

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 09/23/2020
NAME OF PROVIDER OF SUPPLIER LINCOLN MEADOWS CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1550 THIRD STREET LINCOLN, CA 95648	
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 0687 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate foot care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide proper treatment and care to maintain good foot health for 1 of 3 sampled residents (Resident 1) when Resident 1 had infected overgrown toenails. This failure resulted in Resident 1 having thickened, brittle, and unsanitary long toenails which had the potential to provide further complications for her health and mobility. Findings: Resident 1 was admitted to the facility in October of 2016 with [DIAGNOSES REDACTED]. causes a persistent feeling of sadness and loss of interest). A concurrent observation and interview was conducted in Resident 1's room on 8/20/20, starting at 11:23 a.m. The Infection Control Preventionist who was a Licensed Nurse (IP/LN) was present during the time. Resident 1's feet were observed and noted to have long, thickened, opaque, curved toenails that grew over the nail beds. The toenails appeared to be infected with fungus that were brittle, discolored and crumbly. Resident 1 complained her toenails were caught on her socks when they were putting them on because her toenails were too long. Resident 1 stated she wanted her long toenails to be clipped. The IP/LN verified Resident 1's toenails were infected, long, and unsanitary. In an interview on 8/20/20 at 11:50 a.m., Certified Nurse Assistant 1 (CNA 1) stated the wound care nurse took care of the residents' toenails and stated CNAs were supposed to report to the Social Service Director when residents' toenails were noted infected. Review of Resident 1's clinical record, Resident Progress Notes dated 12/6/19, indicated Resident 1 was last seen by the podiatrist on 11/27/19. There was no documented evidence Resident 1 had received toenail care (from nursing staff or a podiatrist) since November, 2019 (for about 9 months). In an interview on 8/20/20 at 1:05 p.m., the IP/LN stated all residents in the facility were to have podiatry care and acknowledged Resident 1's toenails should have been taken care of. Review of the facility's 10/2010 policy and procedure, Care of Fingernails/Toenails, indicated, The purposes of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infection .Nail care includes daily cleaning and regular trimming .report to the supervisor if there is .infections .or too thick . The policy stipulated to document in the resident's medical record, The date and time that nail care was given.</p>		

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.