p> <p>During a review of the facility's policy and procedure (P&P) titled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program, dated April 2021, the P&P indicated, Residents have the right to be free from abuse .This includes but is no limited to verbal, mental .or physical abuse .investigate all possible incidents of abuse .Investigate and report any allegations within timeframes required by federal requirements</p>		