## Department of Health & Human Services Centers for Medicare & Medicaid Services

Printed: 06/02/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555333	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024	
NAME OF PROVIDER OR SUPPLIER  Lincoln Meadows Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1550 Third Street Lincoln, CA 95648		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0880	Provide and implement an infection prevention and control program.			
Level of Harm - Minimal harm	49814			
or potential for actual harm  Residents Affected - Few	Based on observation, interview, and record review, the facility failed to follow proper infection control practices for one resident (Resident 1) out of four sampled residents when staff did not use proper personal protective equipment (PPE, specialized clothing or equipment worn for protection against infectious material) when they performed wound care on Resident 1.			
	This failure had the potential to increase the spread of infection.			
	Findings:			
		esident 1 was admitted to the facility in June of 2024 with diagnoses that included: chronic osteomyelitis in infection of bone) to left radius and ulna (bones in the forearm) and bacteremia (presence of bacteria in e blood).		
	During a review of Resident 1's Order Details (OD), dated 7/24, the OD indicated, Enhanced Barrier Precautions [EBP, extra precautions taken during high contact patient care] for: ADL's [activities of daily living], Hygiene, Toileting, Linen Change, Wound Care, Transferring/Repositioning.			
	During a concurrent observation and interview on 10/1/24 at 10 a.m., with Licensed Nurse 1 (LN 1), LN 1 performed wound care for Resident 1 without having donned (put on) a gown. LN 1 confirmed he did not wear a gown during Resident 1's wound care and indicated that staff should don a gown if they will be performing wound care for residents on EBP.			
	During an interview on 10/1/24 at 11:59 a.m. with the Infection Preventionist (IP), the IP stated, Gowns are not optional during direct care and staff should be wearing one during high contact care .Wound care falls under EBP. EBP is in place to limit and mitigate the spread of infection .A gown would be needed for [Resident 1's] wound care.			
	During an interview on 10/1/24 at 12:50 p.m. with the Director of Nursing (DON), the DON stated, Staff should follow the EBP guidelines. Definitely for wound care .lt [EBP] is to mitigate the risk [of infection] for high-risk residents.			
	(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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 555333

If continuation sheet Page 1 of 2

## Department of Health & Human Services Centers for Medicare & Medicaid Services

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			NO. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555333	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Lincoln Meadows Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1550 Third Street Lincoln, CA 95648	
For information on the nursing home's	plan to correct this deficiency, please con	l tact 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 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	During a review of the facility's policy and procedure (P&P) titled, Multidrug-Resistant Organisms [MDRO]; Infection Precaution & Enhanced Standard Precautions, dated 8/19, the P&P indicated, Effective April 1, 2024 .Enhanced Barrier Precaution will be integrated in the care of residents with chronic wounds or indwelling medical devices during high-contact resident care activities regardless of their multidrug-resistant organism status .EBP is used in conjunction with standard precautions and expand the use of PPE to donning of gowns and gloves during high-contact resident care activities .		