STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056166	A. Building B. Wing	08/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadow Creek Post-Acute	7039 Alondra Blvd Paramount, CA 90723

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46415 Based on interview and record review, the facility failed to ensure one of five sampled resident's (Resident 1) was not subjected to abuse by Resident 2 while left alone in the facility's dining room. This deficient practice resulted in Resident 2 physically assaulting Resident 1 by pulling Resident 1's hair while both residents were left unattended in the facility's dining room on 8/20/2024. This deficient practice had the potential for other residents who were left alone in the facility's dining room to have abusive behavior and or be subjected to abusive behavior. During a review of the Resident 1's Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including dementia (progressive loss of memory) without behavioral disturbance, major depressive disorder ([MDD] a mental disorder that causes a persistent low moods and loss of interest in activities), age related osteoporosis (disease that causes bones to become weak), and reduced mobility. During a review of Resident 1's Minimum Data Set [(MDS) a standardized assessment and care screening tool], dated 7/23/2024, the MDS indicated Resident 1's cognitive skills (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) were moderately impaired. The MDS indicated Resident 1 utilized a wheelchair for mobility and did not have any impairments to both of her upper and lower extremities (arms and legs). During a review of Resident 1's Situation, Background, Assessment, and Recommendation ([SBAR] a form of communication between members of a health care team regarding the condition of the resident) dated 8/20/2024, the SBAR indicated Resident 1 complained that Resident 2 was wearing her (Resident 1) clothes and when Resident 1 approached Resident 2 about her (Resident 1) clothes, Resident 2 pulled Resident 1's hair. During a review of the Resident 2's Admission Record (Face Sheet) the Face Sheet indicated Resident 2 was admitted to the facility on [DATE] with a diagnosis of generalized anxiety disorder (persistent and excessive worry that can affect daily activities). During a review of Resident 2's MDS dated [DATE], the MDS indicated Resident 2's cognitive skills were moderately impaired. The MDS indicated Resident 2 had verbal behavioral symptoms directed towards others (threatening, screaming). (continued on next page)

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
	056166	A. Building B. Wing	08/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadow Creek Post-Acute	7039 Alondra Blvd Paramount, CA 90723

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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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 2's SBAR dated 8/20/2024, the SBAR indicated Resident 1 tugged Resident 2's shirt and Resident 2 then pulled Resident 1's hair. During an interview on 8/26/2024 at 10:33 a.m., Resident 1 stated she was in the dining room when she saw a lady (Resident 2) wearing her blouse and pants and when she confronted Resident 2, Resident 2 started hitting her. Resident 1 stated Resident 2 goes into other resident's rooms, takes their clothes, and wears them. During an interview on 8/26/2024 at 10:45 a.m., Resident 2 stated she did not recall a resident asking her about a blouse she was wearing, and she did not recall hitting anyone. During an interview on 8/26/2024 at 1:34 p.m., the Activities Director (AD) stated on the day of the incident (8/20/2024), she stepped out of the dining room for a moment and when she left there were no other staff members present. The AD stated there should always be a staff person in the dining room since you never know what could happen. AD stated this incident could have been avoided if someone was present in the dining room when residents were there. During a review of the facility's policy and procedure (P&P), titled, Resident Rights, revised 12/2016, the P&P indicated Federal and State laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to be free from abuse.