

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/06/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555089	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/27/2025
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NAME OF PROVIDER OR SUPPLIER  MEADOWS RIDGE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 E WASHINGTON STREET COLTON, CA 92324
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>The following reflects the findings of the California Department of Public Health during a complaint investigation.</p> <p>Complaint Number: CA00948200</p> <p>The inspection was limited to the specific complaint and does not reflect the findings of a full inspection of the facility.</p> <p>One deficiency was issued as a result of the complaint number: CA00948200.</p> <p>F 684 Quality of Care SS=D CFR(s): 483.25</p> <p>§ 483.25 Quality of care [REDACTED]</p> <p>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to follow its policy and procedure for "Administering Medications " for one of four sampled residents (Resident 4) when licensed staff did not monitor Resident 4's blood pressure and heart rate every six hours as ordered by resident 4's physician and give Hydralazine (medication to treat high blood pressure) as needed.</p> <p>This failure resulted in Resident 4 a clinically</p>	F 000	<p>F 684</p> <p><b>How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</b></p> <p>Resident 4 is no longer in the facility and was discharged 2/18/2025.</p> <p>On 3/5/2025 the DON initiated an in-service to the licensed staff regarding administering medication guidelines policy and procedure emphasizing on monitoring blood pressure for residents on anti-hypertensive medications as ordered by the physician.</p> <p><b>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</b></p> <p>On 3/5/2025 DON/Designee conducted an order and MAR review of all residents on anti-hypertensive medications. To ensure all residents with anti-hypertensive medications have BP monitoring as ordered by physician. No additional discrepancies</p>	3/26/25
F 684	<p>3/20/2025</p>	F 684		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [REDACTED]	TITLE Administrator	(X6) DATE 3/19/25
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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.

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F 684	<p>Continued From page 1</p> <p>compromised resident being sent to the hospital for evaluation and treatment.</p> <p>Findings:</p> <p>During a review of Resident 4's Admission Record (general demographics), the document indicated Resident 4 was last admitted to the facility on October 14, 2022, with diagnoses that included, [REDACTED]</p> <p>During a review of "Care Plan Report," indicated, "Focus: Resident is [REDACTED]"</p> <p>Goal: Will have no unrecognized s/s (signs and symptoms) of cardiac distress daily ... Interventions: Observe for headache, chest pain, irregular pulse, edema, shortness of breath, elevated BP, dizziness ... Monitor pulse rate and BP as ordered ... "</p> <p>During a review of "Weights and Vitals Summary " the last seven days prior to Resident 4 being sent to the hospital (February 18, 2025) indicated, were taken on February 17, 2025: 119/76 and February 10, 2025: 121/77.</p> <p>During review of "Licensed Nurses Note " dated, February 18, 2025, it indicated, "Resident was sent to [Name of hospital], at 2340 via gurney accompanied by two from [Name of ambulance company] due to hypertension ... "</p>	F 684	<p>were noted with the same deficient practice.</p> <p><b>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.</b></p> <p>The DON/designee will review new orders for anti-hypertensive medications weekly for 3 months to ensure all residents with orders have BP monitoring in place.</p> <p><b>How the facility plans to monitor its performance to make sure that solutions are sustained.</b></p> <p>Reporting and review of the above will occur monthly in QA Meeting with the QA Committee for 3 months.</p>	
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F 684	<p>Continued From page 2</p> <p>During a concurrent interview and review on February 27, 2025, at 11:05 AM, with Licensed Vocational Nurse (LVN 1), the Medication Administration Record (MAR) was reviewed. Medications to be given included "hydralazine HCl oral tablet 25 MG (Hydralazine HCl) Give 1 tablet by mouth every six hours as needed for HTN (hypertension) Hold if SBP (systolic blood pressure) &lt; (less than) 110 or HR (heart rate) &lt; 60. " There was no blood pressure and heart rate recordings on the MAR from February 1, 2025, to February 17, 2025, except February 18, 2025. LVN 1 stated, "I did not check his blood pressure every six hours. "</p> <p>During a concurrent interview and review on February 27, 2025, at 11:10 AM, with the Director of Nursing (DON), the physician's orders (Order Summary Report) was reviewed. Orders included hydralazine HCl oral tablet 25 MG (Hydralazine HCl) Give 1 tablet by mouth every 6 hours as needed for HTN (hypertension) Hold if SBP (systolic blood pressure) &lt; (less than) 110 or HR (heart rate) &lt; 60. " DON stated, "Nurses were doing weekly blood pressure check. "</p> <p>During a concurrent interview and record review on February 27, 2025, at 11:30 AM, with the DON, the facility's policy and procedure P&amp;P titled, "Administering Medications " dated April 2019, was reviewed. The P&amp;P indicated, " ... Medications are administered in a safe and timely manner, and as prescribed. ... " DON stated, "Staff did not follow physician's orders by checking the resident (Resident 4)'s blood pressure and heart rate as stated in the physician's order. I expected staff to have followed the physician's order. "</p>	F 684		
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