

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555639</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE MEADOWS OF NAPA VALLEY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1900 ATRIUM PARKWAY NAPA, CA 94559</b>	
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 0550  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to ensure one of three residents (Resident 1) was treated with respect and dignity when the attending physician (Physician A) used inappropriate and demeaning language to refer to Resident 1 during a medical examination. This failure had the potential to result in feelings of frustration, anxiety and loss of control for Resident 1. Findings: Resident 1 was admitted to the facility on [DATE] from an acute care facility for digestive system surgery aftercare, according to the facility's Face Sheet (Facility Demographic). The Face Sheet also indicated Physician A was assigned as the primary physician for Resident 1. Resident 1's MDS (Minimum Data Set-A clinical assessment) dated 04/06/20 indicated her BIMS (Brief Interview of Mental Status-A structured evaluation aimed at evaluating aspects of cognition) score was 14, which indicated her cognition was intact. During a phone interview on 8/17/20 with Resident 1's daughter, she stated Physician A had been verbally abusive toward her mother during her stay at the facility. According to Resident 1's daughter, this occurred after Resident 1 referred to Physician A as a knucklehead. Resident 1's daughter stated Physician A told her mother she was the worst patient he ever had, and did not deserve to be alive. According to Resident 1's daughter, this conversation with Physician A occurred after Resident 1 had complained of being in excruciating pain from a possible fecal impaction (Accumulation of hardened feces in the rectum). During an interview with Physician A on 8/19/20 at 10:45 a.m., Physician A confirmed telling Resident 1 she was the worst patient he ever had. This occurred during an assessment to check for fecal impaction, in which, according to Physician A, Resident 1 was found to not have a fecal impaction. Physician A also confirmed calling Resident 1, Mean, nasty old lady. Physician A stated he was upset because Resident 1 was demanding and verbally abusive towards staff. Physician A stated if he were to change anything in regards to Resident 1's care, medically he would provide the same care, but he would not yell at her again. During a phone interview with Resident 1 on 9/9/20 at 10:11 a.m., she stated she was in excruciating pain at the facility, and had asked to be examined by a physician. According to Resident 1, when Physician A went to examine her, he yelled at her, telling her, among other things, that she did not deserve to live. Resident 1 stated she became extremely upset about it, and still felt disturbed by it. During record review on 9/8/20, no documentation was found indicating Resident 1 was abusive towards staff. This was confirmed by Administrative Staff B on 9/11/20 at 8:50 a.m. through an e-mail, in which she indicated the abusive behavior from Resident 1 towards staff was not documented. A facility document titled, Note-Daily Skilled Nurses, dated 4/05/20 at 9:07 a.m. indicated Resident 1 was alert, and had no mood or behavioral problems. A facility undated document titled, RESIDENT BILL OF RIGHTS, indicated, Patients have the rights enumerated in this section and the facility shall ensure that these rights are not violated. Patients shall have the right: (11) To be treated with consideration, respect and full recognition of dignity and individuality, including privacy in treatment and in care of personal needs.</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.