STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555125	A. Building B. Wing	11/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Linwood Meadows Care Center	4444 West Meadow Visalia, CA 93277

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0551 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give the resident's representative the ability to exercise the resident's rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34401 Based on interview and record review, the facility failed to ensure two of three sampled residents (Resident 1 and Resident 2) Responsible Representative (RR 2 and RR 3) were notified and informed of changes made with the existing Physician Orders for Life-Sustaining Treatment (POLST-a focused type of advance directive used in critical situations where immediate medical decisions are needed). This failure resulted in Resident 1 being intubated (involves inserting a plastic tube into the airway to help breath) without consent. Findings: During an interview on [DATE] at 8:45 a.m. with RR 1, RR 1 stated on [DATE], Resident 1 signed an Advance Health Care Directive (AHCD-legal document outlining a person's healthcare wishes) and appointed RR 2 to be her POA (Power of Attorney) to make healthcare decisions. RR 1 stated Resident 1 had always wished for her code status to remain a DNR (Do Not Resuscitate-allow natural death). RR 1 stated on [DATE], Resident 1 became unresponsive and was transferred to the emergency room (ER). RR 1 stated Resident 1's POST form brought to the ER indicated Resident 1 wished to be a full code (full resuscitation without limitations). RR 1 stated Resident 1 was intubated because of the new code status. RR 1 stated Resident 1 did not have the mental capacity to make any decisions. RR 1 stated Resident 1's POA (RR 2) was not notified or informed and did not give consent of the changed made on Resident 1's POLST. During a review of Resident 1's clinical records, the Admission Record indicated Resident 1 had a diagnosis of Vascular Dementia (a progressive state of decline in mental abilities). Resident 1's Minimum Data Set (MDS-a federally mandated resident assessment tool) dated [DATE], indicated Resident 1 had a BIMS (Brief Interview for Metal Status-an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 11 (score range from ,d+[DATE] s moderate impairment). Resident 1's ACHD dated [DATE] indicated Resident 1's End of Life Decisions Choice Not To Prolong Life. Resident 1's POLST form dated [DATE] signed by POA indicated Do Not Attempt Resuscitation/DNR (Allow Natural Death) and Do not intubate. Resident 1's new POLST dated [DATE] signed by Resident 1 indicated Attempt Resuscitation/CPR (Cardiopulmonary Resuscitation), full treatment including use intubation. During a review of Resident 2's clinical records, the MDS dated [DATE], indicated Resident 2 had a BIMS score of 7 (score range from ,d+[DATE] severe cognitive impairment). Resident 2's POLST form dated [DATE] signed by RR 3 indicated Do Not Attempt Resuscitation/DNR. Resident 2's new POLST dated [DATE] signed by Resident 1 indicated Attempt Resuscitation/CPR. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0551 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on [DATE] at 11:18 a.m. with Administrator and Director of Nurses (DON), Administrator and DON stated changes made on Resident 1 and Resident 2's POLST form were completed between Resident 1 and Resident 2 and their Attending Physician (AP). DON reviewed Resident 1 and Resident 2's clinical records. DON stated Resident 1 and Resident 2 did not have the mental capacity to understand and make decisions including making changes with their POLST. DON stated it was facility practice to notify and inform residents RR of any changes made regarding residents' medical care. DON stated Resident 1 and Resident 2's RR should have been notified and informed when changes were made on Resident 1 and Resident 2's POLST. During a review of the facility's policy and procedure (P&P) titled, Resident Representative dated ,d+[DATE], the P&P indicated, 2. If the resident is determined to be incompetent under the laws of the state by a court of competent jurisdiction the rights of the resident will devolve to and will be exercised by the resident representative appointed to act on the resident's behalf. 3. The term ' resident representative is defined as: a. an individual chosen by the resident to act on behalf of the resident in order to support the resident in decision-making: access medical, social or other personal information of the resident; manage financial matters; or received notifications;