

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Meadowood Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3805 Dexter Lane Clearlake, CA 95422	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44968</p> <p>Based on interviews and records review, the facility failed to ensure the Minimum Data Set (MDS - health status screening and assessment tool) was accurately completed for 1 of 3 sampled residents (Resident 1). This failure resulted in lack of complete information necessary to develop a resident centered care plan to meet Resident1 ' s health care needs.</p> <p>Findings:</p> <p>A review of the Admission Record indicated Resident 1 was admitted on [DATE] with diagnosis including but not limited to Unsteadiness on Feet and Other Abnormalities of Gait (a manner of walking or moving on foot) and Mobility.</p> <p>A review of the MDS dated [DATE] indicated Resident 1 had a BIMS score of 14 out of 15 (Brief Interview for Mental Status - a 15-point cognitive [relating to the mental process involved in knowing, learning, and understanding things] screening measure that evaluates memory and orientation. A score of 13 to 15 is cognitively intact).</p> <p>During an interview and concurrent record review with the MDS Coordinator (MDSC - a nursing professional who helps manage a nursing team in a medical facility) on 5/06/24 at 3:30 p.m., when the MDSC was asked about the process of gathering data entered to the resident ' s MDS assessment, the MDSC stated CNAs (Certified Nursing Assistants) would document the care provided for the resident to PCC (Point Click Care - an electronic health care record for residents). The information entered during the seven-day observation period to PCC would populate (to automatically add information to a list or table on a computer) to the MDS assessment. After review of the MDS for Resident 1 dated 12/04/23 with the MDSC, the MDSC verified Resident 1 ' s ability for eating, maintaining oral and personal hygiene, shower/bathe self, lower and upper body dressing, putting on/taking off footwear indicated, Not assessed/no information. The MDSC stated the MDS for Resident 1 was inaccurately completed. She stated she was responsible of making sure the assessment was accurate. When the MDSC was asked about the purpose of completing an MDS assessment, she stated MDS assessment reflects the care and needs of the resident.</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: 555490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Meadowood Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3805 Dexter Lane Clearlake, CA 95422	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the Facility policy and procedure titled Comprehensive Assessments and the Care Delivery Process revised in December 2016 indicated, 1. Comprehensive assessments, care planning and the care delivery process involve collecting and analyzing information, choosing and initiating interventions, and then monitoring results and adjusting interventions and 2. Assessment and information collection includes (WHAT, WHERE and WHEN?). The objective of the information collection (assessment) phase is to obtain, organize, and subsequently analyze information about a patient. The policy indicated, Complete the Minimum Data Set within 14 days after admission.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Meadowood Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3805 Dexter Lane Clearlake, CA 95422	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44968</p> <p>Based on observation, interviews and records review, the facility failed to ensure three of three sampled residents (Resident 6, Resident 5 and Resident 7) were given showers during their scheduled shower days. This failure to maintain Resident 6, Resident 5 and Resident 7's personal grooming and hygiene needs had the potential to raise the risk of unidentified skin issues, bacterial and fungal infections.</p> <p>Findings:</p> <p>Resident 5</p> <p>During a telephone interview with Resident 5 on 5/06/24 at 8:40 a.m., Resident 5 stated she was admitted to the facility to receive Physical Therapy after a left hip replacement (a surgical procedure to replace some or all of a joint). She stated she did not have showers for a few weeks during her stay at the facility.</p> <p>A review of the Admission Record indicated Resident 5 was admitted on [DATE] with diagnosis including but not limited to Joint Replacement and Chronic Pain Syndrome (pain that lasts for longer than 3 months).</p> <p>A review of the Minimum Data Set (MDS -health status screening and assessment tool used for all residents) dated 10/05/23 indicated Resident 5 had a BIMS score of 15 out of 15 points (Brief Interview for Mental Status - a 15-point cognitive [relating to the mental process involved in knowing, learning, and understanding things] screening measure that evaluates memory and orientation. A score of 13 to 15 is cognitively intact). The MDS indicated Resident 5 required partial/moderate assistance (Helper lifts, holds or supports trunk or limbs, but provides less than half the effort) from staff with showers.</p> <p>During an interview with the Medical Records Director (MRD) on 5/07/24 at 1:12 p.m., when the MRD was asked to provide a copy of Resident 5's shower log report for November 2023, the MRD stated the facility did not have an electronic record to show whether the residents had shower or bed bath. However, she stated CNAs (Certified Nursing Assistant) were documenting on the shower sheets for type of baths provided to the resident.</p> <p>A review of the document titled CNA Shower Sheet Documentation dated 11/16/23 indicated Resident 5 refused a shower on 11/16/23. The facility did not provide additional shower sheets for November 2023.</p> <p>Resident 7</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Meadowood Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3805 Dexter Lane Clearlake, CA 95422	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the Admission Record indicated Resident 7 was admitted on [DATE] with diagnosis including but not limited to Alzheimer's Disease (type of dementia that causes problems with memory, thinking and behavior); Parkinson's Disease (disorder of the central nervous system that affects movement) and Adult Failure to Thrive (syndrome of weight loss, decreased appetite and poor nutrition, and inactivity, often accompanied by dehydration, depressive symptoms, impaired immune function, and low cholesterol).</p> <p>A review of the MDS dated [DATE] indicated Resident 7 had a BIMS score of 5 out of 15 (a score of 00 to 07 is severe impairment). Resident 7 was dependent (Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity) with shower.</p> <p>During an interview with the MRD on 5/07/24 at 1:12 p.m., when the MRD was asked to provide a copy of Resident 7 ' s shower log report for the month of January 2024 and February 2024, the MRD stated the facility did not have an electronic record to show whether the residents had shower or bed bath. However, she stated CNAs (Certified Nursing Assistant) were documenting on the shower sheets for type of baths provided to the resident. However, the facility did not provide a copy of shower sheets for Resident 7 at time of exit.</p> <p>Resident 6</p> <p>A review of the Admission Record indicated Resident 6 was admitted on [DATE] with diagnosis including but not limited to Low Back Pain, Major Depressive Disorder (a mental disorder characterized by a persistently depressed mood and long-term loss of pleasure or interest in life) and Chronic Pain Syndrome.</p> <p>A review of the MDS dated [DATE] indicated Resident 6 had a BIMS score of 15 out of 15 Resident 6 required setup or clean-up assistance (Resident completes activity. Helper assists only prior to or following the activity) with shower. The MDS indicated Resident 6 was occasionally incontinent (having no or insufficient voluntary control) of bladder function.</p> <p>During an interview with Resident 6 on 5/06/24 at 2:16 p.m., when Resident 6 was asked if she gets her shower on her scheduled shower days, Resident 6 stated no, she stated she has not received shower in two weeks. She stated she had to wash herself using the paper towel from the toilet because she was already having perineal (the region of the body between the anus and the genital organs) itching. Resident 6 stated she was scheduled to have shower every Tuesdays and Fridays. When Resident 6 was asked how important it is to her to get her shower, she stated very important. She stated she felt dirty without having a shower.</p> <p>During an interview with Unlicensed Staff A on 5/07/24 at 11:47 a.m., when asked about resident ' s shower schedule, Unlicensed Staff A stated residents were given shower two days per week and as requested. She stated should the resident refused shower, she would offer three times and report to the nurse. When Unlicensed Staff A was asked about the risks for the resident when not getting shower, she stated resident would be at risk for skin breakdown, dry skin, and dry scalp.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Meadowood Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3805 Dexter Lane Clearlake, CA 95422	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation in Resident 6 ' s room on 5/07/24 at 12:03 p.m., when Unlicensed Staff B reminded Resident 8 about her shower, Resident 6 asked Unlicensed Staff B if she could also have her shower. Unlicensed Staff B told Resident 6 that she was schedule to have her shower in the evening. Resident 6 stated, who would want to have shower when you are ready to go to sleep. Resident 6 told Unlicensed Staff B that she really wanted to have her hair washed since she had not had shower for two weeks.</p> <p>During an interview with Unlicensed Staff B on 5/07/24 at 12:09 p.m., when asked about shower schedule for the residents, she stated residents were given showers twice a week and as requested. She stated each resident have their own scheduled showers. When Unlicensed Staff B was asked what would she do if a resident requested shower out of her scheduled shower day, she stated if she was not too busy, she would give the resident a shower. When Unlicensed Staff B was asked how important shower is for the residents, she stated to maintain good hygiene and prevent from smelling and bacterial growth to skin.</p> <p>During an interview with the MRD on 5/07/24 at 1:12 p.m., when the MRD was asked to provide a copy of Resident 6 ' s shower log report for the month of April 2024 and May 2024, the MRD stated the facility did not have an electronic record to show whether the residents had shower or bed bath. However, she stated CNAs were documenting on the shower sheets for type of baths provided to the resident.</p> <p>A review of the document titled CNA Shower Sheet Documentation for April 2024 indicated Resident 6 refused shower on 4/16/24, 4/19/24, 4/23/24, 4/26/24 and 4/30/24. The facility did not provide shower sheets from 5/1/24 to 5/7/24.</p> <p>A review of the Facility policy and procedure titled Activities of Daily Living (ADLs), Supporting revised in March 2018 indicated, Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Meadowood Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3805 Dexter Lane Clearlake, CA 95422	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44968</p> <p>Based on observation, interviews and records review, the facility failed to ensure call lights (an alerting device for nurses or other nursing personnel to assist a patient when in need) were answered within five minutes per facility policy for two of three sampled residents (Resident 1 and Resident 3). This failure resulted in 1) Resident 1 to fall on the floor twice while attempting to go to the toilet without staff assistance causing Resident 1 to sustain right arm fracture; and 2) Resident 3 developed Moisture-associated skin damage (MASD - caused by prolonged exposure to various sources of moisture, including urine or stool) to his perirectal area from sitting on his poop for a long time. (Cross Reference F689)</p> <p>Findings:</p> <p>Resident 1</p> <p>A review of the Admission Record indicated Resident 1 was admitted on [DATE] with diagnosis including but not limited to Unsteadiness on Feet and Other Abnormalities of Gait (a manner of walking or moving on foot) and Mobility.</p> <p>A review of the ADL (Activities of Daily Living - the tasks of everyday life like eating, dressing, getting into or out of a bed or chair, taking a bath or shower, and using the toilet) Care Plan initiated on 11/30/23 indicated Resident 1 required moderate assistance (when the assisting person(s) or device(s) are required to perform approximately 50 percent of the work of a mobility task while the resident perform 50 percent of the work) with one-person assist for all transfers.</p> <p>A review of the Minimum Data Set (MDS -health status screening and assessment tool used for all residents) dated 12/04/23 indicated Resident 1 had a BIMS score of 14 out of 15 (Brief Interview for Mental Status - a 15-point cognitive [relating to the mental process involved in knowing, learning, and understanding things] screening measure that evaluates memory and orientation. A score of 13 to 15 is cognitively intact).</p> <p>A review of the Progress Notes dated 2/21/24 at 2:07 p.m. indicated Resident was found on his knees facing the bathroom/toilet.</p> <p>A review of the document titled Fall Investigative Summary (no date) indicated Resident 1 had a fall incident on 2/22/24 at 6:56 a.m. The document indicated an unidentified CNA (Certified Nursing Assistant) entered Resident 1 ' s room to answer the call light when Resident 1 was observed holding on the bathroom door handle while lowering himself to the floor. The document indicated Resident 1 was noted with skin tear to right elbow and on right forearm with scant blood.</p> <p>A review of the Progress Note dated 2/26/24 at 1:54 p.m. indicated Resident 1 returned to the facility from the hospital with a diagnosis of fractured (broken bone) humerus (upper arm bone).</p> <p>During an observation at the hallway on 5/06/24 at 2:21 p.m., the call light in room [ROOM NUMBER] was activated. An unidentified facility staff answered the call light at 2:29 p.m.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Meadowood Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3805 Dexter Lane Clearlake, CA 95422	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation and concurrent interview with Resident 1 in his room on 5/06/24 at 3:16 p.m., Resident 1 was sitting at the edge of his bed, awake. When asked about his fall incident on 2/22/24, Resident 1 stated he fell twice while he was in his old room. He stated he turned his call light on because he wanted to use the toilet, but it was taking long for the CNAs to answer his call light and could not wait any longer. He stated he had to go, so he attempted to go to the toilet without staff assistance and fell on the floor. Resident 1 stated he waited for more than twenty minutes for the CNA before he decided to go to the bathroom on his own.</p> <p>Resident 3</p> <p>A review of the Admission Record indicated Resident 3 was admitted on [DATE] with diagnosis including but not limited to Absence of right and left leg; Diabetes Mellitus (disease that result in too much sugar in the blood); and Muscle Weakness.</p> <p>A review of the MDS dated [DATE] indicated Resident 3 had a BIMS score of 14 out of 15. The MDS indicated Resident 3 was incontinent with bowel and bladder function (no control of the flow of urine and the release of stool). The MDS indicated Resident 3 required substantial/ maximal assistance (Helper lifts or holds trunk or limbs and provides more than half the effort) from staff to maintain perineal hygiene and transfers.</p> <p>A review of the Progress Note dated 5/03/24 at 10:15 a.m. indicated Resident 3 was noted with Moisture-associated skin damage to his perirectal area.</p> <p>During an interview with Resident 3 on 5/06/24 at 3:19 p.m., when asked how long he had to wait for the facility staff to answer his call light, Resident 3 stated he had to wait for a long time, maybe 20 minutes or longer. He stated he has no feet and could not transfer without staff assistance to use the toilet. When Resident 3 was asked what happened when he had to wait for a long time, Resident 3 stated he had to sit on his poop for a long time causing him to have sore on his butt.</p> <p>During an interview with Unlicensed Staff A on 5/07/24 at 11:44 a.m., when asked about the facility ' s policy regarding call light response, Unlicensed Staff A stated staff should answer the call light within three to five minutes or as soon as possible. When Unlicensed Staff A was asked about the risks for the residents if they had to wait for a long time for the call light to be answered, Unlicensed Staff A stated residents could fall when attempting to transfer or could choke when eating. She stated the resident might also be needing pain medication.</p> <p>During an interview with Unlicensed Staff B on 5/07/24 at 12:06 p.m., when Unlicensed Staff B was asked about the facility ' s policy regarding call light response, Unlicensed Staff B stated staff should answer the call light within three to five minutes and no more than five minutes. She stated if she could not assist the resident immediately, she would still answer the light and tell the resident she would be back. When Unlicensed Staff B was asked about the risk for the resident if his/ her call light was not answered or if resident had to wait for a long time, Unlicensed Staff B stated resident was at risk for falling from trying to transfer unassisted which could result in serious injuries.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Meadowood Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3805 Dexter Lane Clearlake, CA 95422	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with the Director of Staff Development (DSD) on 5/07/24 at 1:03 p.m.; when the DSD was asked about her expectation from facility staff to answer the call lights, the DSD stated staff were expected to help each other and answer the call light as soon as possible, and no more than five minutes. She stated it could be a safety issue for the residents when they are left waiting for too long for the call light to be answered.</p> <p>A review of the Facility policy and procedure titled Call System, Resident dated September 2022 indicated, Calls for assistance are answered as soon as possible, but no later than 5 minutes. Urgent requests for assistance are addressed immediately.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Meadowood Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3805 Dexter Lane Clearlake, CA 95422	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44968</p> <p>Based on observations, interviews and records review, the facility failed to ensure two of three sampled residents (Resident 1 and Resident 2) were free from accidents when:</p> <ol style="list-style-type: none"> 1. The facility staff took more than five minutes to answer Resident 1 ' s call light (an alerting device for nurses or other nursing personnel to assist a patient when in need), when Resident 1 turned on his call light for assistance to use the toilet. This failure resulted in Resident 1 to fall on the floor twice while attempting to go to the toilet without staff assistance causing Resident 1 to sustain right arm fracture. 2. The facility staff did not ensure Resident 2 was supervised when smoking. This failure resulted in Resident 2 to sustain cigarette burns to his right thigh and right scrotum (The bag of skin that holds and helps to protect the testicles). <p>Findings:</p> <p>Resident 1</p> <p>A review of the Admission Record indicated Resident 1 was admitted on [DATE] with diagnosis including but not limited to Unsteadiness on Feet and Other Abnormalities of Gait (a manner of walking or moving on foot) and Mobility.</p> <p>A review of the ADL (Activities of Daily Living - the tasks of everyday life like eating, dressing, getting into or out of a bed or chair, taking a bath or shower, and using the toilet) Care Plan initiated on 11/30/23 indicated Resident 1 required moderate assistance (when the assisting person(s) or device(s) are required to perform approximately 50 percent of the work of a mobility task while the resident perform 50 percent of the work) with one-person assist for all transfers.</p> <p>A review of the Minimum Data Set (MDS -health status screening and assessment tool used for all residents) dated 12/04/23 indicated Resident 1 had a BIMS score of 14 out of 15 (Brief Interview for Mental Status - a 15-point cognitive [relating to the mental process involved in knowing, learning, and understanding things] screening measure that evaluates memory and orientation. A score of 13 to 15 is cognitively intact).</p> <p>A review of the Progress Notes dated 2/21/24 at 2:07 p.m. indicated Resident was found on his knees facing the bathroom toilet.</p> <p>A review of the document titled Fall Investigative Summary (no date) indicated Resident 1 had a fall incident on 2/22/24 at 6:56 a.m. The document indicated an unidentified CNA (Certified Nursing Assistant) entered Resident 1 ' s room to answer the call light when Resident 1 was observed holding on the bathroom door handle while lowering himself to the floor. The document indicated Resident 1 was noted with skin tear to right elbow and on right forearm with scant blood.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Meadowood Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3805 Dexter Lane Clearlake, CA 95422	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>A review of the Progress Note dated 2/26/24 at 1:05 p.m. indicated Resident 1 was noted with right hand and arm swelling with large bluish-purple discoloration. The Progress Note indicated the physician gave an order to send Resident 1 to the hospital.</p> <p>A review of the Progress Note dated 2/26/24 at 1:54 p.m. indicated Resident 1 returned to the facility from the hospital with a diagnosis of fractured (broken bone) humerus (upper arm bone).</p> <p>During an observation in Resident 1 ' s room and concurrent interview with Unlicensed Staff A on 5/06/24 at 2:07 p.m., Resident 1 was observed sitting at the edge of his bed, both feet resting on the floor, and his head was resting on a pillow. Resident 1 appeared to be sleeping. Unlicensed Staff A was outside of Resident 1 ' s room documenting. When Unlicensed Staff A was asked if it was normal for Resident 1 to sleep while sitting at the edge of the bed, she stated, sometimes because he feels full. When Unlicensed Staff A asked Resident 1 if he wanted to lay down on bed, Resident 1 said yes. When Unlicensed Staff A was asked how much assistance was needed to transfer and walk Resident 1, Unlicensed Staff A stated Resident 1 required limited assistance (resident highly involve in activity; staff provide guided maneuvering of limbs or other non-weightbearing assistance) with transfer and walking.</p> <p>During an observation and concurrent interview with Resident 1 in his room on 5/06/24 at 3:16 p.m., Resident 1 was sitting at the edge of his bed, awake. When asked about his fall incident on 2/22/24, Resident 1 stated he fell twice while he was in his old room. He stated he turned his call light on because he wanted to use the toilet, but it was taking for the CNAs to answer his call light and could not wait any longer. He stated he had to go, so he attempted to go to the toilet without staff assistance and fell on the floor. Resident 1 stated he waited for more than twenty minutes for the CNA before he decided to go to the bathroom on his own.</p> <p>During an interview with Resident 3 on 5/06/24 at 3:19 p.m., when asked how long he had to wait for the facility staff to answer his call light, Resident 3 stated he had to wait for a long time, maybe 20 minutes or longer. He stated his left foot was amputated and could not transfer without staff assistance to use the toilet. When Resident 3 was asked what happened when he had to wait for a long time, Resident 3 stated he had to sit on his poop for a long time causing him to have sore on his butt.</p> <p>During an interview with Unlicensed Staff A on 5/07/24 at 11:44 a.m., when asked about the facility ' s policy regarding call light response, Unlicensed Staff A stated staff should answer the call light within three to five minutes or as soon as possible. When Unlicensed Staff A was asked about the risks for the residents if they had to wait for a long time for the call light to be answered, Unlicensed Staff A stated residents could fall when attempting to transfer or could choke when eating. She stated the resident might also be needing pain medication.</p> <p>During an interview with Unlicensed Staff B on 5/07/24 at 12:06 p.m., when Unlicensed Staff B was asked about the facility ' s policy regarding call light response, Unlicensed Staff B stated staff should answer the call light within three to five minutes and no more than five minutes. She stated if she could not assist the resident immediately, she would still answer the light and tell the resident she would be back. When Unlicensed Staff B was asked about the risk for the resident if his/ her call light was not answered or if resident had to wait for a long time, Unlicensed Staff B stated resident was at risk for falling from trying to transfer unassisted which could result to serious injuries.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Meadowood Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3805 Dexter Lane Clearlake, CA 95422	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During an interview with the Director of Staff Development (DSD) on 5/07/24 at 1:03 p.m.; when the DSD was asked about her expectation from facility staff to answer the call lights, the DSD stated staff were expected to help each other and answer the call light as soon as possible, and no more than five minutes. She stated it could be a safety issue for the residents when they are left waiting for too long for the call light to be answered.</p> <p>A review of the Facility policy and procedure titled Call System, Resident dated September 2022 indicated, Calls for assistance are answered as soon as possible, but no later than 5 minutes. Urgent requests for assistance are addressed immediately.</p> <p>A review of the Facility policy and procedure titled Activities of Daily Living (AD Ls), Supporting revised on March 2018 indicated, Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: .b. Mobility (transfer and ambulation, including walking); c. Elimination (toileting);</p> <p>Resident 2</p> <p>A review of the Admission Record indicated Resident 2 was admitted on [DATE] with diagnosis including but not limited to Left side Hemiplegia (the loss of the ability to move [and sometimes to feel anything] one side of the body); Anxiety Disorder (intense, excessive, and persistent worry and fear about everyday situations) and Nicotine Dependence (also called tobacco addiction).</p> <p>A review of the Smoking Care Plan initiated on 5/23/22 indicated Resident 2 smoked cigarette unsupervised. One of the Care Plan interventions indicated, smoking supplies will be kept in personal locker in activities.</p> <p>A review of the Minimum Data Set, dated dated [DATE] indicated Resident 2 had a BIMS score of 15 out of 15 points.</p> <p>A review of the Progress Notes dated 4/22/24 at 1:38 p.m. indicated Resident 2 was observed to have smoke emanating from his pants and brief. The Progress Note indicated an unidentified CNA removed Resident 2 ' s pants and put out the embers that were touching Resident 2 ' s skin. When Licensed Staff C assessed Resident 2, Licensed Staff C found small circular burn marks with ash on Resident 2 ' s right inner thigh and right scrotum.</p> <p>A review of the Progress Notes dated 4/22/24 at 4:11 p.m. indicated Resident 2 sustained two cigarette burns to his right upper thigh and one cigarette burn to his right groin with singed (burned slightly) hair. The burnt skin on the groin measured 0.5 cm. (centimeter - a measure of length) in length, 0.5 cm in width in depth (deepness). The burnt skin close to the groin measured 0.5 cm in length, 0.5 cm in width and 0.1 cm in depth, and the wound far from the groin measured 0.3 cm in length, 1.5 cm in width and 0.1 cm in depth. The Progress Note indicated Resident 2 stated he did not feel anything when the cigarette ash dropped on his lap, but he smelled hair burning.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Meadowood Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3805 Dexter Lane Clearlake, CA 95422	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>A review of the smoking Care Plan initiated on 4/22/24 indicated, [Resident 2] is now supervised smoker due to unsafe cigarette smoking practices. Care plan interventions indicated, Encourage smoking supervision to prevent any further burn injury from smoking cigarettes; Encourage use of smoking apron to prevent embers and hot ashes falling onto clothes; Encourage/ remind resident to wear smoking apron while smoking for safety PRN (as needed); and Resident to smoke outside with supervision in designated smoking areas set by facility.</p> <p>During an observation and concurrent interview with Resident 2 on 5/07/24 at 11:25 a.m., Resident 2 was sitting on his wheelchair in his room. When Resident 2 was asked about the cigarette burn incident on 4/22/24, he stated his pants caught on fire without knowing it. Resident 2 stated he had been smoking outside without staff supervision and had been keeping his cigarette and lighter. When Resident 2 was asked how often would he go out for a smoke, he stated at least every two hours.</p> <p>During an interview with Unlicensed Staff A on 5/07/24 at 11:50 a.m., when Unlicensed Staff A was asked about the facility ' s smoking policy, Unlicensed Staff A stated the facility had a set schedule for resident to smoke. She stated RNAs (Restorative Nursing Assistant) and activity staff provided close supervision to the resident who were outside smoking. When Unlicensed Staff A was asked about the risks for the residents who were allowed to smoke without staff supervision, Unlicensed Staff A stated resident ' s clothes could catch on fire, burn his/her finger, or could start a fire.</p> <p>During an observation at the back patio with Unlicensed Staff A on 5/07/24 at 11:54 a.m., Resident 2 and Resident 4 were outside smoking with no staff supervision. Both residents were not wearing a smoking apron. When Unlicensed Staff A was asked reason why Resident 2 and Resident 4 had no smoking apron while smoking cigarette, Unlicensed Staff A stated both residents were independent with smoking and did not require smoking apron and staff supervision.</p> <p>During an interview with Unlicensed Staff B on 5/07/24 at 12:11 p.m., when Unlicensed Staff B asked about the facility ' s smoking policy, Unlicensed Staff B stated smoker residents were allowed to smoke at 10:00 a. m., 1:30 p.m., 5:00 p.m., and 8:00 p.m. She stated activity staff provides supervision during daytime and CNAs provide supervision in the evening. When Unlicensed Staff B was asked about the risks for the residents who were allowed to smoke without staff supervision, Unlicensed Staff B stated resident could start a fire if on oxygen (a life-supporting component of the air) therapy, pants could catch on fire when lit cigarette was dropped accidentally.</p> <p>During an interview with the DSD on 5/07/24 at 1:03 p.m., when the DSD was asked about the burn incident involving Resident 2, the DSD stated prior to the incident, Resident 2 was allowed to smoke unsupervised. She stated after the incident, the facility set a smoking schedule for the residents to follow including Resident 2. The schedule was set at 10AM, 1 PM, 4:15 PM, and 8:15 PM. She stated RNA or Activity staff will provide supervision to include donning the smoking apron and lighting the cigarettes. She also stated that resident ' s cigarettes and lighters will be kept at the nurse ' s station. However, when this writer shared my observation with Resident 2 smoking unsupervised and with no smoking apron, the DSD stated Resident 2 always does what he wanted to do. She stated she will have to talk to the administrator to address this issue.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Meadowood Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3805 Dexter Lane Clearlake, CA 95422	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>A review of the Facility policy and procedure titled Smoking Policy - Residents revised on July 2017 indicated, This facility shall establish and maintain safe resident smoking practices. The policy indicated, Any resident with restricted smoking privileges requiring monitoring shall have the direct supervision of a staff member, family member, visitor or volunteer worker at all times while smoking.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Meadowood Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3805 Dexter Lane Clearlake, CA 95422	
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 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>44968</p> <p>Based on interviews and records review, the facility failed to ensure one of three sampled residents (Resident 5) was free from pain and discomfort when Resident 5 who had left hip arthroplasty (also known as hip replacement - a surgical procedure to replace some or all of a joint) and Chronic Pain (pain that lasts for longer than 3 months) did not receive her ordered pain medication according to the scheduled administration time. This failure resulted in Resident 5 to experience excruciating pain to the point that she was in tears.</p> <p>Findings:</p> <p>During a telephone interview with Resident 5 on 5/06/24 at 8:40 a.m., Resident 5 stated she was admitted to the facility to receive Physical Therapy after a left hip replacement. She stated she had a lot of pain from the recent hip replacement and past multiple surgeries. Resident 5 stated facility nurses were not giving her pain medication on time. She stated when she asked for her pain medicine, it would take more than two hours or more to get it causing her to experience excruciating pain to the point that she was in tears.</p> <p>A review of the Hospital Record titled Discharge Summary dated 9/29/23 indicated Resident 5 had a left hip arthroplasty (a surgical procedure to replace some or all of a joint) on 9/25/23. The Discharge Summary indicated Resident 5 had chronic pain with multiple surgeries of her neck and lower back.</p> <p>A review of the Minimum Data Set (MDS -health status screening and assessment tool used for all residents) dated 10/05/23 indicated Resident 5 had a BIMS score of 15 out of 15 points (Brief Interview for Mental Status - a 15-point cognitive [relating to the mental process involved in knowing, learning, and understanding things] screening measure that evaluates memory and orientation. A score of 13 to 15 is cognitively intact)</p> <p>A review of the Medication Administration Record (MAR) for November 2024 indicated an order for Oxycodone Hydrochloride ER 30 mg (milligram - a measure of weight) Oral Tablet to give one tablet every twelve hours for Chronic Pain at 9:00 a.m. and 9:00 p.m.</p> <p>A review of the Controlled Substance Accountability Sheet for Resident 5 indicated, Oxycontin (also known as Oxycodone) Tab (tablet) 30 mg ER take one tablet by mouth twice a day. The Controlled Substance Accountability Sheet indicated one tablet of Oxycontin 30 mg was signed off on 10/25/23 at 6:30 a.m. and 9:00 p.m.</p> <p>A review of the facility document titled Order Summary Report with date range 11/01/23 to 11/30/23 indicated the following physician ' s orders: Oxycontin (used to help relieve severe ongoing pain) Oral Tablet 20 mg to give one tablet every twelve hours for Chronic Pain for four days written on 11/05/23; and Norco Oral tablet 10-325 mg (Hydrocodone-Acetaminophen - used to relieve moderate to severe pain) to give 1 tablet every four hours as needed for moderate to severe pain written on 11/11/23.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Meadowood Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3805 Dexter Lane Clearlake, CA 95422	
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 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>A review of the document titled Medication Administration Audit Report from 11/01/23 to 11/22/23 indicated Resident 5 was given Oxycontin 20 mg Oral Tablet on 11/06/23 at 11:50 p.m. when the medication was scheduled to be given on 11/06/23 at 9:00 p.m.</p> <p>A review of the Progress Note dated 11/13/23 at 12:43 p.m. indicated Resident 5 discussed with Licensed Staff E about her concern regarding her pain not being managed. The Progress Note indicated, [Resident 5] stated that she will ask for her pain medicine and the nurse will bring it an hour or 1 1/2 hours later and sometimes even later then [sic] that.</p> <p>A review of the facility document titled Order Summary Report with date range 11/01/23 to 11/30/23 indicated the schedule for Norco was changed on 11/15/23 to Norco Oral tablet 10-325 mg to give 1 tablet by mouth every four hours for Chronic Pain</p> <p>A review of the Medication Administration Record (MAR) for November 2024 indicated an order for Norco Oral tablet 10-325 mg was scheduled to be given at 12:00 a.m.; 4:00 a.m.; 8:00 a.m.; 12:00 p.m.; 4:00 p.m.; and 8:00 p.m.</p> <p>A review of the document titled Medication Administration Audit Report from 11/01/23 to 11/22/23 indicated Resident 5 was given one tablet of Norco Oral Tablet 10-325 mg on the following dates and times:</p> <ul style="list-style-type: none"> - On 11/15/23 at 12:42 a.m. when the medication was scheduled to be given on 11/14/23 at 4:00 a.m. - On 11/16/23 at 5:38 p.m. when the medication was scheduled to be given on 11/16/23 at 4:00 p.m. - On 11/21/23 at 1:49 p.m. when the medication was scheduled to be given on 11/21/23 at 12:00 p.m. <p>During an interview and concurrent record review with the Director of Nursing (DON) on 5/07/24 at 12:44 p.m. , when the DON was asked about the facility ' s policy on medication administration, the DON stated the nurses could administer medications one hour before or one hour after the scheduled medication administration time. She stated nurses were expected to follow the doctors order and sign off the medication as soon as it was given to the resident. A review of the document titled Medication Administration Audit Report for Resident 5 with the DON, the document indicated an order for Norco oral tablet scheduled to be given at 4:00 a.m. on 11/14/23. However, the document indicated the medication was signed off on 11/15/23 at 12:42 a.m. The DON stated there was at least eight minutes delay in their EMAR (electronic medication administration record) when saving the licensed nurses signature; however, she stated it should not take an hour or more to save it.</p> <p>During an interview with Licensed Staff D on 5/07/24 at 1:27 pm., when Licensed Staff D was asked about the facility ' s policy on medication administration, Licensed Staff D stated nurses could administer medications one hour before or one hour after the scheduled medication time. Licensed Staff D stated nurses would sign off the medication as soon as the medication was administered. When Licensed Staff D was asked how would late pain medication administration affect the resident, Licensed Staff D stated administering the medication too late or too soon would affect the next scheduled administration time making pain management ineffective, and the resident could go through a lot of pain.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Meadowood Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3805 Dexter Lane Clearlake, CA 95422	
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 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>A review of the Facility policy and procedure titled Administering Medications revised in April 2019 indicated, Medications are administered in a safe and timely manner, and as prescribed. The policy ' s subcategory titled Policy Interpretation and Implementation indicated . 4. Medications are administered in accordance with prescriber orders, including any required time frame; . 5. Medication administration times are determined by resident need and benefit, not staff convenience. Factors that are considered include: a. Enhancing optimal therapeutic effect of the medication; . 7. Medications are administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Meadowood Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3805 Dexter Lane Clearlake, CA 95422	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>44968</p> <p>Based on interviews and records review, the facility failed to ensure one of three sampled residents (Resident 5) was free from significant medication errors, when Resident 5 ' s pain medications (Oxycodone and Oxycontin [used to help relieve severe ongoing pain]) were administered more than what was prescribed. This failure had the potential risks for Resident 5 ' s sedation, addiction, overdose or even death.</p> <p>Findings:</p> <p>A review of the Hospital Record titled Discharge Summary dated 9/29/23 indicated Resident 5 had a left hip arthroplasty (a surgical procedure to replace some or all of a joint) on 9/25/23. The Discharge Summary indicated Resident 5 had chronic pain (pain that lasts for longer than 3 months) with multiple surgeries of her neck and lower back.</p> <p>A review of the facility document titled Order Summary Report with date range 10/01/23 to 10/31/23 indicated a physician ' s order written on 10/24/23 for Oxycodone Hydrochloride ER (Extended Release - the pill is formulated so that the drug is released slowly over time) 30 mg (milligram - a measure of weight) Oral Tablet to give one tablet every twelve hours for Chronic Pain.</p> <p>A review of the Medication Administration Record (MAR) for November 2024 indicated an order for Oxycodone Hydrochloride ER 30 mg Oral Tablet to give one tablet every twelve hours for Chronic Pain at 9:00 a.m. and 9:00 p.m.</p> <p>A review of the Controlled Substance Accountability Sheet for Resident 5 indicated, Oxycontin (also known as Oxycodone) Tab (tablet) 30 mg ER take one tablet by mouth twice a day. The Controlled Substance Accountability Sheet indicated one tablet of Oxycontin 30 mg was signed off on 10/24/23 at 6:00 a.m.; 08:00 a.m.; and 9:00 p.m.</p> <p>A review of the facility document titled Order Summary Report with date range 11/01/23 to 11/30/23 indicated a physician ' s order written on 11/05/23 for Oxycontin Oral Tablet ER 20 mg to give one tablet every twelve hours for Chronic Pain for four days.</p> <p>A review of the Medication Administration Record (MAR) for November 2024 indicated an order for Oxycontin Oral Tablet ER 20 mg to give one tablet every twelve hours for Chronic Pain for four days at 9:00 a.m. and 9:00 p.m.</p> <p>A review of the Controlled Substance Accountability Sheet for Resident 5 indicated, Oxycontin Tab 20 mg ER take one tablet by mouth every twelve hours for Chronic Pain. The Controlled Substance Accountability Sheet indicated one tablet of Oxycontin 20 mg was signed off on 11/06/23 at 4:00 a.m.; 8:30 a.m.; and 9:00p. m.</p> <p>During an interview and concurrent record review with the Director of Nursing (DON) on 5/07/24 at 12:44 p.m. , when the DON was asked about the facility ' s policy on medication administration, the DON stated nurses were expected to follow the doctors order when administering medications.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Meadowood Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3805 Dexter Lane Clearlake, CA 95422	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During an interview with Licensed Staff D on 5/07/24 at 1:27 pm., when Licensed Staff D was asked about the facility ' s policy on medication administration, Licensed Staff D stated prior to medication administration, nurses must verify the right medication and right dosage for the resident. She stated nurses could administer medications one hour before or one hour after the scheduled medication time. She stated administering the medication too late or too soon would affect the next scheduled administration time and may affect the resident ' s wellbeing.</p> <p>A review of the Facility policy and procedure titled Administering Medications revised in April 2019 indicated, Medications are administered in a safe and timely manner, and as prescribed. The policy ' s subcategory titled Policy Interpretation and Implementation indicated, The individual administering the medication checks the label THREE (3) times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Meadowood Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3805 Dexter Lane Clearlake, CA 95422	
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44968</p> <p>Based on observations, interviews and records review, the facility failed to ensure call light was in good working condition for one of three sampled residents (Resident 8). This failure had the potential risk for Resident 8 ' s needs uncommunicated to the staff placing her at risk for neglect and harm.</p> <p>Findings:</p> <p>A review of the Admission Record indicated Resident 8 was admitted on [DATE] with diagnosis including but not limited to Age related cognitive [relating to the mental process involved in knowing, learning, and understanding things] decline, Chronic Obstructive Pulmonary Disease (COPD - diseases that cause airflow blockage and breathing-related problems), and Muscle Weakness.</p> <p>A review of the Minimum Data Set (MDS -health status screening and assessment tool used for all residents) dated 1/18/24 indicated Resident 8 had a BIMS score of 15 out of 15 (Brief Interview for Mental Status - a 15-point cognitive screening measure that evaluates memory and orientation. A score of 13 to 15 is cognitively intact). The MDS indicated Resident was continent with both bowel and bladder function and required setup or clean-up assistance (Resident completes activity. Helper assists only prior to or following the activity) with transfers.</p> <p>A review of the Progress Note dated 2/16/24 at 7:45 a.m. indicated Resident 8 was noted lying on the floor on her left side next to her bed.</p> <p>During an interview with Resident 8 on 5/06/24 at 2:12 p.m., when Resident 8 was asked about her fall incident on 2/16/24, Resident 8 stated she could not remember what happened.</p> <p>During an interview with Resident 6 on 5/07/24 at 11:58 a.m., when asked about the fall incident on 2/16/24 involving Resident 8, Resident 6 stated Resident 8 was on her bed prior to the incident. She stated Resident 8 stood up to go to the bathroom and fell on the floor. Resident 6 stated she was not sure if Resident 8 put her call light on. However, Resident 6 stated Resident 8 ' s call light had not been working for a long time. She stated she would turn her call light on for Resident 8 if she needed assistance.</p> <p>During an interview with Resident 8 and concurrent observation in Resident 8 ' s room on 5/07/24 at 12:01 p. m., when Resident 8 was asked if she could turn her call light on, the light did not turn on outside of Resident 8 ' s room. Resident 8 stated her call light had not been working for a long time. She stated Resident 6 would turn her call light on for her.</p> <p>During an observation in Resident 6 ' s room on 5/07/24 at 12:03 p.m., when Resident 6 was asked to turn her call light, the light outside her room lit. When Unlicensed Staff B entered the room to answer the call light, Unlicensed Staff B was told Resident 8 ' s call light was not working. Unlicensed Staff B checked the call light connection and verified the light was not working, she stated the call light connector that connects to the wall had an accumulated dirt or grease that is preventing a complete connection. Unlicensed Staff B removed the dirt and reconnected the call light which then worked after.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Meadowood Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3805 Dexter Lane Clearlake, CA 95422	

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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with the Maintenance Director on 5/07/24 at 1:22 p.m., when the Maintenance Director was asked about his process in making sure resident ' s call lights were working, the Maintenance Director stated he and his staff made sure to do daily room rounds to test the call lights. When the Maintenance Director was asked if he received a report that Resident 8 ' s call light was not working, he stated no. He stated he checked the call light in the morning on 5/07/24 and there was no problem.</p> <p>A review of the Facility policy and procedure titled Call System, Resident dated September 2022 indicated, Residents are provided with a means to call staff for assistance through a communication system that directly calls a staff member or a centralized workstation. The policy indicated, The resident call system remains functional at all times.</p>