

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2026
NAME OF PROVIDER OR SUPPLIER The Meadows on Sunset Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop and implement a person-centered care plan (a plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs) for one of three sampled residents (Resident 1) to address Resident 1's left upper chest port catheter (a long-term vascular access device placed in chest pain for easy access to vein for renal dialyses [a life-sustaining treatment for kidney failure that uses an external machine and a specialized filter to remove waste products and excess fluid from the blood]). This failure had the potential to delay care and negatively affect Resident 1's well-being. Findings: During a review of Resident 1's admission Record, the admission record indicated the facility originally admitted Resident 1 on 12/13/2023 and readmitted on [DATE] with diagnoses including dementia (a progressive state of decline in mental abilities), dependence on renal dialyses, chronic kidney disease stage four (CKD-a long-term condition characterized by a severe loss of kidney function). During a review of Resident 1's History and Physical (H&P), dated 11/29/2025, the H&P indicated Resident 1 had fluctuating capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 1/28/2026, the MDS indicated Resident 1's cognitive functioning (mental processes that enable people to think, understand, make decisions, and complete tasks) was severely impaired. The MDS indicated Resident 1 dependent on the facility staff with eating, oral care, toileting hygiene, showers, personal hygiene, upper and lower body dressing. During a concurrent interview and record review on 2/4/2026 at 1:48p.m. with Registered Nurse (RN) 1, Resident 1's Care Plan was reviewed. The Care Plan indicated plan for left upper chest port caterer care and monitoring was not initiated upon Resident 1's admission. RN 1 stated Resident 1's renal dialyses access site was changed from arteriovenous fistula (AV fistula-a surgically created connection between an artery and vein used for long-lasting access for renal dialyses) to left upper chest port catheter after Resident 1's readmission to hospital on 1/24/2026. RN 1 stated Resident 1's care plan should have been updated to address accurate renal dialysis access site. RN 1 stated the purpose of the accurate care plan was to provide proper monitoring of the access site. RN 1 stated failure to address Resident 1's dialyses access site on the care plan had the potential for Resident 1 to experience complications such as bleeding, infection, swelling, and pain. During an interview on 2/4/2026 at 3:35p.m. with the Director of Nursing (DON), the DON stated Resident 1's care plan should have been developed upon admission to the facility to address the new renal dialysis access site. The care plan should have addressed how to manage and care for the site. The DON Resident 1's care plan was not person-centered and complete since there was no plan to address Resident 1's renal dialyses access site. The DON stated there was a potential that Resident 1's renal dialyses access site is not managed appropriately leading to redness and infection. During a record review of the facility-provided policy and procedure titled, Comprehensive Care Plans, last reviewed on 1/21/2026,</p> <p>(continued on next page)</p>		

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: 056056
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>the policy and procedure indicated, It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment. 3. The comprehensive care plan will describe, at a minimum, the following: a. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.</p>		