

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

PRINTED: 03/17/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555125	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/10/2017
NAME OF PROVIDER OR SUPPLIER LINWOOD MEADOWS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4444 WEST MEADOW VISALIA, CA 93277		
(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	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated standard survey. Complaint Number: 522436 Representing the Department: 35286, HFEN The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was written as a result of complaint 522436. 483.12(b)(1)-(3), 483.95(c)(1)-(3) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES 483.12 (b) The facility must develop and implement written policies and procedures that: (1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, (2) Establish policies and procedures to investigate any such allegations, and (3) Include training as required at paragraph §483.95, 483.95 (c) Abuse, neglect, and exploitation. In addition to the freedom from abuse, neglect, and exploitation	F 000	<ul style="list-style-type: none"> Preparation and/or execution of this Plan of Correction, inclusive of pages 1 through 4, does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by provisions of 42 CFR 483, et seq., and Health and Safety Code Section 1280. In response to the Department's findings we submit the following Plan of Correction which shall constitute Linwood Meadows credible for allegation of compliance. 		
F 226 SS=D	483.12 (b) The facility must develop and implement written policies and procedures that: (1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, (2) Establish policies and procedures to investigate any such allegations, and (3) Include training as required at paragraph §483.95, 483.95 (c) Abuse, neglect, and exploitation. In addition to the freedom from abuse, neglect, and exploitation	F 226	<p><u>F 266 DEVELOP IMPLEMENT ABUSE/NEGLECT, ETC POLICIES</u></p> <p>-Resident(s) found to be affected by identified practice</p> <p>Resident # 1 discharged from the facility on 07/29/2016. The department of District Attorney investigated and closed the alleged case of financial abuse at the end of July 2016 with no findings.</p>	4/9/17	

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.

3/28/17 POC accepted 279x

pending EOC
3/28 EOC need
reviewed

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F 226	<p>Continued From page 1</p> <p>requirements in § 483.12, facilities must also provide training to their staff that at a minimum educates staff on-</p> <p>(c)(1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property as set forth at § 483.12.</p> <p>(c)(2) Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property</p> <p>(c)(3) Dementia management and resident abuse prevention.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to report to the California Department of Public Health (CDPH) and investigate an allegation of financial abuse for one of three sampled residents (1). This had the potential to expose the resident to further harm.</p> <p>Findings:</p> <p>The clinical record for Resident 1 was reviewed. The Minimum Data Set (MDS - a comprehensive assessment tool) dated 6/8/16, indicated under Brief Interview for Mental Status (BIMS) a score of 13 (a score of 13-15 indicates the resident was cognitively intact). The progress notes for Resident 1 dated 6/7/16, at 9:29 AM, indicated, "Resident is alert and oriented, with usual level of forgetfulness."</p> <p>The progress notes for Resident 1 dated 6/30/16, at 10:52 AM, indicated "SSD (Social Service Director) spoke with (District Attorney-DA) at Tulare County DA office today. (DA) states she</p>	F 226	<p>-Potential residents to be affected by identified practice:</p> <p>No other resident noted and reported to be affected from the identified practice.</p> <p>-Corrective action implemented so identified practice will not recur:</p> <p>The ADM reeducated the Social Services Director on reporting financial abuse to the California Department of Public Health on 02/23/2017.</p> <p>The DON/Designee re-educated staff including IDT on reported financial abuse to the California Department of Public Health on 02/24/2017, 02/27/2017, 02/28/2017, 03/20/2017. The Ombudsman was notified of the issue on 01/06/2016 with no findings.</p> <p>-Monitor and tracked practice change:</p> <p>The ADM / Designee will monitor and report any patterns or trends to our daily Monday thru Friday QA Stand-up meeting and Monthly QA for next three months for a committee review and resolution in order to meet compliance.</p> <p>Date of compliance: 04/09/2017</p>		

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F 226	<p>Continued From page 2</p> <p>also received allegations of financial abuse from (Resident 1's son's name) and has forward the report to APS (Adult Protection Services)."</p> <p>The progress notes for Resident 1 dated 7/6/16, at 4:17 AM, indicated the DA was in the facility to speak to Resident 1 regarding the allegation of abuse from an old caregiver.</p> <p>There was no investigation regarding the financial abuse allegation or indication the allegation was report to the Department, found in Resident 1's clinical record.</p> <p>During an interview with the SSD, on 2/23/17, at 5:37 PM, the SSD stated the facility did not perform an investigation of the allegation of financial abuse and the abuse allegation was not reported to the required agencies.</p> <p>During an interview with the Director of Nurses, on 2/23/17, at 5:43 PM, she reviewed the clinical record and was unable to find documentation of financial abuse allegation investigation. She stated "We did not investigate...we didn't report it."</p> <p>The facility policy and procedure titled "Reporting Abuse to Facility Management" revised date 10/2009, indicated "It is the responsibility of our employees, facility consultants, Attending Physicians, family members, visitors etc, to promptly report any incident or suspected incident of neglect or resident abuse, including injures of unknown source, and theft or misappropriation of resident property to facility management. When an alleged or suspected case of mistreatment, neglect, injuries of unknown source, or abuse is reported, the facility Administrator, or his/her</p>	F 226			

STATE OF CALIFORNIA
DEPT. OF PUBLIC HEALTH
2017 MAR 28 AM 10:21
LICENSING & CERTIFICATION
BAKERSFIELD DIST. OFFICE

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A. BUILDING _____

B. WING _____

(X3) DATE SURVEY
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C

03/10/2017

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LINWOOD MEADOWS CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

4444 WEST MEADOW
VISALIA, CA 93277

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SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
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PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
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DEFICIENCY)

(X5)
COMPLETION
DATE

F 226

Continued From page 3
designee, will immediately within two hours for
major injury and within twenty-four hours in case
of minor injury of the alleged incident or abuse
shall notify the following persons or agencies of
such incident: The State licensing/certification
agency (CDPH) responsible for
surveying/licensing the facility (and) The
local/State Ombudsman."

The facility policy and procedures titled "Abuse
Investigation" revision date 4/2010, indicated
under Policy, "All reports of resident abuse,
neglect and injuries of unknown source, shall be
promptly and thoroughly investigated by facility
management. The individual in charge of the
abuse investigation will notify the ombudsman
that an abuse investigation is being conducted."

F 226