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	06/23/2026

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to revise and implement a comprehensive, person-centered care plan following a significant change in condition for one of three sampled residents (Resident 1) reviewed for falls.The facility's failure to revise Resident 1's fall interventions following the fall on 4/9/26 may have contributed to Resident 1 sustaining a subsequent fall on 6/7/26, resulting in a left hip fracture requiring hospitalization.Record review of Resident 1's face sheet indicated the resident was admitted to the facility in 5/22 and readmitted on [DATE] following hospitalization for a left hip fracture sustained during a fall on 6/07/26. Relevant diagnoses included unsteadiness on feet, difficulty walking and moving safely, history of falls, chronic pain, and major depressive disorder. Record review further indicated Resident 1's most recent Brief Interview for Mental Status (BIMS, a cognition assessment), completed in May 2026, scored 14, indicating the resident was cognitively intact and able to participate in care planning.Record review of Resident 1's comprehensive care plan indicated that prior to the fall on 4/09/26, fall prevention interventions included use of a transfer pole, placement of a non-skid floor mat, a Call, Don't Fall reminder, and physical therapy evaluation as indicated.Record review of the care plan following Resident 1's fall on 4/09/26 indicated the fall prevention interventions remained substantially unchanged. The same interventions continued following the April fall. The Call, Don't Fall intervention was duplicated within the care plan; however, no additional individualized interventions were implemented to address the resident's increased fall risk following the fall.During interview on 6/23/26 at 3:05 p.m., Physical Therapist A stated that following the April 2026 fall, the resident declined restorative nursing services and continued to express the goal of transferring independently rather than walking. The therapist stated interventions included a non-skid floor mat and Call, Don't Fall reminders. The therapist stated Resident 1 was fearful of falling but desired to regain the ability to transfer independently.During interview on 6/23/26 at 3:30 p.m., the Director of Nursing reviewed the September 2025, April 2026, and June 2026 care plans with the surveyor and acknowledged the fall prevention interventions were not escalated following the resident's April 2026 fall. The Director of Nursing stated the interventions remained essentially the same following both falls and acknowledged additional interventions should have been implemented following the resident's change in condition.Record review indicated Resident 1 sustained a second fall on 6/07/26 while attempting to transfer to the bedside commode using the transfer pole. The resident sustained an acute left hip fracture requiring transfer to the hospital for evaluation and treatment.Record review of the facility policy titled, Comprehensive Care Plans, revised October 2025, indicated the interdisciplinary team was responsible for developing and revising comprehensive care plans that reflected the resident's assessed needs, strengths, goals, preferences, and significant changes in condition. The policy further indicated care plans were to be revised when interventions were ineffective or when a resident experienced a significant change in condition.Record review of the facility policy titled, Accident Prevention and Safety of Residents, revised October 2025, indicated the interdisciplinary care team was required to analyze information obtained from resident assessments and observations to identify resident-specific accident hazards (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and risks, develop individualized interventions to reduce identified risks, monitor the effectiveness of those interventions, and modify interventions as necessary. The policy further indicated resident supervision and interventions were to be adjusted based upon the resident's assessed needs and changes in condition.