

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  03/04/2026
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure that call light (an alerting device for nurses or other nursing personnel to assist a resident when in need) was functioning in the bathroom located in resident's room for three of three sampled residents (Resident 1, 2, and 3). This deficient practice had the potential to delay assistance and increase the risk of falls for Residents 1, 2, and 3. Findings: a. During a review of Resident 1's admission Record, the admission Record indicated the facility originally admitted Resident 1 on 1/14/2013 and readmitted on [DATE] with diagnoses including congestive heart failure (CHF-a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling), chronic kidney disease (long-term, irreversible loss of kidney function), muscle weakness, and lack of coordination. During a review of Resident 1's Minimum Data Set (MDS-a resident assessment tool), dated 1/23/2026, the MDS indicated Resident 1 had intact cognitive functioning (relating to the mental processes of thinking, learning, and understanding). The MDS indicated Resident 1 required maximal assistance (helper does more than half the effort) from facility staff with lower body dressing. The MDS indicated Resident 1 required moderate assistance (helper does less than half the effort) from facility staff with toileting hygiene. The MDS indicated Resident 1 required supervision (helper assists only prior to or following the activity) with toilet transfers. The MDS indicated Resident 1 was always continent of bowel and had occasional urinary incontinence (having no or insufficient voluntary control over urination). During a review of Resident 1's History and Physical (H&amp;P - a comprehensive assessment of a resident's medical condition), dated 2/6/2026, the H&amp;P indicated Resident 1 had the capacity to understand and make decisions. During a concurrent observation and interview on 3/4/2026 at 11:40 a.m. with Certified Nurse Assistant (CNA) 1 in Room A (Resident 1's room), CNA 1 pulled down from the cord attached to Resident 1's bathroom call light switch. CNA 1 stated when the switch is pulled down, the call light indicator in front of Resident 1's room should flash and produce an audible sound. CNA 1 stated Resident 1's call light indicator in front of Room A did not turn on and was not functioning. CNA 1 stated that on 3/3/2026, Resident 1 had told her (CNA 1) that the bathroom call light in Room A was not functioning. CNA 1 stated that on 3/3/2026, she (CNA 1) checked the bathroom call light in Room A and saw that the call light indicator was flashing but did not have an audible sound. CNA 1 stated she could not recall if she (CNA 1) had informed facility staff regarding malfunctioning call light in Room A. b. During a review of Resident 2's admission Record, the admission Record indicated the facility admitted Resident 2 on 6/21/2024 with diagnoses including peripheral vascular disease ( narrowed or blocked blood vessels outside the heart/brain), myalgia (muscle pain, aches, and tenderness), and other muscle spasms. During a review of Resident 2's H&amp;P, dated 3/13/2025, the H&amp;P indicated Resident 2 had the capacity to understand and make decisions. During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2 had intact cognitive functioning. The MDS indicated Resident 2 required supervision (helper provides contact guard assistance as resident completes activity) from the facility staff for toileting hygiene and lower body dressing. The MDS indicated Resident 2 as always continent of bowel. During a concurrent observation and interview on 3/4/2026 at 11:46 a.m. with CNA 1 in Room B (Resident 2's room), the call light indicator in front of (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
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F 0919  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Room B did not activate when CNA 1 turned the call light on in the bathroom. CNA 1 stated the call light indicator was not functioning and Resident 2 would not be able to call for assistance from the bathroom. c. During a review of Resident 3's admission Record, the admission Record indicated the facility originally admitted Resident 3 on 4/9/2019, and readmitted on [DATE] with diagnoses including heart failure, anxiety disorder (feeling of anxiousness that affects daily life), muscle weakness, pain in left hip. During a review of Resident 3's H&amp;P, dated 6/4/2025, the H&amp;P indicated Resident 3 had the capacity to understand and make decisions. During a review of Resident 3's MDS, dated [DATE], the MDS indicated Resident 3 had intact cognitive functioning. The MDS indicated Resident 3 required moderate assistance from the facility staff with toileting hygiene and toilet transfers. The MDS indicated Resident 3 was always continent of bowel and bladder. During a concurrent observation and interview on 3/4/2026 at 11:52 a.m. with the Environmental Director (ED) in Room C (Resident 3's Room), the ED pulled down from the cord attached to Resident 3's bathroom light switch. The call light indicator in front of Room C was not activated. The ED stated the bathroom call light in Room C was not functioning. During an interview on 3/4/2026 at 12 p.m. with the ED, the ED stated that there was no documented evidence to indicate the call light system, including the call light switch in resident bathrooms, were assessed for functionality. The ED stated when activated, the call light indicator in front of resident rooms will light up and produce an audible sound. The ED stated the call light system monitor was in the nursing station. The ED stated that there was a loose connection in the wiring of the system which potentially had caused the malfunctioning of the bathroom call lights. The ED stated all resident rooms should have a functioning call light system. The ED stated failure to have a functioning call light system in resident bathrooms could potentially delay provision of care to residents. During an interview on 3/4/2026 at 1:53 p.m. with the Director of Nursing (DON), the DON stated all resident rooms should have functioning call light system. The DON stated failure to have functional call lights in residents' bathrooms had the potential to delay care and increase risk of fall for residents. During a review of the current facility-provided P&amp;P titled, Call Lights: Accessibility and Timely Response, last reviewed on 1/21/2026, the P&amp;P indicated, The purpose of this policy is to assure the facility is adequately equipped with a call light. 7. The call system must be accessible to the residents at each toilet and bath or shower facility. 8. Staff will report problems with a call light or the call system to the supervisor and/or maintenance director</p>		