29/16 1 11:45 un

					3/29 No. 1775	n 6
`Mai	r. 16. 2016 11:35AM	HEALTH SAN GABRIE	. D*ST	RICT	$\Delta M = M$	r. 6
	2000				PRIN PRIN	TED: 03/16/2016 ORM APPROVED
DEPART	MENT OF HEALTH AND HIL	MAN SERVICES			OMB	NO. 0938-0391
CENTER	S FOR MEDICARE & MEDI	CAID SERVICES.	CÓZO AVELE	719) E		DATE SURVEY
THEMENT	OF DEPIDIENCIES (X1) PRO CORRECTION IDEN	IDER/BUPPUER/CLIA IFICATION NUMBER:	A: BUILE		3	COMPLETED
CALL PLACE OF	COMPLETION					C
		056080	B. WING			03/15/2018
NAME OF P	ROVIDER OR BUPPLIER		,3,		REET ADDRESS, CITY, SKATE ZIP GODE	•
	na meadows nursing cei	TER			O BELLEFONTAINE	
Pasadei				PA	ASADENA, GA 91105 PROVIDERS PLAN OF CORRECTION	; (X6)
(X4) 10	SUMMARY STATEMENT	= DEFICIENCIES	PRE	inx i	FACH CORRECTIVE ACTION SHOULD BE	CONSTELLOR
PREFIX	CEACH DEFICIENCY MUST BE REGULATORY OR ESCIDENTI	YING INFORWATION)	TA	\$ `;	CROSS REFERENCED TO THE APPROPRIAT	TE J
ا بهدا		· · · · · · · · · · · · · · · · · · ·	جينيب		The state of the s	
			_		This plan of correction	. :
F DOO	initial comments	•	F	000	constitutes the facility's credib	
i		;	:	:	allegation of compliance for th	ле :
į	The following reflects the f	indings of the	•	;	deficiency noted.	į
	Department of Public Healt	() dunng B Compisin	ļ	į	The state of the s	1
:	Investigation.				Pasadena Meadows Nursing	_
	Intake Number: CA004610	. 2		İ	Center makes its best effort to	
	Substantiated			. !	operate in full compliance with	
•			<u> </u>	1	both Federal and State Law. Nothing included in this Plan	of :
	Representing the Departm	e mt:	į	į	Correction is an admission	01 :
	Surveyor 17118, RN, HFEI	`	:	ļ	otherwise. Pasadena Meadov	NS .
	The inspection was limited	o the specific Entity	-	i	Nursing Center has submitted	
	i Reparted Incident, and date	e a not represent the	}	į	this Plan of Correction in orde	
	findings of a full inspection	of the facility.		252:		
F 252	483.15(h)(1)	POLICILIÓNIEI WE	'	₩.	obligation and does not waive	.
, 82≓D	SAFE/CLÉAN/COMFORT/		:		any objections to the merits o	
	EIA A (LEC) 14 IAIT 14-1	·	į	;	form of any allegations	!
	The facility must provide a	lafe, clean,		1	contained herein.	i
	comfortable and homelike	anvironment, allowing	į	}		
	the resident to use his or to the extent possible.	kit bersotier beloudungs	. •	•	For the residents identified	. <u> </u>
ļ	; in the extent hopewie.		:		An updated inventory of	į
			i.		Resident 1's belongings was	· /A //A //
[This REQUIREMENT is r	n t met as evidenced	<u>J</u>		completed on 10/22/15. All of	
	by:	. Jaw AAA rogard		i	Resident 1's belongings that	:
	Based on observation into	s view, and record	į.		were stored in the outside pa	itio,
:	secure environment for Re	s ildent 1'a personal			were immediately repacked,	:
1	belongings.	•	1		stored in boxes and covered	with
•		ممدافع على المساوع الم	İ		plastic bags to protect agains	st ·
	Resident 1 sileged excess were tembyed from his ro	s v ang etotog S belegust betoudings			the inclement weather.	
	unprotected in an outside	1 atio, which resulted in				i
	water damage due to inch	e nent weather.	i		1	
:		•	ļ			!
:			į		İ	; !
•	: Findings:		<u> </u>		<u> </u>	OS) JATE
ATION ATO	TO DISPET OF S OR PROVIDERVSUF	F ER REPRESENTATIVE'S S	GNATUR	i i	MILE	CADI VALE

Administrati iny definiency state from ording with an aster it (*) denotes a deliberacy which the institution may be excused from correcting providing it is determined that it is estimated that it is estimated that it is estimated to the patients. (See instructions) Except for nursing homes, the findings and plants of exprection are declarable for days the state of survey whether or not a plun of correction is inprovided. For nursing homes, the shows findings and plants of exprection are declarable for survey whether or not a plun of correction is inprovided. For nursing homes, the shows findings and plants of exprection are declarable for the facility. If definition are credit an approved plant of correction is requisited to continued. ntigram participation.

*GRM-CMS-2567(02-66) Previous Varsions Obsolete

IEALTH SAN GABRIEL D*STRICT Mer: 16. 2016 11:35AM

PRINTED: 03/19/2016

DEPART	MENT OF HEALTH	AND HU	MAN SERVICES					APPROVED 0938-0391
MIEMENT	RS FOR MEDICARE OF DEFICIENCIES F CORRECTION	X:) PROL	DERSUPPLIERCHA PICATION NUMBER:	(X2) MUI A BUILE		CONSTRUCTION	(X3) DATE	SURVEY LETED
_			086080	A WING			03/1	6/2016
	rovider or supplier Na meadowe nur		¹ER		150	eetaddress, chty, state, zip code Bellefontaine Sadena, ca 191705		
(XA) 10 FREFIX TAG	יביירו עבבונובאיני	Y MILLAT PER	DEFICIENCIES RECEDED BY FULL ANG INFORMATION)	ED PREF TAG		PROVIDERS PLAN OF CORRECTI LEACH CORRECTIVE ACTION SHOUL GROBS REFERENCED TO THE APPRO DEFICIENCY)		CALS.
F 252	Continued From p	age 1		F	252	For all residents	<u> </u>	
	1 immediately app know who took his administrator's off was outside, two s room and stole a show this bersona	ation was roached a roached a roached a roached a roached roac	conducted. Resident	[belongings that were place the outside patio, were immediately checked for updated inventory lists, rep stored in boxes and covere plastic bags to protect again the inclement weather.	ed in packed ed with	
·	belongings, report many things, and disarray, it becam room. "He had pi room. We don't hear in each resid	ting he ba kept ever la unsafa las: of thin nave spac lant's roor	i accumulated so thing in such to keep it all in his acteum all over the for that much to be i," the DON stated, irr anyone to walk			Measures to ensure compilance In service was provided to staff on 10/22/15 regarding inventory and proper package densured to the staff of the staf	ng :king of	10-22-13 Month
in es es es es	in the buiside par resident's use." and storage shed approximately 12 back of a large, of and bags that we helphings. "Wh	to area mand 4 4 p.m., I was con- by 12 was pen patto are identificant they was escorted.	I tour of the patio area ucted. A shed a sitting towards the inside were boxes and as residental arit to get something it with here. They have	 		Medical Records departr do monthly inventory list Social Services departme do monthly visual audits outside storage.	audits. ent will	
	Outside of the st	red, along	the building's outer	<u> </u>		T. O. Consideration of the	nezh underek bek	reet Page 2

OEPART	MENT OF HEALTH	AND HL	MAN SERVICES			· · · · · · · · · · · · · · · · · · ·	FORM OMB NO	: 03/16/2018 APPROVED : 0938-0391
TATEMENT	of Dericencies F Correction	יסאק נוצוו	DERISUPPLIERACLIA IFICATION NUMBER:	(X2) MUILT		ONSTRUCTION		E SUIVEY APLETED
<u>.</u> .			.056080	B.WING			03	11612016
	PROVIDER OR SUPPLIER	ing cen	TER	ię,	150	eet addrese city, state. ZIP, code Bellefontaine Ladena, ca. 911115		
X4) ID PREFIX TAG	SUMMARY STA	TEMENT C	DEFICIENCIES PRECEDED BY FULL YING INFORMATION)	PREP	IX.	Providers Plan of Correct (Each Corrective action she cross referenced to the April Deficiency)	JULD BE	COMPLETION DATE
F 252	inat norm enough in the shed for one Ready: access to me possible. Overhead covering or other parties and a few in milled built of one be	ncovered y labelecked hapiling and in any the le between person to toat cont ad, there wotection wher iten	with Resident 1's azardly, many disrepair. The ight of the shed, with he boxes and the wall pass through. inters was not		252	Monitoring of Corrective Action Results of the monthly a and visual checks will be reported in the monthly meeting.	eudits e	Monthly
	complained about millions, and the s	éarlier: C hkt is vei 1' He ius	2. Like the book ne					
	"Residents Clothir dated \$15/15, reve clothing. No other were probably just with him when he hospital," she stat Resident 1's possoulside, could not a dominant entitle.	ig and Pristed a file ritems we then thing was readed. A full easions, be founded. "Policed."	re Identified. "They is he brought back thitted from the list counting of all of actualing those stored the transfer of the counting of the counting these stored the transfer of the counting of the counting these stored the transfer of the counting of the counting		2 Mg t			
!	Besident Property	r fundati	e 1), stipulates, "An e 1 each residents		أجد			In the Page 19 and

ATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: (X1) PROVIDER/SUPPLIER 056080 B. WING STREET ADDRESS, CITY, STATE, ZIP CO 160 BELLEFONTAINE PASADENA MEADOWS NURSING CENTER (A4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 252 Continued From page 3 F	Q3 DDE RECTION SHOULD BE	TE SURVEY MPLETED C (X5) COMPLETIO DATE
ASADENA MEADOWS NURSING CENTER ASADENA MEADOWS NURSING CENTER (24) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 252 Continued From page 3 possessions upon admissionand will be retained, updated as necessary. The policy entitled, "Resident's Belongings & Valuables" (dated 5/19/03), stipulates "It is the policy of this facility to safeguard resident's property and valuables in their possession" and included the stipulation, "Maintenance of a secured area for	RECTION SHOULD BE	(X5)
ASADENA MEADOWS NURSING CENTER TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 252 Continued From page 3 possessions upon admissionand will be retained, updated as necessary. The policy entitled, "Resident's Belongings & Valuables" (dated 5/19/03), atipulates "It is the policy of this facility to safeguard resident's property and valuables in their possession" and included the stipulation, "Maintenance of a secured area for	RECTION SHOULD BE	(X5)
F252 Continued From page 3 possessions upon admissionand will be retained, updated as necessary. The policy entitled, "Resident's Belongings & Valuables" (dated 5/19/03), stipulates "It is the policy of this facility to sefeguard resident's property and valuables in their possession" and included the stipulation, "Maintenance of a secured area for	SHOULD BE	COMPLETIO
possessions upon admissionand will be retained, updated as necessary. The policy entitled, "Resident's Belongings & Valuables" (dated 5/19/03), stipulates "It is the policy of this facility to safeguard resident's property and valuables in their possession" and included the stipulation, "Maintenance of a secured area for		
possessions upon admissionand will be retained, updated as necessary. The policy entitled, "Resident's Belongings & Valuables" (dated 5/19/03), stipulates "It is the policy of this facility to safeguard resident's property and valuables in their possession" and included the stipulation, "Maintenance of a secured area for		
retained, updated as necessary. The policy entitled, "Resident's Belongings & Valuables" (dated 5/19/03), stipulates "It is the policy of this facility to safeguard resident's property and valuables in their possession" and included the stipulation, "Maintenance of a secured area for		
entitled, "Resident's Belongings & Valuables" (dated 5/19/03), stipulates "It is the policy of this facility to safeguard resident's property and valuables in their possession" and included the stipulation, "Maintenance of a secured area for		
(dated 5/19/03), stipulates "It is the policy of this facility to safeguard resident's property and valuables in their possession" and included the stipulation, "Maintenance of a secured area for		-
valuables in their possession" and included the stipulation, "Maintenance of a secured area for		İ
stipulation, "Maintenance of a secured area for		!
		!
recident's monority (mon the reci)lest of the		
resident or the responsible party.		:
		İ
Accompanied by staff due to his rejuctance to		İ
interact with strangers, an attempt was again		•
made to interview Resident 1 at 4:50 p.m. The		į
resident refused to be interviewed, or even		ļ
diacuss his damaged items.		i
		: 1
		!
		•
		į
		İ
		!
		i
		İ
i i		
i !		Ī }
		!
		!
		j.
		į
		!