

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 07/30/2024
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>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** 46132</p> <p>Based on interviews and record reviews, the facility failed to provide adequate supervision and assistance to prevent a fall for one out of two sampled residents (Resident 1), when:</p> <ol style="list-style-type: none"> 1. The facility's policy was not followed when Resident 1 was assisted by one staff only while using a mechanical lift to transfer Resident 1 from wheelchair to bed, and the policy indicated at least two nursing staff were needed to safely move a resident with a mechanical lift. 2. The staff completing the transfer for Resident 1 did not have a mechanical lift competency completed prior to Resident 1's fall incident on 3/21/24. <p>These failures resulted in Resident 1 sustaining a fall on 3/21/24, resulting in a left femoral fracture (a break in the thigh bone).</p> <p>Findings:</p> <p>During a review of Resident 1's face sheet (demographics), it indicated she was admitted to the facility on [DATE], with diagnoses of Hyperlipidemia (HLP, high levels of fat particles - lipids, in the blood), Quadriplegia (paralysis below the neck that affects all four limbs), and Anxiety disorder (persistent and excessive worry that interferes with daily activities). A review of Resident 1's Minimum Data Sheet Assessment (MDS, a standardized assessment tool that measures health status in nursing home residents), dated 7/18/24, Brief Interview for Mental Status Assessment (BIMS, a screen used to assist with identifying a resident's current cognition (the conscious and unconscious processes involved in thinking, perceiving, and reasoning and to help determine if any interventions need to occur) score was 15, indicating intact cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses). Resident 1 needed maximal assistance (staff performs more than half the effort of completing a task) up to dependent on staff, for the provision of personal care.</p> <p>A review of the X-Ray (imaging that creates pictures of the inside of your body) result, dated 3/25/24 at 13:08 (1:08 p.m.), indicated Resident 1 had a left femoral neck fracture.</p> <p>A review of Unlicensed Staff A's (CNA) Core Clinical Competencies-Mechanical Lift (sling lift) indicated he did not receive the competency test prior to Resident 1's fall on 3/21/24.</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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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A review of staff record indicated Unlicensed Staff A had an Employee Warning record note, dated 3/26/24, for not following standard of practice and facility protocol and record falsification resulting in Resident 1's injury.</p> <p>A review of the Nursing Readmission Note, dated 3/28/24, indicated Resident 1 came back from the hospital with a diagnosis of left partial hip replacement (removes and replaces the ball of the hip joint. It does not replace the socket) following left trochanteric neck fracture (a type of broken hip).</p> <p>A review of Resident 1's care plan (CP, a plan that specifies your health care and support needs and outlines how your provider will meet your requirements), dated 12/19/24, indicated Resident 1 used a Hoyer lift (mechanical lift) for all transfers with extensive assistance of at least two staff members.</p> <p>During an interview on 7/30/24 at 12:07 p.m., the Director of Nursing (DON) stated there should always be two staff present when using the lift for residents' safety.</p> <p>During an interview on 7/30/24 at 12:14 p.m., Licensed Staff B stated she was a nurse and did not transfer residents, however, she believed using mechanical lifts required two staff for safety precaution to prevent falls and accidents.</p> <p>During an interview on 7/30/24 at 12:16 p.m., Licensed Staff C stated there should be two staff present when using mechanical lifts to prevent falls and accidents.</p> <p>During an interview on 7/30/24 at 12:17 p.m., Unlicensed Staff D stated they were trained to use mechanical lifts before they were allowed to use it on a resident to ensure they knew how to use it safely and properly. Unlicensed Staff D stated there should always be two staff present when using the mechanical lift. Unlicensed Staff D stated this was to protect the residents from falls, accidents, and injuries.</p> <p>During an interview on 7/30/24 12:22 p.m., Unlicensed Staff E stated they were trained to use the mechanical lift to ensure they were using it right for residents' safety. Unlicensed Staff E stated at a minimum, there should always be two staff present when using the mechanical lift to prevent falls, accidents, and injuries.</p> <p>During an interview on 7/30/24 at 4:27 p.m., Resident 1 stated he could not recall if there were two staff that assisted him when he fell while being transferred using the mechanical lift. Resident 1 stated he believed someone could have caught him if there were two staff present during his transfer using the lift.</p> <p>During an interview on 7/30/24 at 4:56 p.m., Unlicensed Staff F stated they were trained to use the mechanical lift to ensure they knew how to use it properly and safely. Unlicensed Staff F stated she did not help Unlicensed Staff A when he transferred Resident 1 using the mechanical lift. Unlicensed Staff F stated, using a mechanical lift required two staff for safety and to prevent falls, accidents, and injuries.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/30/24 at 5:40 p.m., the Assistant Director of Nursing (ADON) stated staff was not following the mechanical lift policy and procedure when Resident 1 fell on [DATE], while using the mechanical lift. The ADON stated, transfers with mechanical lifts required two staff for safety. The ADON stated, if there were two staff present when Resident 1 was being transferred using the mechanical lift, staff could have caught Resident 1, which could result in a better outcome for his fall.</p> <p>During an interview on 7/30/24 at 6 p.m., the Administrator verified Unlicensed Staff A's Employee Warning record note, dated 3/26/24, was due to him not following the facility's protocol of having two staff present when using the mechanical lift.</p> <p>A review of the facility's policy and procedure (P&P) titled, Lifting Machine, using a Mechanical, revised 1/17/23, the P&P indicated, The purpose of this procedure is to establish general principles of safe lifting using a mechanical lifting device .at least 2 nursing staff are needed to safely move a resident with a mechanical lift.</p>		