

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 05/08/2025
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>40867</p> <p>Based on interview and record review, the facility failed to protect one resident (Resident 1) of seven sampled residents from misappropriation of resident property when Resident 1 ' s debit card was used by Certified Nurse Assistant 1 (CNA 1).</p> <p>This failure resulted in Resident 1 feeling taken advantage of, and stupid.</p> <p>Findings:</p> <p>A review of Resident 1 ' s admission record indicated admission to the facility in June 2023 with diagnosis which included polyneuropathy (a condition where multiple peripheral [outermost] nerves are damaged), intervertebral disc degeneration (a condition where the cushioning discs between the vertebrae [bones that make up the spine] in the spine wear down over time), arthritis (inflammation and damage in the joints), depressive disorder (a mental health condition characterized by symptoms like sadness, loss of interest and low energy), chronic pain syndrome (persistent pain), and adult failure to thrive (decline in overall health and well-being).</p> <p>A review of a Minimum Data Set (MDS- a federally mandated resident assessment tool), dated 3/24/25, indicated Resident 1 had no memory impairment.</p> <p>A review of Resident 1 ' s Situation, Background, Assessment, Recommendation (SBAR- a communication tool used by healthcare workers when there is a change of condition among the residents) Communication Form, dated 4/29/25, indicated, [Resident 1] expressed she gave her card to an employee who expressed financial concerns and needed to borrow money. [Resident 1] loaned employee money with the understanding she would be paid back. When [Resident 1] did not hear from employee after transaction [Resident 1] reported [the situation].</p> <p>A review of a progress note dated 4/30/25 at 12 p.m. indicated, [Social Service Director (SSD)] Spoke with [Resident 1] regarding fiduciary [a person who holds an ethical relationship of trust with one or more parties] abuse. [Resident 1] stated she felt stupid and cannot believe she fell for it .</p> <p>A review of the facility ' s document titled ETHICAL HOUSE RULES, dated 8/30/23 and signed by CNA 1, indicated, All personnel are prohibited from accepting gifts, tips, loans or financial dealings of any kind with any residents or visitor .Any employee removing any item from the facility without permission of the Administrator in writing will be terminated .This includes .residents personal belongings.</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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/6/25 at 2:20 a.m., Resident 1 stated she gave her debit card and pin number to CNA 1 to help her pay off her debt after she expressed financial hardships to her. Resident 1 expected to receive the money back. When Resident 1 did not see CNA 1 after the transaction, Resident 1 reported the incident to the facility. Resident 1 stated, She [CNA 1] hit me at a very vulnerable spot in my life. My son doesn ' t live here, and I have no visitors. I feel stupid and should have known better. My kindness was taken advantage of. How stupid can I be?</p> <p>During an interview on 5/6/25 at 3:12 p.m., CNA 2 stated, We [staff] are not allowed to accept gifts. No cash at all. If it ' s a gift, we need to ask our supervisor, even if it ' s just a cookie. But, absolutely no cash or bank card. CNA 2 confirmed staff are not allowed to remove resident ' s belongings from the facility.</p> <p>During an interview on 5/6/25 at 3:28 p.m., the SSD stated, We are not supposed to accept gifts from residents. We are not supposed to take their card for any reason. Staff should know this.</p> <p>During an interview on 5/6/25 at 3:42 p.m., the Administrator (ADM) stated, I had to terminate her [CNA 1] because she did take the card. She told me that she took the card and withdrew the money . The ADM stated her expectation was for employees not to accept gifts or money from residents, and further stated, . that is against our policy.</p> <p>A review of the facility ' s policy and procedure titled, Gift, Gratuities, and Payments, dated 2021, indicated, Our facility prohibits employees from receiving or giving any gift, gratuity, or payment for services rendered . The giving or accepting of anything of value by our employees to or from any of our suppliers, residents .is prohibited.</p> <p>A review of the facility ' s document titled [The Facility ' s] Employee Handbook, dated January 2025, indicated, Employees are prohibited from accepting gifts, tips, hospitality, or entertainment in any amount from or on behalf of a resident .</p>