

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 12/17/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on interviews and record review, the facility failed to ensure accurate documentation for one of six sampled residents (Resident 1), when Resident 1's Medication Administration Record (MAR) did not indicate the reason, a medication was not administered. This failure had the potential to cause physical discomfort and delayed healing of Resident 1's eye. Findings: A review of Resident 1's admission record indicated admission to the facility on 9/28/25 with diagnoses which included left eye keratitis (inflammation of the cornea (the eye's clear front dome) often caused by infection). A review on 12/17/25 of Resident 1's Minimum Data Set (MDS, a resident assessment tool) dated 9/25/25, indicated a Brief Interview for Mental Status (BIMS, an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 14 indicating no memory impairment. A review on 12/17/25 of Resident 1's MAR, dated November 2025, indicated Resident 1 did not receive her prescribed Vigamox(R) Ophthalmic Solution 0.5% on 11/9/25 at 5 p.m., 11/11/25 at 5 p.m., 11/12/25 at 9 a.m., and 11/14/25 at both 9 a.m. and 1 p.m. A review of Resident 1's medical record on 12/7/25 showed no corresponding nursing documentation indicating the reason the medication was not administered. In an interview on 12/17/25 at 12:31 p.m., the Director of Nursing (DON) confirmed there was no documentation to indicate a reason why Resident 1's eye medication was not administered. The DON stated the lack of medication administration documentation did not meet the facility's expectation. The DON stated nurses were expected to document why a medication was not given, notification of the physician, and what they did to follow-up with the medication. In an interview on 12/17/25 at 2:24 p.m., the facility Administrator stated, There needs to be documentation as to why a medication wasn't given and the DON needs to follow-up on the why. A review of the facility's policy and procedure titled Documentation of Medication Administration revised November 2022, indicated, A medication administration record is used to document all medications administered. and documentation of medication administration includes, at a minimum. reason(s) why a medication was withheld, not administered, or refused (as applicable).</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555490
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