STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056056	A. Building B. Wing	11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on Sunset Post Acute	5154 Sunset Blvd Los Angeles, CA 90027

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. Based on observation, interview, and record review, the facility failed to implement its activities program for one of seven sampled residents (Resident 2) when on 11/18/2025 at 2 p.m. the resident activity room was observed closed with no activities being held, when the facility activities calendar indicated on 11/18/2025 at 2 p.m., Crossword Club, would be held. This deficient practice had the potential to negatively affect Resident 2. Findings: During a review of Resident 2's admission Record (AR), the AR indicated the facility admitted Resident 2 on 6/1/2022 and readmitted the resident on 1/19/2024 with diagnosis that included essential (primary) hypertension (HTN-high blood pressure), muscle weakness (generalized), and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest). During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool), dated 10/2/2025, the MDS indicated Resident 2 had the ability to understand and be understood. During an interview on 11/18/2025 at 1 p.m. with Resident 2, Resident 2 stated was told during the resident council meeting that the facility would be doing a weekly calendar for the remainder of the month and for December would have a full calendar of activities. Resident 2 stated the facility still had the October calendar posted in her (Resident 2) room. Resident 2 stated there was no activities today (11/18/2025). Resident 2 stated she would like some sort of activity as she enjoys participating and interacting with all the other residents. During a concurrent observation and interview on 11/18/2025 at 2 p.m. with Licensed Vocational Nurse (LVN) 2, observed the resident activity room was closed and upon entering the activity room it was empty with no residents and staff noted. LVN 2 stated was not sure who was running the activities but there were no activities and LVN 2 stated did not see anyone in the activity room. During an interview on 11/18/2025 at 4:33 p.m. with Activities Staff (AS) 1, AS 1 stated being the receptionist this morning. AS 1 stated there were no activities at 2 p.m. for the residents today. During an interview on 11/18/2025 at 4:58 p.m. with the Director of Staff Development (DSD), the DSD stated if the facility scheduled activities for residents, but the facility did not do the activities, the facility failed to fulfill residents' expectations. The DSD stated the facility failed to provide the services to the residents and would not be meeting the residents' needs. During a review of the Facility Policy and Procedure (P&P) titled, Program Design, last reviewed on 7/31/2025, the P&P indicated an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well of each patient, encouraging both independence and interaction in the community.5. Programs will be scheduled seven days a week. During a review of the Facility P&P titled, Resident's/Patient's Choice, last reviewed on 7/31/2025, the P&P indicated residents have the right to participate or not participate in leisure and recreation of their choosing. 2. Resident will be informed of activities and programs through: 2:1 Posted Calendar

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a resident who received dialysis (process of removing waste products and excess fluid from the body when the kidneys stop working properly) received treatment in accordance with standards of practice for two of seven sampled resident (Resident 1 and Resident 3) by falling to complete post dialysis assessment after the residents' return to the facility that included: 1. Failing to assess the dialysis access site (Coronary arteriovenous AV shunt: an access made by joining coronary arteries [blood vessels that distribute oxygen-rich blood to your entire body] and venous [blood vessels located throughout your body that collect oxygen-poor blood and return it to your heart] side of heart). 2. Failing to assess the residents' vital signs (temperature, pulse rate [the number of times the heart beats per minute], blood pressure [pressure of blood pushing against the walls of your arteries], respiration rate [number of breaths a person takes per minute], and pain rating) upon return to the facility. These deficient practices had the potential to delay or lack the identification of any complication (such as pain, infection, trauma, vital signs not within normal range and bleeding) after returning from a dialysis treatment.Findings: a. During a review of Resident 1's admission Record (AR), the AR indicated the facility admitted Resident 1 on 12/13/2023 and readmitted the resident on 6/9/2025 with diagnoses that included type two diabetes (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), chronic kidney disease (CKD- a long-term condition where the kidneys are damaged and lose the ability to filter waste and excess fluid from the blood effectively), and dependency on renal dialysis. During a review of Resident 1's Care Plan (CP) created on 12/14/2023 for Resident 1's risk for impaired renal function and at risk for complications related to hemodialysis, the CP indicated interventions that included to monitor vital signs and report to physician as indicated, remove HD dressing post HD, and send communication book to dialysis and review book upon return. During a review of Resident 1's Order Summary dated 3/12/2025, the Order summary indicated:- Hemodialysis AV fistula/graft located left upper arm- Hemodialysis change AV fistula/graft site dressing four to six hours post dialysis every shift for hemodialysis.- Hemodialysis: Monitor AV fistula/graft site for sign and symptoms infections, edema, bleeding and upon return from dialysis. Notify primary care physician and dialysis unit if there are sign and symptoms of infection if AV fistula/graft site is bleeding apply pressure for 15 minutes and notify the doctor extender if bleeding does not stop as needed for hemodialysis. During a review of Resident 1's Order Summary, dated 8/6/2025, the Order summary indicated hemodialysis on Monday, Wednesday, and Friday at 12:40 p.m. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 8/13/2025, the MDS indicated Resident 1 had the ability to usually understand and usually be understood. During a review of Resident 1's Hemodialysis Communication Record (HCR), dated 11/10/2025, the HCR indicated post dialysis assessment with no vital signs documented and no assessment of access site. During a review of Resident 1's HCR, dated 11/17/2025, the HCR indicated post dialysis assessment with no vital signs documented and no assessment of access site. b. During a review of Resident 3's AR, the AR indicated the facility admitted Resident 1 on 3/7/2022 and readmitted the resident on 6/28/2025 with diagnoses that included end stage renal disease (ESRD- irreversible kidney failure), dependency on renal dialysis, and fitting and adjustment of extracorporeal dialysis catheter. During a review of Resident 3's CP created on 3/7/2022, the CP for Resident 3's impaired function and risk for complications related to hemodialysis indicated interventions that included monitoring hemodialysis site for signs and symptoms of complications (e.g. bleeding, swelling, pain, drainage, odor, hardness, or redness at site). Notify the physician and dialysis center immediately with any urgent problem, left upper chest HD catheter, and to monitor external hemodialysis catheter and siter for catheter integrity, excessive redness, swelling, pain at site, sign and symptoms of infection and excessive bleeding from site and report to physician as (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	indicated. During a review of Resident 3's Order Summary dated, 6/29/2025, the Order summary indicated monitor hemodialysis site for sign and symptoms of complication (e.g. bleeding, swelling, pain, drainage, odor, hardness, or redness at site). Notify the physician and dialysis center immediately with any urgent problem every shift. During a review of Resident 3's Order Summary, dated 7/24/2025, the Order summary indicated hemodialysis on Monday, Wednesday, and Friday at 8 a.m. During a review of Resident 3's MDS, dated [DATE], the MDS indicated Resident 2 had the ability to understand and be understood. During a review of Resident 3's HCR dated 11/3/2025, the HCR indicated post dialysis assessment with no vital signs documented and no assessment of access site. During a review of Resident 3's HCR dated 11/14/2025, the HCR indicated post dialysis assessment, no indication of vitals documented and no assessment of access site. During a concurrent interview and record review on 11/18/2025 at 4:58 p.m. of Resident 1 and Resident 3's HCR with the Director of Staff Development (DSD), the DSD stated dialysis residents have a communication binder and upon returning from dialysis the residents nurse must check vital and the residents' dialysis sites and document on the communication binder upon the residents' return. The DSD reviewed Resident 1's HCR dated 11/10 2025 and 11/17/2025 and the DSD stated the post assessment was not done, can be a potential for the residents to not be stable and the facility would not know, and can be a potential for a delay in care. The DSD reviewed Resident 3's HCR dated 11/3/2025 and 11/14/2025 and stated the post assessment was also not done. During a review of the Facility Policy and Procedure (P&P) titled, Dialysis: Hemodialysis (HD) Provided by a Certified End Stage Renal Disease (ESRD) Facility, last reviewed on 7/31/2025, the P&P indicated ongoing assessment of the patient's condition and monitoring for complications before and after HD treatment received as a certified ESRD facility. Ongoing assessment and oversight of the patient before and after HD treatments, include monitoring for complications, implementing appropriate interventions, and using appropriate infection control practices; and ongoing communication and collaboration with the certified ESRD facility regarding HD care and services.1.5 After receiving dialysis, Center staff must provide monitoring and documentation of: 1.5.1 The patient's vascular access site to observe for bleeding or other complications. 1.5.2 Vital signs. 1.5.3 post-dialysis complications, symptoms including, but not limited to, dizziness, nausea, vomiting, fatigue, or hypotension.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure three of seven sampled residents (Resident 4, Resident 5, and Resident 6) were free of any significant medication error when Licensed Vocational Nurse (LVN) 2, failed to administer medication as ordered and there was a delay in administration of four hours to six hours and 30 minutes. These deficient practices had the potential to negatively affect Resident 4, Resident 5, and Resident 6. Findings: a. During a review of Resident 4's admission Record (AR), the AR indicated the facility admitted Resident 4 on 3/17/2022 and readmitted on [DATE] with diagnoses including diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), essential (primary) hypertension (HTN-high blood pressure), and peripheral vascular disease (PVD - a slow progressive narrowing of the blood flow to the arms and legs). During a review of Resident 4's Order Summary Report, dated 11/14/2023, the Order Summary Report indicated the following:- docusate sodium oral capsule 100 milligram (mg- a unit of measurement) give one (1) capsule by mouth two (2) times a day for bowel management hold if loose stool. - Metformin tablet 1000 mg give one tablet by mouth two times a day for DM with meals. During a review of Resident 4's Order Summary Report, dated 2/19/2024, the Order Summary Report indicated multiple vitamin tablet give one tablet by mouth one time a day for supplement. During a review of Resident 4's Order Summary Report, dated 12/3/2024, the Order Summary Report indicated insulin regular human solution inject per sliding scale 151 to 200 give 6 units, 201-250 give 8 units, 251-300 give 12 units, 301 to 350 give 14 units, 351 to 400 give 16 units, 400 plus give 16 units, recheck in 30 minutes, and call doctor (MD), subcutaneously before meals and at bedtime for DM if blood sugar is less than 70 implement hypoglycemia protocol. During a review of Resident 4's Oder Summary Report, dated 6/2/2025, the Oder Summary Report indicated ferrous sulfate tablet 325 mg give one tablet by mouth one time a day for supplement. During a review of Resident 4's Order Summary Report, dated 8/12/2025, the Order Summary Report indicated vitamin D oral tablet give 1000 international units (IU- a unit of measurement) by mouth one time a day for supplement. During a review of Resident 4's Order Summary Report, dated 9/3/2025, the Oder Summary Report indicated the following:- famotidine oral tablet 20 mg give one tablet by mouth one time a day for Gastroesophageal Reflux Disease (GERD- is a chronic condition where stomach acid flows back into the esophagus [the tube that carries food from your mouth to your stomach]).- Fish oil capsule 100 mg give one capsule by mouth tome time a day for supplement During a review of Resident 4's Order Summary Report, dated 9/10/2025, the Oder Summary Report indicated fenofibrate oral tablet 145 mg give one tablet by mouth one time a day for high-density lipoprotein (HDL- a good cholesterol [a waxy, fat-like substance that your body needs to build cells, make vitamins, and produce hormones] that helps move excess cholesterol from your body). During a review of Resident 4's Minimum Data Set (MDS - a resident assessment tool), dated 10/1/2025, the MDS indicated Resident 4 had the ability to understand and be understood. During a review of Resident 4's Medication Administration Record (MAR - a daily documentation record used by a licensed nurse to document medications and treatments given to a resident) dated 11/18/2025, the MAR indicated the following:- Docusate sodium oral capsule 100 mg give 1 capsule by mouth two time a day for bowel management hold for loose stool was not given on 11/18/2025 at 9 a.m.- Famotidine Oral tablet 20 mg give 145 mg by mouth one time a day for HDL, was not given on 11/18/2025 at 9 a.m.- fenofibrate oral tablet 145 mg give one tablet by mouth one time a day for supplement, was not given on 11/18/2025 at 9 a.m.- ferrous sulfate tablet 325 mg give 1 tablet by mouth one time a day for supplement, was not given on 11/18/2025 at 9a.m. - Fish oil capsule 100 mg give one capsule by mouth tome time a day for supplement, was not given on 11/18/2025 at 9a.m.- insulin regular human solution inject per sliding scale 151 to 200 give 6 units, 201-250 give 8 units, 251-300 give 12 units, 301 to 350 give 14 (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	units, 351 to 400 give 16 units, 400 plus give 16 units, recheck in 30 minutes, and call doctor (MD), subcutaneously before meals and at bedtime for DM if blood sugar is less than 70 implement hypoglycemia protocol, was not given on 11/18/2025 at 11:30 a.m. - Metformin tablet 1000 mg give one tablet by mouth two times a day for DM with meals, was not given on 11/18/2025 at 7:30 a.m. - multiple vitamin tablet give one tablet by mouth one time a day for supplement, was not given on 11/18/2025 at 9a.m. - Vitamin D oral tablet give 1000 international units (IU- a unit of measurement) by mouth one time a day for supplement, was not given on 11/18/2025 at 9a.m. During an interview on 11/18/2025 at 1:34 p.m. with Resident 4, Resident 4 stated she (Resident did not receive her medications today and was missing her metformin and other medications the medications were supposed to be given to her during breakfast. During an interview on 11/18/2025 at 2:04 p.m. with LVN 2, LVN 2 stated did not give Resident 4's medications this morning and had yet to give Resident 4's medications because she (LVN 2) is a registry nurse and did not have access. LVN 2 stated medications can be given an hour early or an hour late. LVN 2 stated the medications are four to six hours late. LVN 2 stated cannot wait this long to give medication because it can cause residents to have a negative outcome whether blood sugar and or blood pressure can get high and would also mess up the time frames for the rest of the other medications. LVN 2 stated did not get access for medications till 8 a.m. b. During a review of Resident 5's AR, the AR indicated the facility admitted Resident 5 on 1/13/2023 with diagnosis including DM, essential HTN, and pain to right knee, left knee and low back. During a review of Resident 5's Order Summary Report, dated 1/26/2023, the Order Summary Report indicated multivitamin minerals oral tablet to give one tablet by mouth one time a day for supplement. During a review of Resident 5's Order Summary Report dated 5/26/2023, the Oder Summary Report indicated the following: - insulin lispro injection solution inject as per sliding scale if 151 to 200 give 3 units, 201 to 250 give 5 units, 251 to 300 give 7 units, 301 to 350 give 9 units, 351 to 400 give 11 units, above 400 give 13 units and call MD, subcutaneous before meals for DM.- cholecalciferol tablet 100 mg give two tablets by mouth one time a day for supplement. During a review of Resident 5's Order Summary Report dated 7/3/2023, the Oder Summary Report indicated hydrochlorothiazide oral tablet 25 mg give one tablet by mouth one time a day for HTN, hold if systolic blood pressure (SBP- the top number in a blood pressure reading and measures the pressure in your arteries when your heart beats and pumps blood) is less than 110 or heart rate is less than 60. During a review of Resident 5's Order Summary Report, dated 11/26/2024, the Oder Summary Report indicated metformin oral tablet 1,000 mg give 1,000 mg by mouth two times a day for DM give with food. During a review of Resident 5's Order Summary Report, dated 5/5/2025, the Oder Summary Report indicated sitagliptin phosphate tablet 100 mg give one tablet by mouth one time a day for DM. During a review of Resident 5's Order Summary Report dated 5/30/2025, the Oder Summary Report indicated tramadol oral tablet 50 mg give one tablet by mouth two times a day for chronic pain syndrome hold for sedation or if respiratory rate less than 12. During a review of Resident 5's Order Summary Report dated 6/17/2025, the Oder Summary Report indicated methocarbamol oral tablet 500 mg give one tablet by mouth three times a day for muscle stiffness and musculoskeletal pain hold for sedation or if respiration rate less than 12. During a review of Resident 5's Order Summary Report dated 6/29/2025, the Oder Summary Report indicated insulin lispro injection solution 100 units inject 15 units subcutaneously with meals for DM hold if blood sugar is less than 100 give within 15 minutes before meal or within first bite of the meal. During a review of Resident 5's Minimum Data Set (MDS - a resident assessment tool), dated 9/8/2025, the MDS indicated Resident 5 had the ability to understand and be understood. During a review of Resident 5's Order Summary Report, dated 9/10/2025, the Oder Summary Report indicated fenofibrate oral tablet 54 mg give one tablet by mouth one time a day for elevated triglycerides for three months. During a review of Resident 5's Order Summary Report, dated 10/11/2025, the Oder Summary Report indicated fish oil omega-3 oral capsule 1000 mg give one capsule by mouth one time a day for supplement. During a review of Resident 5's MAR dated 11/18/2025, the MAR indicated the following:- cholecalciferol tablet 100 mg give two (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	tablets by mouth one time a day for supplement was not given on 11/18/2025 at 9 a.m.- fenofibrate oral tablet 54 mg give one tablet by mouth one time a day for elevated triglycerides for three months, was not given on 11/18/2025 at 9 a.m. - fish oil omega-3 oral capsule 1000 mg give one capsule by mouth one time a day for supplement was not given on 11/18/2025 at 9 a.m. - hydrochlorothiazide oral tablet 25 mg give one tablet by mouth one time a day for HTN, hold if SBP is less than 110 or heart rate is less than 60, was not given and no blood pressure or heart rate was taken for 11/18/2025 at 9 a.m. - insulin lispro injection solution inject as per sliding scale if 151 to 200 give 3 units, 201 to 250 give 5 units, 251 to 300 give 7 units, 301 to 350 give 9 units, 351 to 400 give 11 units, above 400 give 13 units and call MD, subcutaneous before melas for DM, was not given on 11/18/2025 at 11:30 a.m. - insulin lispro injection solution 100 units inject 15 units subcutaneously with meals for DM hold if blood sugar is less than 100 give within 15 minutes before meal or within first bite of the meal, was not given on 11/18/2025 at 12 p.m. - indicated metformin oral tablet 1000 mg give 1000 mg by mouth two times a day for DM give with food, was not given on 11/18/2025 at 7 a.m. - methocarbamol oral tablet 500 mg give one tablet by mouth three times a day for muscle stiffness and musculoskeletal pain hold for sedation or if respiration rate less than 12, was not given on 11/18/2025 at 9 a.m. - multivitamin minerals oral tablet give one tablet by mouth one time a day for supplement 11/18/2025 at 9 a.m. - sitagliptin phosphate tablet 100 mg give one tablet by mouth one time a day for DM, was not given on 11/18/2025 at 9 a.m. - tramadol oral tablet 50 mg give one tablet by mouth two times a day for chronic pain syndrome hold for sedation or if respiratory rate less than 12, was not given 11/18/2025 at 9 a.m. During an interview on 11/18/2025 at 1:34 p.m. with Resident 5, Resident 5 stated he was missing all his medications and only the night nurse checked his blood sugar at 5 a.m. Resident 5 stated he needed to get his medication at 9 a.m. and had not gotten any medications and did not get his blood sugar checked. During an interview on 11/18/2025 at 2:04 p.m. with LVN 2, LVN 2 stated she is a registry nurse and has not given medications because she did not have access. LVN 2 stated Resident 5 refused to take medications and get blood sugar checked. LVN 2 stated did not get access to give medication until 8 a.m. LVN 2 stated she has not documented Resident 5 refused medications and/or notified the doctor. LVN 2 stated some medications are four (4) to six (6) hours late. LVN 2 stated cannot wait this long to give medication because it can cause residents to have a negative outcome whether blood sugar and/or blood pressure can get high and would also mess up the time frames for the rest of the other medications. During an interview on 11/18/2025 at 2:16 p.m. with Resident 5, Resident 5 stated he did not refuse his medication, Resident 5 stated he spoke to LVN 2 and she informed Resident 5 she (LVN 2) did not have access to the computer. Resident 5 stated never refused his medications and was willing to take medications now just not the insulin because he already ate and it would not be accurate. Resident 5 stated his roommate Resident 6 also did not get his medication he (Resident 6) is not able to get out of bed and look for the nurse. c. During a review of Resident 6's AR, the AR indicated the facility admitted Resident 6 on 12/1/2021 with diagnosis of type two DM, gout (a type of arthritis [general term for conditions that cause inflammation, pain, and stiffness in the joints] caused by a buildup of uric acid [a waste product that forms when the body breaks down purines] in the blood, which forms sharp crystals in the joints, leading to sudden and severe attacks of pain, swelling, redness, and tenderness), and essential (primary) hypertension (HTN-high blood pressure). During a review of Resident 6's Order Summary Report dated 12/1/2021, the Oder Summary Report indicated allopurinol 100 mg give one tablet by mouth one time a day for gout. During a review of Resident 6's Order Summary Report dated 12/28/2021, the Oder Summary Report indicated the following:- aspirin tablet 81 mg give one tablet by mouth one time a day for deep vein thrombosis (DVT- a blood clot that forms in a deep vein, most often in the leg or thigh) prophylaxis with food.- Colchicine 0.6 mg give 0.6 mg by mouth one time a day for gout. During a review of Resident 6's Order Summary Report dated 9/29/2022, the Oder Summary Report indicated clopidogrel bisulfate 75 mg by mouth one time a day for DVT prophylaxis. During a review of Resident 6's Order Summary Report dated 12/18/2022, the (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Oder Summary Report indicated lisinopril 10 mg give one tablet by mouth one time a day for HTN hold if SBP is less than 105. During a review of Resident 6's Order Summary Report dated 1/26/2023, the Oder Summary Report indicated multiple vitamin-mineral tablet give one tablet by mouth one time a day for supplement. During a review of Resident 6's Order Summary Report dated 2/28/2024, the Oder Summary Report indicated metformin 500 mg give one tablet by mouth two times a day for DM with meals. During a review of Resident 6's Order Summary Report dated 3/18/2024, the Oder Summary Report indicated Norco oral tablet 5-325 mg give one tablet by mouth one time a day for prior to morning care. During a review of Resident 6's Order Summary Report dated 1/7/2025, the Oder Summary Report indicated metoprolol 500 mg give one tablet by mouth two times a day for HTN hold for SBP less than 105 and heart rate less than 55. During a review of Resident 6's Order Summary Report dated 7/24/2025, the Oder Summary Report indicated vitamin D3 oral capsule give 5000 international units (IU-a unit of measurement) by mouth one time a day for supplement. During a review of Resident 6's Minimum Data Set (MDS - a resident assessment tool) dated 10/23/2025, the MDS indicated Resident 6 had the ability to understand and be understood. During a review of Resident 6's MAR dated 11/18/2025, the MAR indicated the following:- Allopurinol tablet 100 mg give one tablet by mouth one time a day for gout was not given on 11/18/2025 at 9 a.m. as scheduled.- Aspirin tablet 81 mg give one tablet by mouth one time a day for DVT prophylaxis with food, was not given on 11/18/2025 at 9 a.m. as scheduled.- Clopidogrel Bisulfate 75 mg give by mouth one time a day for DVT prophylaxis, was not given on 11/18/2025 at 9 a.m. as scheduled.- Colchicine 0.6 mg give one tablet by mouth one time a day for gout, was not given on 11/18/2025 at 9 a.m. as scheduled.- Lisinopril 10 mg give one tablet by mouth one time a day for HTN hold if SBP is less than 105, was not given on 11/18/2025 at 9 a.m. as scheduled. - Metformin 500 mg give one tablet by mouth two times a day for DM with meals, was not given on 11/18/2025 at 7:30 a.m. as scheduled.- Metoprolol tartrate 50 mg give one tablet by mouth two times a day for HTN give with meals hold for SBP less than 105 and heat rate less than 55, was not given on 11/18/2025 at 7 a.m. as scheduled.- Multiple vitamin minerals tablet give one tablet by mouth one time a day for supplement, was not given on 11/18/2025 at 9 a.m. as scheduled.- Norco oral tablet 5/325 mg give one tablet by mouth one time a day for prior to morning care, was not given on 11/18/2025 at 9 a.m. as scheduled.- Vitamin D3 oral capsule give 500 IU by mouth one time a day for supplement, was not given on 11/18/2025 at 9 a.m. as scheduled. During an interview on 11/18/2025 at 2:04 p.m. with LVN 2, LVN 2 stated she was late with giving medications because she (LVN 2) is a registry nurse and did not have access. LVN 2 stated medication can be given an hour early or an hour late. LVN 2 stated the medications are four (4) to six (6) hours late. LVN 2 stated cannot wait this long to give medication because it can cause residents to have a negative outcome whether blood sugar and/or blood pressure can get high and would also mess up the time frames for the rest of the other medications. LVN 2 stated she did not get access for medications till 8 a.m. During an interview on 11/18/2025 at 2:29 p.m. with Resident 6, Resident 6 stated he was waiting for pills has not gotten any medication and is currently has pain of 8 out 10 (0-10 scale, 0 is no pain and 10 is the worst pain imaginable). During an interview on 11/18/2025 at 4:23 p.m. with the Director of Staff Development (DSD), the DSD stated was notified today medications were late and/or not given. The DSD reviewed Resident 4, Resident 5 and Resident 6's medications and stated the medications were late. LVN 2 stated she would notify the doctor of the medication being given late. The DSD stated medications can be given one hour prior of one hour after the ordered time. The DSD stated if medications are not given as prescribed for example if it is for pain the resident can be in pain and can result in a negative reaction for the resident and their health if the medication is for high blood pressure or high blood sugar. During a review of the Facility Policy and Procedure (P&P) titled, Medication and Administration-General Guidelines, last reviewed on 7/31/2025, the P&P indicated medications are administered as prescribed in accordance with good nursing principles and practices.2. Medications are administered in accordance with written orders of the attending physician.10. Medications are administered within 60 minutes of scheduled time (1 hour (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056056	A. Building B. Wing	11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows on Sunset Post Acute	5154 Sunset Blvd Los Angeles, CA 90027

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	before and 1 hour after), except before or after meal orders, which are administered based on mealtimes. Unless otherwise specified by he prescriber, routine medication are administered according to the established medication administration schedule for the facility.