

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

PRINTED: 11/29/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055401	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/21/2022
NAME OF PROVIDER OR SUPPLIER MEADOWBROOK POST ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 461 E. JOHNSTON AVENUE HEMET, CA 92543		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during the investigation of two linked complaints.</p> <p>Complaint Numbers: CA00804185 and CA00805920.</p> <p>Representing the Department:</p> <p>Health Facilities Evaluator Nurse:</p> <p>38479</p> <p>The inspection was limited to the specific linked complaints investigated and does not represent the findings of a full inspection of the facility.</p> <p>Five deficiencies were identified for linked complaint numbers: CA00804185 and CA00805920.</p>	F 000			
F 558 SS=D	<p>Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3)</p> <p>§483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, for one of six residents reviewed (Resident 2), the facility failed to ensure Resident 2's call light was kept within the resident's reach on October 5, 2022.</p>	F 558			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055401		(X2) ARE YOU IN CONSTRUCTION YES _____ NO _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/21/2022	
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F 558	<p>Continued From page 1</p> <p>This facility failure had the potential to result in the facility not meeting the resident's needs when she Called for help and assistance.</p> <p>Findings:</p> <p>On October 5, 2022, at 10:10 a.m., an unannounced visit was conducted at the facility for the investigation of two complaints.</p> <p>On October 5, 2022, at 3:15 p.m., an observation of Resident 2's room identified Resident 2's call light was on top of the bedside dresser. Resident 2 was asked if she was able to reach her call light, Resident 2 responded, "They (staff) were supposed to put it where I can reach it." Resident 2 further stated that she just yells for help. Resident 2 stated, "They don't come when I call for help."</p> <p>On October 5, 2022, at 3:28 p.m., Certified Nursing Assistant I (CNA) was interviewed. CNA 1 stated that the call light must have been left by the morning shift on top of the bedside dresser. CNA 1 stated that it was placed where Resident 2 could not reach it. CNA 1 stated that if the resident could not reach the call light, Resident 2 will not be able to call for help.</p> <p>On October 6, 2022, Resident 2's medical record was reviewed. The Minimum Data Set (MDS- a resident assessment tool) Section G - Functional Status, dated August 31, 2022, indicated Resident 2 was limited and requiring extensive to total assistance on:</p> <p>Bed Mobility: 4/total dependence;</p> <p>Transfer: 4/total dependence;</p>			F 558	<p>F 558 Reasonable Accommodations Needs/Preferences</p> <p>Corrective action:</p> <p>Resident 2's called light was placed within reach.</p> <p>Identification of others</p> <p>Nursing staff were dispatched to check all resident call lights and make sure they were appropriately placed.</p> <p>Systemic change:</p> <p>DSD gave an in-service to all staff regarding the importance of proper placement of the call lights. DSD and Charge Nurse will make daily rounds to ensure that call cords are properly placed.</p> <p>Monitoring</p> <p>The Director of Nursing and DSD shall be responsible for monitoring for continued compliance and report to the Quality Assurance Committee at the quarterly meeting.</p>		11/29/2022

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F 558	Continued From page 2 Dressing: 3/Extensive assistance; Toilet Use: 4/Total dependence; Personal Hygiene: 4/Total dependence; Bathing: 4/Total dependence; Eating: 1/set up and supervision; and Functional Limitation in ROM, Upper extremity (shoulder, elbow, wrist, hand), 2= impairment on both sides. On October 6, 2022, at 11:50 a.m., the Administrator (ADM) and MDS/Licensed Vocational Nurse 3 (LVN) were interviewed. Both MDS/LVN 3 and ADM stated that the call light should be kept within the resident's reach at all times to ensure they were able to call for help and assistance. A review of the facility's policy and procedure titled, 'Answering the Call Light," dated October 2010, indicated, "Purpose: The purpose of this procedure is to respond to the resident's requests and needs. General Guidelines:... 4. Be sure that the call light is plugged in at all times. 5. When the resident is in bed or confined to a chair be sure the call light is within easy reach of the resident ... 8. Answer the resident's call as soon as possible..."	F 558			
F 679 SS=D	Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1) §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on	F 679			

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F 679	<p>Continued From page 3</p> <p>the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their Choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review for one of seven residents reviewed (Resident 1), the facility failed to ensure activities were available for residents to participate in when the facility failed to have an Activities Director for approximately six to eight months.</p> <p>This facility failure had the potential to limit Resident I's engagement into fulfilling activities that promote physical, mental, and social well-being.</p> <p>Findings:</p> <p>On October 5, 2022, at 10:10 a.m., an unannounced visit was conducted at the facility for the investigation of two complaints.</p> <p>On October 5, 2022, at 12:53 p.m., Resident 1 was interviewed. Resident 1 stated that she used to go to bingo every day but the previous Activity Director 2 (AD) went on maternity leave, and now only comes to the facility part time. Resident I stated that no activities were being held for the last six to eight months. Resident I stated that the new AD I came and said she will put up an activity schedule but she never did. Resident 1 stated that they don't get to do anything. Resident</p>	F 679	<p>F 679 Activities Meet Interest/Needs Each Resident</p> <p>Corrective action: Resident one was provided a schedule of activities by the Activities Director.</p> <p>Identification of Others As all residents are affected by the alleged deviancy no identification of individual residents is necessary.</p> <p>Systemic change: A-C I has been able to provide an activities calendar monthly and activities are being held daily per the calendar. An Activities person has been also been added to ensure weekend coverage and support to the department.</p> <p>Monitoring: Administration and Activities Director will work together to monitor that daily activities are being help according to the schedule. The results shall be reported to the Quality Assurance Committee at least quarterly for further recommendations and continued compliance.</p> <p>Completion date: 11/29/2022</p>	11/29/22	

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F 679	<p>Continued From page 4</p> <p>I stated, "I feel neglected." Resident 1 stated, the "so-called" new activity director told her that she would post a new activity schedule for bingo, but she never came back. Resident I stated, "I am beyond disappointed. The rest of us who go to activities feel the same."</p> <p>On October 5, 2022, at 2:27 p.m., AD 1 was interviewed regarding the old September activity schedule posted on the bulletin. AD I stated that she was not able to follow through with the months activities because she was still working on the completion of the calendar. AD I stated that the previous AD went part time after she was back from her maternity leave. AD I stated that if the facility had no planned activities for the residents, the residents would not have anything to keep them occupied and they could end up "stressed out."</p> <p>On October 6, 2022, at 11:30 am., a follow-up interview was conducted with AD 1. AD 1 stated that people are social in nature and indicated that the residents social needs have not been addressed for the last six to eight months. AD 1 stated, "The residents deserved better than that."</p> <p>A review of the facility policy and procedure titled, "Activity Programs," dated August 2006, indicated, "Policy Statement: Activity programs designed to meet the needs of each resident are available on a daily basis. Policy Interpretation: 1. Our activity programs are designed to encourage maximum individual participation and are geared to the resident's needs. 2. Activities are scheduled 7 (seven) days a week. 3. Our activity programs ... are designed to meet the needs and interests of each resident. .6. Scheduled activities are posted on the resident bulletin board. Activity</p>	F 679			

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F 679	Continued From page 5 schedules are also provided individually to residents..."			F 679			
F 686 SS= D	<p>Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii)</p> <p>§483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, for three of seven residents reviewed (Resident 2, 3, and 4), the facility failed to ensure skin care and wound treatments were performed as ordered on October 2 and 5, 2022.</p> <p>This facility failure had the potential for Residents 2, 3, and 4's skin conditions to deteriorate and risk infection.</p> <p>Findings:</p> <p>On October 5, 2022, at 10:10 a.m., an unannounced visit was conducted at the facility for the investigation of two complaints.</p> <p>On October 5, 2022, the Treatment</p>			F 686	<p>F 686 Treatment/Svcs to Prevent/Heal Pressure Ulcer</p> <p>Corrective action: Upon notice of the deficient practice, treatment nurse and DON met and evaluated resident 2, 3, and 4 and reviewed treatment orders. Treatment nurse reviewed and completed treatment orders for residents 2, 3, and 4.</p> <p>Identification of others: DON and treatment nurse reviewed all residents with current treatment orders and found no other resident being affected by the deficient practice. DON and Treatment nurse and Medical records reviewed TAR and confirmed that TARS were signed by assigned nurses. DON in-serviced licensed nurses regarding facility policy on treatment administration and performing/carrying out treatment orders. DON educated licensed nurses on performing treatment to all residents with treatment orders. Facility also brought in new wound provider to perform wound evaluations, treatment, and education.</p>		

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F 686	<p>Continued From page 6</p> <p>Administration Record (TAR) for Residents 2, 3, and 4, were reviewed. The TARS failed to indicate that Residents 2, 3, and 4 had their treatments performed when no signature was documented that the wound treatment and skin care had been done on October 2 and 5, 2022.</p> <p>On October 5, 2022, at 3:04 p.m., an interview was conducted with Resident 3 regarding his skin care. Resident 3 stated that his left ankle arthritic pain medication and hemorrhoidal relief cream had not been applied on Saturday, Sunday, Monday, and Tuesday (October 1, 2, 3, and 4, 2022). Resident 3 stated that his left ankle hurts when his arthritic pain relief was not applied and that his hemorrhoid dries out and bleeds when his hemorrhoidal cream relief is not applied as ordered.</p> <p>A review of Resident 3's facility TAR indicated Resident 3 was ordered the following treatments:</p> <ul style="list-style-type: none"> - "Voltaren Gel 1 % (topical gel applied to the skin for the relief of arthritic pain) apply to left ankle topically three times a day for arthritic pain." - "Hemorrhoidal Relief Cream 5% (hemorrhoid- a swollen and inflamed veins in the rectum and anus that cause discomfort and bleeding) Apply to Anus topically every day shift." <p>On October 5, 2022, at 3:15 p.m., an interview was conducted with Resident 2 regarding her skin care and wound treatments. Resident 2 stated that she had leg blisters for the last 7 years and when the dressing changes were not done her wounds were not healing and it had caused her pain. Resident 2 stated that the staff only provided her treatments when she had asked for</p>	F 686	<p>Monitoring:</p> <p>Medical records will perform daily audits on TAR and will provide reports to DON and Administrator. DON and designee will review daily reports from medical records to ensure compliance in TAR policy and procedure. QA committee will review findings during the QA committee meeting.</p> <p>Completion date: 12/10/2022</p>			

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F 686	<p>Continued From page 7</p> <p>it. Resident 2 stated that her dressing and treatments were not done on Saturday, Sunday, and today (October 1, 2, and 5, 2022).</p> <p>A review of Resident 2's facility TAR indicated Resident 2 was ordered the following treatments:</p> <ul style="list-style-type: none"> - "Calmoseptine Ointment 0.44 - 20.6 % (Protects, soothes, helps promote healing. Prevent and heal skin irritations) Apply to Left buttock topically every day shift for Wound Maintenance...." - "Cleanse with NS (Normal Saline), pat dry, wrap with Xeroform (an occlusive dressing that keeps air out, which can help to protect the area), wrap with kerlix, tape, daily every shift for Right lower extremity scattered wound..." - "Cleanse with NS, pat dry, apply Hydrogel (gel that traps and retain water, provides cooling and soothing effect on the skin), wrap with Xeroform, wrap with Kerlix, tape, daily every day for Left lower extremity scattered wound..." - "Left inferior (lower) buttock pressure wound, cleanse with NS, pat dry, apply Collagen, DD, daily, every day shift." <p>On October 5, 2022, at 3:40 p.m., an interview was conducted with Resident 4 regarding his skin care and wound treatments. Resident 4 stated that his treatments were not done today, October 5, 2022.</p> <p>A review of Resident 4's facility TAR indicated Resident 4 was ordered the following treatments:</p> <ul style="list-style-type: none"> - "Apply Calmoseptine Cream to Peri area 			F 686			

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F 686	<p>Continued From page 8</p> <p>extending to bilateral buttocks every shift for skin maintenance.</p> <p>- 'Voltaren Gel 1 % Apply to both knees topically three times a day for arthritic pain.</p> <p>On October 6, 2022, at 9:54 am., the Treatment Nurse/Licensed Vocational Nurse 1 (TXN/LVN) was interviewed. The TXN/LVN 1 stated that Resident 3's medication for his hemorrhoid was not available and that it had been ordered last week. The TXN/LVN 1 stated that Resident 3's medication had not been started. TXN/LVN 1 stated that if Resident 3's treatments were not done, Resident 3 could suffer a lot of pain and/or his hemorrhoid could bleed.</p> <p>A review of the TAR was conducted with the TXN/LVN 1. The TAR indicated treatments were not signed for on residents on the North Station on October 2 and October 5, 2022. The TXN/LVN 1 stated that if the TAR was not signed for it may indicate that the treatment was not done that day. The TXN/LVN 1 stated that if it was a registry nurse that had worked on those days, they may not have known that they were supposed to do the treatment if there was no treatment nurse assigned that day. The TXN/LVN 1 stated that if the residents missed their treatments, they could actually develop pressure ulcers, skin tears, or infection from old dressings where the bacteria could build up and set in.</p> <p>On October 6, 2022, at 11:50 am., the Administrator and Minimum Data Set Coordinator (MDS)/LVN 3 were interviewed. The MDS/LVN 3 stated that residents could develop sepsis and a wound could get worst if treatments were not performed as ordered. The MDS/LVN 3 stated</p>	F 686			

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F 686	Continued From page 9 that infection could set in and that bleeding could occur, and increased pain and inflammation could result if wound treatments were not done. A review of the facility policy and procedure titled, "Administering Medications," dated December 2012, indicated, "Policy Statement: Medications shall be administered in a safe and timely manner, and as prescribed. Policy Interpretation and Implementation: ... 3. Medications must be administered in accordance with the orders, including any required time frame ... 21. Topical medications used in treatments must be recorded on the resident's treatment record (TAR)..." Pain Management CFR(s): 483.25(k)			F 686	F697 Pain Management Corrective action: Resident 1 medication is already available and was provided as ordered. Facility replaced pharmacy provider effective Sept 1st, 2022, and Administrator and DON confirmed receipt of resident medications. Resident 1 was also evaluated for pain and effectiveness of pain medication regimen with no negative outcome.				
F 697 SS=D	§483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, for one of seven residents reviewed (Resident 1), the facility failed to ensure pain control medications were available and administered as ordered on September 7, 11, 12, 13, and 19, 2022. This facility failure had the potential to result in complications such as withdrawal symptoms, unrelieved pain and discomfort for Resident 1. Findings:			F 697	Identification of others DON and Administrator reviewed with charge nurses all resident medications from new pharmacy provider and all medications were accounted and available to dispense. Systemic change: Facility changed pharmacy provider to ensure that all medications are available. Charge nurses were in-serviced by DON regarding reviewing all medications upon delivery and to notifying pharmacy and administrator if medication is not immediately available. Pharmacy provider to provide monthly medication review.				

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F 697	<p>Continued From page 10</p> <p>On October 5, 2022, at 10:10 a.m., an unannounced visit was conducted at the facility for the investigation of two complaints.</p> <p>On October 5, 2022, at 12:53 p.m., Resident 1 was interviewed. Resident 1 stated that she had been in the facility for a year. Resident 1 stated that she had been having stomach discomfort. She stated that she had been seen by a doctor and had a scan done, but they had not found anything. Resident 1 stated that she had been having stomach pain for well over a full year and she had been taking pain medication four times a day to treat the pain. Resident 1 stated that she sometimes does not get her medication for pain control when she is scheduled to receive it. Resident 1 stated that the pharmacy had not delivered her pain medication last month. Resident 1 explained that she had suffered in pain, and had experienced withdrawal symptoms. Resident 1 stated, "My bones and joints hurt when I go without my medications."</p> <p>On October 6, 2022, Resident 1's record was reviewed. Resident 1 was 72 years old, and was admitted to the facility on November 24, 2017, for long term care. Resident 1 diagnoses included Diabetes Mellitus (a chronic condition that affects the way the body processes blood sugar), hypertension (HTN- high blood pressure), chronic obstructive pulmonary disease (COPD- a group of lung diseases that blocks airflow and make it difficult to breathe), Osteoporosis/Osteoarthritis (a weak and brittle bone), and chronic pain.</p> <p>A review of the Medication Administration Record (MAR) for September 2022, indicated, "oxyCODONE HCl Tablet 30 MG Give 1 tablet by mouth every 6 hours for severe pain," was not</p>	F 697	<p>Monitoring:</p> <p>Pharmacy provider will submit monthly reports of medication review to Administrator and QA committee for review. Charge nurse will report to DON and or designee for any medication needs for immediate action to ensure that there is no delay in resident medication availability.</p> <p>Completion date: 12/01/2022</p>		

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

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FORM APPROVED
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055401	Multiple CONSTRUCTION ADDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/21/2022
NAME OF PROVIDER OR SUPPLIER MEADOWBROOK POST ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 461 E. JOHNSTON AVENUE HEMET, CA 92543		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 697	<p>Continued From page 11 administered as ordered:</p> <p>On September 7, 2022, at 12:00 p.m. (0000 midnight) and 6:00 am. (0600 am.), pain scale 7/10 (1 = least amount of pain, 10 severe pain), "Medication not on hand. Waiting on pharmacy";</p> <p>On September 11, 2022, at 12:00 am., 6:00 am., and 12:00 noon, and 6:00 p.m. (18:00), pain scale 6-8/10, 'not given, awaiting delivery from pharmacy";</p> <p>On September 12, 2022, at 12:00 p.m., 6:00 am., 12:00 noon, and 6:00 p.m., pain scale 6/10, not given, awaiting delivery from pharmacy";</p> <p>pharmacy"; On September 13, 2022, at 12:00 p.m., 6:00 am., and 12:00 noon, pain scale 6-7/10, "not given, awaiting delivery from pharmacy"; and</p> <p>On September 19, 2022, at 12:00 p.m., 6:00 a.m., 12:00 noon, and 6:00 p.m., pain scale 8/10, not given, awaiting delivery from pharmacy."</p> <p>There was no documented evidence identified in Resident I's facility record that indicated the pharmacy's failure to provide the ordered medications had been reported to the physician and/or facility management for the issue to be addressed and acted upon.</p> <p>On October 5, 2022, at 10:51 am., Licensed Vocational Nurse 2 (LVN) was interviewed. LVN 2 stated that the medication refill for Resident 1 was not completed when the facility changed pharmacy providers. LVN 2 stated that the physician had failed to signed Resident I's prescription refill. LVN 2 stated that the physician had to sign for the medication so the residents</p>	F 697			

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FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055401		CONSTRUCTION A BLDG _____ B WING _____		(X3) DATE SURVEY COMPLETED C 11/21/2022	
NAME OF PROVIDER OR SUPPLIER MEADOWBROOK POST ACUTE				STREET ADDRESS, CITY, STATE, ZIP CODE 461 E. JOHNSTON AVENUE HEMET, CA 92543			
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F 697	<p>Continued From page 12</p> <p>Could receive refills of their ordered narcotics. LVN 2 stated that the residents needed their medication for pain control and management.</p> <p>On October 6, 2022, at 11:50 a.m., the Administrator (ADM) and Minimum Data Set Coordinator (MDS- a resident assessment tool)/LVN 3 were interviewed. The ADM and MDS Coordinator/LVN 3 stated that if residents did not receive their medications on time, their pain could increase and become uncontrolled. The ADM and MDS/LVN 3 stated for those residents that had been on the medication for maintenance for years, the residents could suffer from withdrawal symptoms, and some may suffer increased anxiety that may result in physical and emotional complications.</p> <p>A review of the facility policy and procedure titled, "Administering Medications," dated December 2012, indicated, "Policy Statement: Medications shall be administered in a safe and timely manner, and as prescribed. Policy Interpretation and Implementation: 3. Medications must be administered in accordance with the orders, including any required time frame. 4. Medications must be administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders)." RN 8 Hrs/7 days/Wk, Full Time DON</p> <p>CFR(s): 483.35(b)(1)-(3)</p> <p>§483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.</p>			F 697			
F 727 SS=E				F 727			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER MEADOWBROOK POST ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 461 E. JOHNSTON AVENUE HEMET, CA 92543		
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F 727	<p>Continued From page 13</p> <p>§483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.</p> <p>§483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure the services of a registered nurse (RN) for at least eight consecutive hours a day, seven days a week for 51 facility residents on October 1, 2 and 4, 2022.</p> <p>This facility failure had the potential to result in delayed identification and treatment of life-threatening medical conditions thus compromising the health and safety of the vulnerable population in the facility.</p> <p>Findings:</p> <p>On October 5, 2022, at 10:10 am., an unannounced visit was conducted at the facility for the investigation of two complaints.</p> <p>On October 5, 2022, at 10:35 am., the Administrator was interviewed. The Administrator verified that the Director of Nursing (DON) had left the facility and that her last day of work had been September 30, 2022. The Administrator stated that the owner was in the facility and had provided RN coverage on October 3, 2022. The Administrator was unable to provide documented evidence that an RN had worked in the facility on October 1, 2, and 4, 2022. The Administrator stated that there should be an RN daily for</p>	F 727			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055401	<input checked="" type="checkbox"/> COMPLETE BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/21/2022
NAME OF PROVIDER OR SUPPLIER MEADOWB ROOK POST ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 461 E. JOHNSTON AVENUE HEMET, CA 92543		
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F 727	<p>Continued From page 14 coverage in the facility.</p> <p>On October 6, 2022, at 1:27 p.m., the Administrator and Minimum Data Set Coordinator/Licensed Vocational Nurse 3 (MDS/LVN) were interviewed regarding the lack of RN coverage and the possible effects to the care provided to the residents. The Administrator confirmed that there were three days this month that the facility had no RN coverage. The Administrator stated that an RN was required on a daily basis to be present and to provide leadership and supervision of the skilled nursing care provided in the facility.</p> <p>A review of the facility's undated Nursing Supervisor "Registered Nurse," "JOB DESCRIPTION AND PERFORMANCE STANDARDS," indicated, "The purpose of this position is to assist the Director of Nursing Service in assessing resident care needs and implementing appropriate action. Implement nursing policies and procedures. Supervise staffing for the nursing department and supervise the quality of nursing care provided to residents ... The primary functions and responsibilities of this position are as follows: 1. Direct, evaluate and supervise all resident care and initiate corrective actions. 2. Make daily resident rounds and report status of nursing care to the Director of Nursing Service and Administrator..."</p>	F 727	<p>F 727 RN 8 Hrs / & days/Wk. Full Time DON</p> <p>Corrective action: Facility hired via nursing registry, FT RN to work 7 days a week/8 hrs a day.</p> <p>Identification of others: No resident was affected by the deficient practice and there was no negative outcome from the deficient practice.</p> <p>Systemic change: Facility to maintain RN staff 7 days a week/ 8 hrs a day. Facility continued to post RN needs through Indeed</p> <p>Monitoring: Administrator to confirm facility is staff with an RN 7 days a week, 8 hrs. per day. DSD to submit staffing report daily to the Administrator and DON. Results will be reported to the Quality Assurance Committee at least quarterly for continued compliance.</p> <p>Completion date: 12/02/2022</p>		