| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 555639 | A. Building<br>B. Wing | 11/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| The Meadows of Napa Valley | 1900 Atrium Parkway<br>Napa, CA 94559 |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
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| F 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 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.<br><br>39621<br><br>Based on observation, interview and record review, the facility failed to ensure the shower room in hallway 400 of the facility was kept in good working condition when the water in one of the showers did not drain properly and broken tile with sharp edges was found in the shower room floor.<br><br>These failures increased the potential for residents to experience falls when water pooled and abrasions on their feet.<br><br>Findings:<br><br>During an interview on 11/04/24 at 2:14 p.m., Resident 19 stated the water in the 400 hallway shower room did not drain well. Resident 19 showed the Surveyor the shower room she was referring to.<br><br>During an observation on 11/04/24 between 2:37 p.m. and 2:42 p.m., in the 400 hallway shower room, the surveyor ran the water at full force for 5 minutes. After five minutes, the water created a pool on the shower floor. It took 5 minutes for the water to drain completely. During this observation the shower room floor had broken tile which created sharp edges capable of causing injuries to residents' feet.<br><br>During a concurrent interview and observation with Maintenance Staff E on 11/4/24 at 2:48 p.m., he stated pooling water in this particular shower room was an ongoing problem because hair accumulated in the drain. Maintenance Staff E stated he had been notified the water was backing up and not draining well in this shower about a month ago. Maintenance Staff E stated he cleared the hair out of the drain once a week. Maintenance Staff E stated the tile had been broken in this shower room for about a year. The Maintenance Staff E stated it had not been fixed because they were unable to find the same color of tile. Maintenance Staff E was observed pulling approximately six large chunks of hair out of the drain with a metal wire.<br><br>During an interview on 11/4/24 at 3:26 p.m., Certified Nurse Assistant F (CNA F) stated she had been working at the facility for about six months and had noticed the water always backed up in the 400 hallway shower room.<br><br>(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 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview on 11/6/24 at 3:37 p.m., Maintenance Lead G stated the 400 hallway shower room was checked every 3-4 weeks but only when there was a work order request submitted and usually they just removed the hair from the drain. Maintenance Lead G confirmed they did not perform regular checks on this shower, but instead waited for a call order to check it. Maintenance Lead G stated there was nothing they could do to prevent this shower from getting clogged because residents' hair kept falling out. Maintenance Lead G stated the reason the broken tile was not repaired was because the facility had plans to remodel it.<br><br>Record review of work orders from 9/30/24 to 11/4/24 indicated no work order was requested or completed on the shower room located in the 400 hallway of the facility.<br><br>Record review of the facility policy titled, Environmental Safety, last revised in February 2015, indicated, It is the policy of the Company to provide residents with a pleasant, homelike, clean and healthy environment that assures quality of life and enjoyment as well las meeting their physical, emotional and safety needs. |

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| F 0676<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39621<br><br>Based on observation, interview and record review, the facility failed to ensure one of twelve sampled residents (Resident 19) wore her hearing aids daily to be able to communicate effectively with staff.<br><br>This finding had the potential for Resident 19 to experience difficulty communicating with others and have feelings of isolation and loss of control.<br><br>Findings:<br><br>Record review of Resident 19's Face Sheet indicated she was admitted to the facility on [DATE] with medical diagnoses including cerebral infarction (a process that reduces blood flow to the brain).<br><br>Record review of a care plan for Resident 19 indicated, Hearing Ability: Adequate with a device .Hearing Appliances: Left and Right Hearing Aid.<br><br>During a concurrent interview and observation on 11/4/24 at 2:24 p.m., Resident 19 stated she could not understand the speech of the person conducting the bible studies at the facility. Resident 19 stated her hearing aids were not working, and she did not know what was wrong with them. Resident 19 stated she needed to work on having them checked out. At the time of this interview, Resident 19 was not observed wearing hearing aids, and had difficulty hearing, and she asked the Surveyors to remove their masks when speaking to her because she could not hear well.<br><br>During a second observation on 11/5/24 at 2:38 p.m., Resident 19 was observed in the hallway of the facility not wearing her hearing aids.<br><br>During a third observation on 11/6/24 at 1:30 p.m., Resident 19 observed in the hallway of the facility not wearing her hearing aids.<br><br>During a concurrent observation and interview on 11/7/24 at 3:45 p.m., Resident 19 was observed not wearing her hearing aids in the hallway of the facility. Certified Nurse Assistant I (CNA I) confirmed the observation and stated morning shift should have put them on. CNA I went to Resident 19's room, found the hearing aids, and checked them for functionality. Once he was able to turn them on, he put them in Resident 19's ears. Resident 19 immediately started to understand much better and answer the Surveyor's questions appropriately.<br><br>During an interview on 11/8/24 at 10:02 a.m., CNA J stated she was Resident 19's CNA on 11/7/24 during the morning shift. CNA J stated she attempted to assist Resident 19 in putting in her hearing aids but Resident 19 refused. CNA J stated she immediately notified the assigned licensed nurse of Resident 19's refusal to wear her hearing aids.<br><br>Record review of progress notes for Resident 19 from 11/4/24 to 11/7/24 at 1:04 p.m., did not indicate Resident 19 had refused to wear her hearing aids from 11/4/24 to 11/7/24.<br><br>(continued on next page) |

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| F 0676<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Record review of the facility policy titled Sensory Disabled-Care of, last revised in April of 2017, indicated, Special care will be taken to ensure that the person with disabilities will be provided with the equipment and attention needed to assure comfort, improved well-being and dignity .Hearing impaired individuals frequently have speech problems .While giving a.m. (morning) care, prepare the hearing aid for the resident if the resident is too ill, forgetful or confused to do it themselves. |

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| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38335<br><br>Based on interview and record review, the facility failed to provide adequate supervision needed to prevent accidents for one resident (Resident 196) of three sampled residents when Resident 196 was left on the toilet and the staff member left Resident 196's room.<br><br>This failure resulted in Resident 196 sustaining a spinal cord compression (when pressure is applied to the spinal cord causing swelling and restricted blood flow to the nerves and spinal cord) and death.<br><br>Findings:<br><br>A review of Resident 196's admission record indicated he was admitted to the facility on [DATE] with medical diagnosis which included: acute on chronic combined systolic and diastolic heart failure (a sudden worsening of a pre-existing condition where the heart struggles to both effectively pump blood out and fill with blood properly), difficulty in walking, need for assistance with personal care, and muscle weakness (lack of muscle strength).<br><br>A review of Resident 196's Fall Risk Evaluation dated 8/19/24 at 2:03 p.m. indicated within the previous six months of hospitalization notes Resident 196 had experienced an exacerbation (worsening of or an increase of symptoms) of congestive heart failure (CHF, a serious condition which occurs when the heart cannot pump enough blood throughout the body), generalized weakness, and poor exercise tolerance. This assessment also indicated the section titled Risk for Falls was not completed.<br><br>A review of Resident 196's Brief Interview for Mental Status (BIMS, an assessment used to measure a person's thought process and word recall) Evaluation dated 8/23/24 at 3:10 p.m. indicated a moderate cognitive impairment which meant a person may need extra assistance with daily activities.<br><br>A review of Resident 196's care plan initiated on 8/29/24 indicated, [Resident 196] is on diuretic [medication used to help the body get rid of excess fluid and salt] therapy .[related to] edema, HTN [hypertension], CHF . Interventions .Administer diuretic medications as ordered by physician. Monitor for side effects and effectiveness Q [every]- shift .Monitor/document/report PRN [as needed] adverse reactions to diuretic therapy: dizziness, postural hypotension [a condition that causes a sudden drop in blood pressure when you stand up after sitting or lying down], fatigue, and an increased risk for falls.<br><br>A review of Resident 196's witnessed fall document dated 9/4/24 at 10:06 a.m. indicated, Resident has an assisted fall in the common shower room at around 9:40 am. As per CNA [Certified Nursing Assistant], resident suddenly felt weak on his knees while getting dressed and holding onto the transfer bar .Resident . stated that he felt weak .Predisposing Physiological Factors .Gait Imbalance [check marked] . Weakness/Fainted [check marked] .<br><br>(continued on next page) |

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| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | A review of Resident 196's care plan initiated on 9/6/24 indicated, 9/4/24 at 10:00 AM [had an] assisted fall . Goal .no injury .Interventions .CNA to make sure w/c [wheelchair] is close to him before standing in shower room .Bilateral AFO (Ankle Foot Orthotic) inserts to go into his shoes to aid in walking.<br><br>A review of a change in condition evaluation dated 9/13/24 at 10:32 p.m., indicated, [At 10:30 p.m.] Resident [196] was ambulating with walker to reach for a blanket on the floor, resident states 'I reached too far and fell on my L [Left] side'. Resident was lying on L side with skin tear with mild bleeding noted on L hand measuring 3 cm [centimeters, a unit of measure].<br><br>A review of Resident 196's care plan initiated on 9/13/24 indicated, On 9/13/24 [Resident 196 had a fall] at [10:30 p.m.] .Goal .No further injury .Interventions .Transfer to ER [emergency room ] for evaluation.<br><br>A review of Resident 196's un-witnessed fall document dated 9/16/24 at 9:55 p.m. indicated, Bathroom call light was activated, upon arrival [Resident 196] was seen on the floor in a sitting position. Resident Description: He was unable to wait for assistance, he tried to stand from the toilet when he slid to the floor . Predisposing Physiological Factors .Weakness/Fainted [check marked]<br><br>A review of Resident 196's nursing care plan initiated on 9/17/24 indicated, On 9/16/24 [Resident 196 had a] fall [at 9:55 p.m.] .Goal .no injury .Interventions .Increase rounding at night [and] Post sign in room and bathroom to remind him to use call light.<br><br>A review of Resident 196's MDS dated [DATE] indicated, .04. Supervision or touching assistance- Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently .[Score] 04 [for] .Toilet transfer: The ability to get on and off a toilet .<br><br>A review of Resident 196's un-witnessed fall document dated 9/17/24 at 10 a.m. indicated, .Predisposing Physiological Factors .Weakness/Fainted/Syncope [a brief loss of consciousness that occurs due to a temporary drop in blood pressure] .Predisposing Situation .Ambulating without Assist [check marked] .At aprox [sic] 940 [a.m.] I answered call light and assisted [Resident 196] from bed to bathroom using FWW [front wheel walker]. After helping him sit on toilet I asked if he wanted me to stay with him or if he wanted a minute. He said he needed a few minutes and would use the light and call when he was done. I left and answered a call light in [another room] within a few minutes nurse said [Resident 196] was on the floor in the bathroom. I went to assist. Call light was not on When asked what happened He replied He did not know, He was trying to have a B.M. [bowel movement] and then was on the floor. We assisted him to the WC [wheelchair] with 3 people. Once in W/C 2 CNA and I were going to transfer to bed when he stated he was going to vomit. Nurse called. MD ordered to transfer to ER for evaluation .IDT [interdisciplinary team, a group of people with different areas of expertise who work together to achieve a common goal] review and recommended: If he return .move to a room closer to the nurses station.<br><br>(continued on next page) |

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| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | A review of a hospital discharge summary dated 9/17/24, indicated, .Hospitalist Discharge Summary and Death Certificate .Date of Admission: 9/17/2024 date of death : 9/19/24 .Immediate Cause of Death .Cervical cord compression .Underlying Cause leading to above: C1 and C2 vertebral fracture .Underlying Cause leading to above .Fall .Other significant conditions contributing to death but not resulting in the underlying cause given above .CHF .Principal Diagnosis: C1 and C2 vertebral fracture with cord compression . Secondary Diagnoses: Frequent falls. Status post fall .<br><br>In an interview on 11/7/24 at 2:38 p.m., the DON confirmed supervision was not increased after Resident 196's fall on 9/4/24 because this fall was witnessed. The DON confirmed the only intervention in the care plan for prevention of falls initiated on 9/13/24 was to transfer Resident 196 to the ER for evaluation. The DON stated this was not a good intervention for prevention of falls. The DON verified supervision of Resident 196 was not increased after this fall. The DON stated Resident 196 was taken to the toilet by the Director of Staff Development (DSD) but did not remain in the toilet area with him because he had requested privacy, therefore, staff stood outside waiting for him to call them when he was done.<br><br>The DSD was on vacation during this investigation and could not be interviewed.<br><br>A review of the facility policy and procedure titled Fall Reduction and Management Program . dated 10/2023 indicated, .Every effort be made to reduce and/or prevent falls from occurring and/or minimize serious injury if a fall should happen .Fall Risk Evaluation .The Licensed Nurse will .Complete a fall assessment upon admission .Considerations of special needs may include .Residents with recurrent falls .Toileting supervision: Whether resident needs direct supervision in the bathroom or whether resident can use bathroom call light independently .staff can remain directly outside the bathroom if resident requests .General Staff .All staff will keep alert to residents' need for safety, and will be vigilant and intervene as needed in situations that could precipitate a fall .All direct care staff .will pay close attention to residents identified at risk for falls.<br><br>39621<br><br>41175<br><br>27532 |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.<br><br>41175<br><br>Based on observation, interviews, and record review, the facility failed to ensure safe storage and disposal of medications when loose units of unidentified pills and an expired bubble pack of narcotics were found in one medication cart.<br><br>This failure put residents at risk of receiving expired medications that were potentially ineffective and unsafe for use and prevented prompt identification of possible loss and/or diversion (the illegal distribution or abuse of prescription drugs or their use for purposes not intended by the prescriber) of controlled drugs.<br><br>Findings:<br><br>During an observation of Medication Cart 1 on 11/6/24 at 10:09 a.m., four units of loose pills (two white cut pills, one yellow round pill, and one white oval pill) were found among the cart's drawer bins. All four pills were unlabeled and unidentifiable. Further inspection of the cart's narcotic bin revealed a bubble pack affixed with a label that indicated, Oxycodone 5MG TAB . Exp: 11/01/24 . There were five pills left in the bubble pack.<br><br>During a concurrent interview and observation of the cart on 11/6/24 at 10:28 a.m., Licensed Nurse O (LN O) stated the nurses on NOC (night) shift were expected to check the medication carts daily for any expired and/or unlabeled medications. LN O confirmed the presence of the loose pills and expired narcotics in the drawers and stated, They do not belong there. LN O stated the loose pills should have been identified during the cart checks and discarded, and the expired bubble pack of narcotics should have been removed and given to the Director of Nursing (DON) on 11/1/24 for disposal. LN O confirmed the resident whose name was affixed on the bubble pack was still in the facility and stated keeping an expired pack in the cart increased the risk of said resident to be given expired medications.<br><br>During an interview on 11/8/24 at 9:30 a.m., the DON stated medication carts were checked by the night shift staff every night. The DON stated all medications were expected to be checked for labels and expiration dates. The DON stated loose pills were not identifiable and should have been removed from the cart. The DON stated staff were expected to discard expired medications, with expired narcotics brought to her for disposal.<br><br>A review of the facility policy titled, Medication Administration: Disposition of Discontinued Medications, dated 6/2024, indicated, It is the policy of the Company to manage the disposition, destruction and disposal of discontinued and/or out-of-date medications in accordance with the Federal and State regulations and in a manner that ensures maximum safety for residents, nursing personnel and environment .Expired, deteriorated or unwanted controlled substances shall be destroyed by means that will assure protection against unauthorized possession or use . |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>41175<br><br>Based on observation, interview, and record review, the facility failed to ensure staff used and understood the need for appropriate Personal Protective Equipment (PPE) for one resident (Resident 5) of five sampled residents for infection control, who had a medical status that required Enhanced Barrier Precautions (EBP, an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes).<br><br>This failure had the potential to increase the risk of spread of MDROs and other infections among vulnerable residents, staff, and visitors.<br><br>Findings:<br><br>During an observation on 11/5/24 at 3:29 p.m., Resident 5 was calling for staff assistance to be transferred from her wheelchair to the toilet. Certified Nurse Assistants (CNA) L and CNA M donned gloves as they entered the room to help Resident 5. A sign posted on Resident 5's door indicated, ENHANCED BARRIER PRECAUTIONS .PROVIDERS AND STAFF MUST ALSO: Wear gloves and a gown for the following High-Contact Resident Care Activities. Dressing, Bathing/Showering, Transferring, Changing Linens, Providing Hygiene, Changing briefs or assisting with toileting, Device care or use: central line, urinary catheter, feeding tube, tracheostomy, Wound Care: any skin opening requiring a dressing .<br><br>During a concurrent interview and observation of the signage posted in front of Resident 5's room on 11/5/24 at 3:33 p.m. with CNAs L and M, both staff confirmed they only wore gloves as they transferred Resident 5 to the toilet. CNA M stated gowns were only required when changing (linens and/or briefs) and during wound care, but not during transfers. CNA L stated she was unsure, but confirmed the sign stated gowns were also needed during resident transfers. CNA M looked at the sign and stated he was also unsure as that was what he was taught, and added he would ask the nurse again.<br><br>During an interview outside Resident 5's room on 11/5/24 at 3:36 p.m. with the Director of Nursing (DON) and the Infection Preventionist (IP), the DON stated the facility followed Centers for Disease Control (CDC, the national public health agency for the United States) standards for infection control. Both staff confirmed Resident 5had the correct EBP signage on her door. The DON stated EBP was only required during Resident 5's wound care but not with other activities. The IP stated there was a list in the nursing station of the five residents currently on EBP, and staff were expected to refer to said list to confirm when to use both gloves and gowns for each resident. The DON stated the facility complied with the national guidelines as there was additional information from the CDC supporting their current practice. When a copy of this the additional information was requested, the DON stated she would consult with the facility's Regional Consultant.<br><br>During an interview on 11/6/24 at 10:01 a.m., the DON stated after she reached out to Regional Consultant, she was able to confirm both gowns and gloves were required during all activities listed on the signage. The DON stated CNAs L and M should have worn gowns and gloves while they transferred Resident 5 to the toilet. The DON acknowledged the concern of not following the CDC standards, as the staff received information which contradicted the national guidelines.<br><br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | A review of the facility policy titled, Infection Control Precautions - Categories of Transmission Based Precautions, dated 4/2024, indicated, Standard Precautions shall be used when caring for residents at all time regardless of their suspected or confirmed infection control status .Enhanced Barrier Precautions (EBP, CDC July 12, 2022) expand the use of gown and gloves beyond the anticipated blood or body fluid exposures .These precautions are intended to used broadly across the facility for residents who meet the criteria .be in place for the duration of the resident's stay in the facility or until the resolution of the wound or device is removed that initially placed them at risk . |