

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  04/28/2026
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to maintain a clean, homelike environment when one of five sampled residents (Resident 1) had a soiled privacy curtain and food splattered on the ceiling above his bed. This failure made Resident 1 feel frustrated that facility staff were not doing their jobs to maintain a clean place for him to live. Review of Resident 1's face sheet (demographics) indicated Resident 1 was admitted to the facility on [DATE] with medical diagnoses including cervical radiculopathy (a pinched nerve in the neck) and depression, among others. During an observation and concurrent interview on 4/28/26 at 12:25 p.m., Resident 1 pointed out a stain on the privacy curtain between his and his roommate's beds. Resident 1 stated the curtain had not been washed for over a year. The privacy curtain was noted to have two brown smears, a cluster of dark gray spots as though a splatter of a liquid had landed on the curtain, and an area of a white crusty substance stuck to the curtain. Resident 1 also pointed to a brown splatter on the ceiling above his bed and stated it was chocolate pudding. Resident 1 stated the pudding had been there for about 9 or 10 months. Resident 1 stated the dirty curtain and ceiling made him feel frustrated that the facility staff did not do their job. During an observation and concurrent interview on 4/28/26 at 1:02 p.m., Environmental Services Supervisor (ESS) observed Resident 1's privacy curtain and verified the brown, dark gray, and white stains on the curtain. ESS verified the curtain needed to be cleaned. ESS observed the brown splatter on Resident 1's ceiling and verified it needed to be cleaned. ESS stated she did spot checks of rooms to ensure EVS staff were cleaning the rooms to her standards, but she had not noticed the curtain or ceiling. ESS stated she had started a deep clean routine recently in March 2026. ESS verified the deep clean included washing the privacy curtains. ESS stated Resident 1's room had not had a deep clean yet due to the Covid outbreak when the EVS department had to stop doing the deep cleans. ESS stated prior to March 2026 there was no set routine for washing the privacy curtains or deep cleaning the rooms. ESS stated the pudding on Resident 1's ceiling had probably been there for a bit. ESS stated she did not look up when doing spot checks and the housekeeper probably did not look up either when doing the daily room cleaning. During a phone interview on 4/29/26 at 3:40 p.m., Administrator stated that if the residents' privacy curtains were soiled, they absolutely need to be changed. Administrator stated she expected the privacy curtains to be washed on a routine schedule. Review of facility policy Homelike Environment, last revised 8/2025, indicated, Residents are provided with a safe, comfortable, and homelike environment. The facility staff shall provide, to the extent possible and within reasonable accommodation, a personalized, homelike setting including a clean and sanitary environment.</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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