STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555490	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowood Nursing Center	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and records review, the facility failed to ensure one resident out of two sampled residents (Resident 1) was free from abuse when Resident 2 hit him on the left arm.This failure had the potential to result in physical injury and/or psychological issues that can cause further decline in the residents' already frail health condition. Finding:A review of Resident 1's face sheet (front page of the chart that contains a summary of basic information about the resident), indicated he was admitted to the facility on [DATE] with diagnosis including generalized anxiety (mental health condition characterized by persistent, excessive, and uncontrollable worry about everyday things).A review of Resident 1's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 3/27/26, indicated he has 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 13 indicating he has no significant issues regarding memory, thinking, or reasoning abilities.A review of Resident 1's Situation, Background, Assessment, and Recommendation form (SBAR - a communication tool used by healthcare workers when there is a change of condition among the residents), dated 4/22/26 at 3:15 p.m., indicated he alleged another resident hit him on the arm on 4/22/26.A review of Resident 2's face sheet indicated she was admitted to the facility on [DATE] with diagnosis including depression and intermittent explosive disorder (a mental health condition characterized by recurring inability to control anger).A review of Resident 2's MDS dated [DATE], indicated she had a BIMS score of 13, indicating she has no significant issues regarding memory, thinking, or reasoning abilities.A review of Resident 2's SBAR, dated 4/22/26 at 7:48 p.m., indicated she allegedly hit another resident on 4/22/26.During an interview on 5/5/26 at 12:22 p.m. with Resident 1, Resident 1 stated, he remembers Resident 2 hit him on his left arm. Resident 1 stated Resident 2 is always screaming, he wanted to keep the peace, did not touch or approach her, but Resident 2 said you son of a bitch and hit his left arm.During an interview on 5/5/26 at 12:35 p.m. with Resident 2, Resident 2 stated she remembers the incident with Resident 1. Resident 2 stated Resident 1 annoyed her that time and she hit him.During a review of the policy Abuse, Neglect and Exploitation, dated 10/25, the policy indicated the facility to provide protection for the health, welfare and rights of each resident by developing and implementing written policies and procedure that prohibit and prevent abuse .The policy define abuse as the willful infliction of injury.with resulting physical harm, pain or mental anguish, which can include.resident to resident altercation.

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