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	01/24/2025

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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. 51682 Based on record review and interview, the facility failed to ensure a Notice of Medicare Non-Coverage (NOMNC) was issued to 2 (Resident #244 and Resident #245) of 3 sampled residents reviewed for beneficiary notification. Findings included: 1. An Admission Record indicated the facility admitted Resident #244 on 06/27/2024. According to the Admission Record, the resident had a medical history that included a diagnosis of paraplegia. Per the Admission Record, the resident discharged home on 08/19/2024. A Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/19/2024, revealed Resident #244 had a planned discharge to home/community on 08/19/2024. The SNF [skilled nursing facility] Beneficiary Notification Review, revealed Medicare Part A skilled services for the resident began on 07/11/2024 and the last covered day of Part A service was 08/18/2024. Per the SNF Beneficiary Notification Review, the facility initiated discharge of the resident from Medicare Part A services when benefit were days were not exhausted and a Notice of Medicare Non-Coverage, Form CMS-10123 was not provided to the resident. 2. An Admission Record indicated the facility admitted Resident #245 on 09/20/2024. According to the Admission Record, the resident had a medical history that included a diagnosis of rheumatoid arthritis. Per the Admission Record, the resident discharged home on 10/25/2024. A Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/25/2024, revealed Resident #245 had a planned discharge to home/community on 10/25/2024. The SNF [skilled nursing facility] Beneficiary Notification Review, revealed Medicare Part A skilled services for the resident began on 09/20/2024 and the last covered day of Part A service was 10/24/2024. Per the SNF Beneficiary Notification Review, the facility initiated discharge of the resident from Medicare Part A services when benefit were days were not exhausted and a Notice of Medicare Non-Coverage, Form CMS-10123 was not provided to the resident. (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

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 01/22/2025 at 3:30 PM, the Biller stated she was not able to provide a reason as to why the NOMNC was not issued to Resident #244 and Resident #245 and that she did not know why it was not done. During an interview on 01/24/2025 at 9:56 AM, the Business Office Manager stated that when a resident discharged from therapy, the Social Services Supervisor (SSS) was to deliver the NOMNC to the resident and/or the resident's responsible party at a minimum of two days prior to the resident being discharged from therapy caseload. The BOM stated she did not know why the notices were not issued. During an interview on 01/24/2025 at 10:20 AM, the SSS stated for the past six months she was responsible for the issuance of beneficiary notices. The SSS stated a NOMNC should be issued two to three days prior to last covered day of therapy services. During an interview on 01/24/2025 at 10:51 AM, the Director of Nursing (DON) stated a NOMNC should be given to a resident by the social worker 48 hours prior to discharge. The DON stated she did not know why the notices were not issued. During an interview on 01/24/2025 at 10:55 AM, the Administrator stated she expected the business office to oversee compliance with NOMNC notices. The Administrator stated she did not know why the notices were not given to the residents.

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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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 45645 Based on observation, interview, record review, and facility policy review, the facility failed to obtain a physician's orders for the use a respiration device for 1 (Resident #140) of 3 sampled residents reviewed for choices. Findings included: A facility policy titled, Acapella Device, indicated, The Acapella device is used to help remove mucus from the lungs by vibrating to loosen the secretions from the airway walls. Per the policy, A licensed nurse or Respiratory Therapist may utilize an Acapella device on a resident in a skilled nursing facility for airway clearance and to help improve respiratory function in various clinical situations, adding the resident's quality of life. All extensions of the Acapella would need to be accompanied by a physician's order. An Admission Record revealed the facility admitted Resident #140 on 01/08/2025. According to the Admission Record, the resident had a medical history that included diagnoses of acute pulmonary edema and pulmonary hypertension. An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/15/2025, revealed Resident #140 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident had intact cognition. Resident #140's care plan, included a focus area initiated 01/09/2025, that indicated the resident had potential for altered respiratory status/difficulty breathing. Interventions directed staff to administer medications/puffers as ordered and to monitor for effectiveness and side effects. During a concurrent observation and interview on 01/21/2025 at 10:03 AM, the surveyor noted a handheld device that one breathed into at the bedside of Resident #140. Resident #140 stated they had been administering the device to themself. During an interview on 01/23/2025 at 9:02 AM, Licensed Vocational Nurse (LVN) #1 reported he was not aware Resident #140 had a handheld device that one breathed into at their bedside. LVN #1 stated the resident should not have it and that he was going to remove it from the resident's room as there was no physician's order for the resident to have it. During an interview on 01/23/2025 at 11:19 AM, LVN #4 stated a physician's order was required for the use of medical devices, to include an Acapella device. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 01/23/2025 at 11:58 AM, Respiratory Therapist (RT) #3 stated an Aerobika and an Acapella were the same devices. RT #3 stated both were an oscillating positive expiratory pressure device that used a flutter valve to help break up secretions in a person's airway. RT #3 stated he did not know Resident #140 had a handheld device that one breathed into or Acapella device and that the resident must have gotten it from the hospital. RT #3 acknowledged that prior to 01/23/2025, the resident did not have a physician's order the use of the device. RT #3 stated if he saw the device, he would have called the physician to get an order for its use. RT #3 then acknowledged that he mentioned the device on an assessment that he completed prior, then stated he remembered the resident did have the device, but that he forgot to place an order for it. RT #3 stated since the concern was brought up by the surveyor, the physician had been notified and an order was obtained for the device use. Resident #140's Pulmonary Evaluation, signed by RT #3 and dated 01/13/2025, indicated Acapella usage was effective. Resident #140's Order Summary Report for active orders as of 01/24/2025, revealed an order dated 01/23/2025, for airway clearance therapy by way of an Acapella, exhale through the device two to three seconds and repeat 10 times, as tolerated every 24 hours as need for increased secretions or congestion until 01/31/2025. During an interview on 01/24/2025 at 10:29 AM, the Director of Nursing (DON) stated a physician's order was required for the use of an Acapella device for a resident and the device needed to be administered by either a RT or a registered nurse. The DON stated the expectation was for staff to follow the protocols when it came to medical devices. During an interview on 01/24/2025 at 12:40 PM, the Administrator stated the facility staff was expected to inform the nurse when a device was discovered at a resident's bedside to ensure the facility got a physician order and followed their pulmonary program policy.