

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/20/2025
NAME OF PROVIDER OR SUPPLIER  Meadow Creek Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>44055</p> <p>Based on interview and record review the facility failed to ensure one of two sampled residents (Resident 2) received oral care.</p> <p>This deficient practice placed Resident 2 at risk for poor dental hygiene and increased the risk for oral infections.</p> <p>Findings:</p> <p>During a review of Resident 2 ' s Admission record, the admission record indicated the facility initially admitted Resident 2 on 1/17/2023, with diagnoses including muscle weakness, abnormalities of gait and mobility, and dementia (a progressive state of decline in mental abilities).</p> <p>During a review of Resident 2 ' s Minimum Data Set (MDS), a resident assessment tool, dated 1/19/2025, the MDS indicated moderately impaired cognition of Resident 2. The MDS indicated Resident required supervision (helper provides verbal cues and touching assistance) with oral hygiene and personal hygiene.</p> <p>During an interview and record review on 5/20/2025 at 9:15 a.m., with Licensed Vocational Nurse (LVN) 2, Resident 2 ' s Point of Care Response History, Task :oral care was reviewed. The history indicated to provide Resident 2 with oral care every shift and as needed. The history indicated from 4/21/2025 until 5/19/2025, Resident 2 did not receive oral care every shift. LVN 2 stated nursing had three shifts in the facility (day shift, afternoon shift, and night shift. LVN 2 stated staff need to ensure Resident 2 performed or received oral care every shift and as needed.</p> <p>During an interview with the Director of Nursing (DON) on 5/20/2025 a 10:13 a.m., the DON stated if it was not documented it was not done. The DON stated oral care should be provided to each resident at least every shift to improve quality of life and care.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Mouth Care, revised 2/2018, the P&amp;P indicated the purpose of this procedure were to keep residents ' lips and oral tissues moist, to cleanse and freshen the resident ' s mouth, and to prevent oral infection. Oral care provided should be recorded in the residents ' medical record: the date and time the mouth care was provided, the name and title of the individual who provided the mouth care.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/20/2025
NAME OF PROVIDER OR SUPPLIER  Meadow Creek Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on interview and record review the facility failed to ensure one of two sampled residents (Resident 2) received oral care.</p> <p>This deficient practice placed Resident 2 at risk for poor dental hygiene and increased the risk for oral infections.</p> <p>Findings:</p> <p>During a review of Resident 2's Admission record, the admission record indicated the facility initially admitted Resident 2 on 1/17/2023, with diagnoses including muscle weakness, abnormalities of gait and mobility, and dementia (a progressive state of decline in mental abilities).</p> <p>During a review of Resident 2's Minimum Data Set (MDS), a resident assessment tool, dated 1/19/2025, the MDS indicated moderately impaired cognition of Resident 2. The MDS indicated Resident required supervision (helper provides verbal cues and touching assistance) with oral hygiene and personal hygiene.</p> <p>During an interview and record review on 5/20/2025 at 9:15 a.m., with Licensed Vocational Nurse (LVN) 2, Resident 2's Point of Care Response History, Task :oral care was reviewed. The history indicated to provide Resident 2 with oral care every shift and as needed. The history indicated from 4/21/2025 until 5/19/2025, Resident 2 did not receive oral care every shift. LVN 2 stated nursing had three shifts in the facility (day shift, afternoon shift, and night shift. LVN 2 stated staff need to ensure Resident 2 performed or received oral care every shift and as needed.</p> <p>During an interview with the Director of Nursing (DON) on 5/20/2025 a 10:13 a.m., the DON stated if it was not documented it was not done. The DON stated oral care should be provided to each resident at least every shift to improve quality of life and care.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Mouth Care , revised 2/2018, the P&amp;P indicated the purpose of this procedure were to keep residents' lips and oral tissues moist, to cleanse and freshen the resident's mouth, and to prevent oral infection. Oral care provided should be recorded in the residents' medical record: the date and time the mouth care was provided, the name and title of the individual who provided the mouth care.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/20/2025
NAME OF PROVIDER OR SUPPLIER  Meadow Creek Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44055</b></p> <p>Based on interview and record review the facility failed to ensure wound treatments were administered for three out of six sampled residents ( Resident 7,8,9) with pressure ulcers (localized damage to the skin and/or underlying tissue usually over a bony prominence) on 5/4/2025.</p> <p>This deficient practices had the potential to result in poor wound healing.</p> <p>Findings:</p> <p>During a review of Resident 7 ' s Admission record, the admission record indicated the facility initially admitted Resident 7 on 4/9/2025, with diagnoses including Metabolic encephalopathy (brain disorder), attention to gastrostomy (G- tube - a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems).</p> <p>During a review of Resident 7 ' s Minimum Data Set (MDS), a resident assessment tool, dated 5/7/2025, the MDS indicated intact cognition of Resident 7. The MDS indicated Resident 7 was dependent (staff does all the effort to complete task) on staff for oral hygiene, toileting hygiene, and showering. The MDS indicated the resident had several presure ulcers present when admitted to the facility.</p> <p>During a review of Resident 7 ' s Treatment Administration Record (TAR), 5/4/2025, the TAR indicated the following orders were not administered in the day shift:</p> <ol style="list-style-type: none"> <li>1. Betadine external solution (chemical agent to kill germs) to right foot 1,2,3, toes topically daily for Deep tissue injury (type of skin injury) for days cleanse with normal saline (NS- cleansing solution) pat dry, apply iodine (chemical agent to kill germs) and leave open to air.</li> <li>2. Santyl External Ointment 250 UNIT/Gram (Collagenase - ointment used to remove damaged tissue from chronic skin ulcers and severely burned areas), Apply to Left lower extremity, right anterior leg, left medial heel, left lateral lower extremity, right ischium (hip bone), right lateral malleolus (ankle bone), left medial heel, sacral coccyx (Tail bone), topically every day shift for 30 Days, cleanse with normal saline, pat dry, apply Santyl ointment, cover with foam dressing.</li> <li>3. Zinc Oxide External Ointment 20% (topical ointment to prevent and treat skin irritation), Apply to scrotum (sac of the male external genitalia located at the base of the penis) topically every shift for moisture associated skin damage (MASD - skin problem) for 30 Days cleanse with soap and water, pat dry, apply zinc oxide ointment, leave open to air.</li> </ol> <p>During a review of Resident 8 ' s Admission record, the admission record indicated the facility initially admitted Resident 8 on 10/11/2024, with diagnoses including Hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (weakness or the inability to move on one side of the body) following cerebral infarction (area of brain tissue that due to cessation of blood flow) affecting the left dominant side and attention to gastrostomy.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/20/2025
NAME OF PROVIDER OR SUPPLIER  Meadow Creek Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 8 ' s MDS, dated [DATE], the MDS indicated severely impaired cognition of Resident 8. The MDS indicated Resident 8 was dependent on staff for all Activities of Daily Living (ADLs- activities such as bathing, dressing and toileting a person performs daily).The MDS indicated the resident had a pressure ulcer present when admitted to the facility.</p> <p>During a review of Resident 8 ' s Treatment Administration Record (TAR), 5/4/2025, the TAR indicated the order for Sanyl was not administered. The order was for Santyl External Ointment 250 UNIT/Gram, Apply to Sacral coccyx (tail bone) topically every day shift for 30 days cleanse with NS pat dry apply Santyl collagen and alginate (type of dressing for wound).</p> <p>During a review of Resident 9 ' s Admission record, the admission record indicated the facility initially admitted Resident 9 on 11/4/2024, with diagnoses including Hemiplegia and hemiparesis following cerebral infarction affecting the left dominant side and attention to gastrostomy.</p> <p>During a review of Resident 9 ' s MDS, dated [DATE], the MDS indicated severely impaired cognition of Resident 9. The MDS indicated Resident 9 was dependent on staff for all ADL's.</p> <p>During a review of Resident 9's Skin Assessment (No-pressure injury), dated 4/22/2025 at 4 p.m., the assessment indicated Resident 9 was admitted with left heel scab (dry crust over a wound).</p> <p>During a review of Resident 9 ' s Treatment Administration Record (TAR), 5/4/2025, the following orders were not administered in the day shift:</p> <ol style="list-style-type: none"> <li>1. Left medial heel ulcer (skin wound): cleanse with NS, Pat dry, paint iodine, leave open to air and off-load (reduce pressure) daily x 30 days then re-evaluate. Everyday shift for 30 Days.</li> <li>2. May apply Vitamin A&amp;D ointment (medication ointment to prevent or treat minor skin irritations) to generalized body daily as skin maintenance every day shift.</li> <li>3. Medi honey Wound &amp; Burn Dressing External Paste (medication for wounds): Apply to Left heel topically every day shift for diabetic ulcer related to for 30 Days cleanse with NS pat dry apply medi honey and apply foam dressing.</li> </ol> <p>During an interview and record review on 5/19/2025 at 2:20 p.m. with Treatment (TX) Nurse 2, Resident 7, 8, and 9 ' s Treatment Administration Record (TAR) for 5/4/2025 were reviewed and theTAR indicated treatments were not administered on 5/4/2025 for Resident 7,8, and 9. TX Nurse 2 stated, if it was not signed it was not administered and treatments should be completed as ordered for the residents condition to improve.</p> <p>During an interview with the Director of Nursing (DON) on 5/20/2025 a 9:20 a.m., the DON stated if it was not documented it was not done. The DON stated treatment orders need to be administered as ordered for quality of life and care.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Administering Medications, revised 4/2019, the P&amp;P indicated medications were administered in a safe and timely manner as prescribed. The P&amp;P indicated topical medications used in treatments are recorded in the residents ' treatment record.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/20/2025
NAME OF PROVIDER OR SUPPLIER  Meadow Creek Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Wound Care, revised 10/2010, the P&amp;P indicated the purpose of the policy was to provide guidelines for the care of wounds to promote healing. The P&amp;P indicated the physician order will be verified and implemented. The P&amp;P indicated wound care will be documented in the medical records after performed.</p> <p>During a review of the facility ' s Job description: Licensed Nurse/Medication/ Treatment Nurse, undated, the job description indicated the treatment nurse will provide direct nursing care to all residents including medication management and skin care treatments. The treatment nurse will administer medications and treatments as ordered by the physician</p> <p>Based on interview and record review the facility failed to ensure wound treatments were administered for three out of six sampled residents ( Resident 7,8,9) with pressure ulcers (localized damage to the skin and/or underlying tissue usually over a bony prominence) on 5/4/2025.</p> <p>This deficient practices had the potential to result in poor wound healing.</p> <p>Findings:</p> <p>During a review of Resident 7's Admission record, the admission record indicated the facility initially admitted Resident 7 on 4/9/2025, with diagnoses including Metabolic encephalopathy (brain disorder), attention to gastrostomy (G- tube - a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems),</p> <p>During a review of Resident 7's Minimum Data Set (MDS), a resident assessment tool, dated 5/7/2025, the MDS indicated intact cognition of Resident 7. The MDS indicated Resident 7 was dependent (staff does all the effort to complete task) on staff for oral hygiene, toileting hygiene, and showering. The MDS indicated the resident had several presure ulcers present when admitted to the facility.</p> <p>During a review of Resident 7's Treatment Administration Record (TAR), 5/4/2025, the TAR indicated the following orders were not administered in the day shift:</p> <ol style="list-style-type: none"> <li>1. Betadine external solution (chemical agent to kill germs) to right foot 1,2,3, toes topically daily for Deep tissue injury (type of skin injury) for days cleanse with normal saline (NS- cleansing solution) pat dry, apply iodine (chemical agent to kill germs) and leave open to air.</li> <li>2. Santyl External Ointment 250 UNIT/Gram (Collagenase - ointment used to remove damaged tissue from chronic skin ulcers and severely burned areas), Apply to Left lower extremity, right anterior leg, left medial heel, left lateral lower extremity, right ischium (hip bone), right lateral malleolus (ankle bone), left medial heel, sacral coccyx (Tail bone), topically every day shift for 30 Days, cleanse with normal saline, pat dry, apply Santyl ointment, cover with foam dressing.</li> <li>3. Zinc Oxide External Ointment 20% (topical ointment to prevent and treat skin irritation), Apply to scrotum (sac of the male external genitalia located at the base of the penis) topically every shift for moisture associated skin damage (MASD - skin problem) for 30 Days cleanse with soap and water, pat dry, apply zinc oxide ointment, leave open to air.</li> </ol> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/20/2025
NAME OF PROVIDER OR SUPPLIER  Meadow Creek Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 8's Admission record, the admission record indicated the facility initially admitted Resident 8 on 10/11/2024, with diagnoses including Hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (weakness or the inability to move on one side of the body) following cerebral infarction (area of brain tissue that due to cessation of blood flow) affecting the left dominant side and attention to gastrostomy.</p> <p>During a review of Resident 8's MDS, dated [DATE], the MDS indicated severely impaired cognition of Resident 8. The MDS indicated Resident 8 was dependent on staff for all Activities of Daily Living (ADLs- activities such as bathing, dressing and toileting a person performs daily).The MDS indicated the resident had a pressure ulcer present when admitted to the facility.</p> <p>During a review of Resident 8's Treatment Administration Record (TAR), 5/4/2025, the TAR indicated the order for Santyl was not administered. The order was for Santyl External Ointment 250 UNIT/Gram, Apply to Sacral coccyx (tail bone) topically every day shift for 30 days cleanse with NS pat dry apply Santyl collagen and alginate (type of dressing for wound).</p> <p>During a review of Resident 9's Admission record, the admission record indicated the facility initially admitted Resident 9 on 11/4/2024, with diagnoses including Hemiplegia and hemiparesis following cerebral infarction affecting the left dominant side and attention to gastrostomy.</p> <p>During a review of Resident 9's MDS, dated [DATE], the MDS indicated severely impaired cognition of Resident 9. The MDS indicated Resident 9 was dependent on staff for all ADLs.</p> <p>During a review of Resident 9's Skin Assessment (No-pressure injury), dated 4/22/2025 at 4 p.m., the assessment indicated Resident 9 was admitted with left heel scab (dry crust over a wound).</p> <p>During a review of Resident 9's Treatment Administration Record (TAR), 5/4/2025, the following orders were not administered in the day shift:</p> <ol style="list-style-type: none"> <li>1. Left medial heel ulcer (skin wound): cleanse with NS, Pat dry, paint iodine, leave open to air and off-load (reduce pressure) daily x 30 days then re-evaluate. Everyday shift for 30 Days.</li> <li>2. May apply Vitamin A&amp;D ointment (medication ointment to prevent or treat minor skin irritations) to generalized body daily as skin maintenance every day shift</li> <li>3. Medi honey Wound &amp; Burn Dressing External Paste (medication for wounds): Apply to Left heel topically every day shift for diabetic ulcer related to for 30 Days cleanse with NS pat dry apply medi honey and apply foam dressing.</li> </ol> <p>During an interview and record review on 5/19/2025 at 2:20 p.m. with Treatment (TX) Nurse 2, Resident 7, 8, and 9's Treatment Administration Record (TAR) for 5/4/2025 were reviewed and theTAR indicated treatments were not administered on 5/4/2025 for Resident 7,8, and 9. TX Nurse 2 stated, if it was not signed it was not administered and treatments should be completed as ordered for the residents condition to improve.</p> <p>During an interview with the Director of Nursing (DON) on 5/20/2025 a 9:20 a.m., the DON stated if it was not documented it was not done. The DON stated treatment orders need to be administered as ordered for quality of life and care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/20/2025
NAME OF PROVIDER OR SUPPLIER  Meadow Creek Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's policy and procedure (P&amp;P) titled, Administering Medications , revised 4/2019, the P&amp;P indicated medications were administered in a safe and timely manner as prescribed. The P&amp;P indicated topical medications used in treatments are recorded in the residents' treatment record.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Wound Care , revised 10/2010, the P&amp;P indicated the purpose of the policy was to provide guidelines for the care of wounds to promote healing. The P&amp;P indicated the physician order will be verified and implemented. The P&amp;P indicated wound care will be documented in the medical records after performed.</p> <p>During a review of the facility's Job description: Licensed Nurse/Medication/ Treatment Nurse , undated, the job description indicated the treatment nurse will provide direct nursing care to all residents including medication management and skin care treatments. The treatment nurse will administer medications and treatments as ordered by the physician</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/20/2025
NAME OF PROVIDER OR SUPPLIER  Meadow Creek Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44055</b></p> <p>Based on interview and record review, the facility failed to cleanse and change the gastrostomy ( G- tube - a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems) site dressing on 5/4/2025 for three out of six sampled residents (Residents 7, 8, 9).</p> <p>This deficient practices had the potential to result in G-tube site infections.</p> <p>Findings:</p> <p>During a review of Resident 7 ' s Admission record, the admission record indicated the facility initially admitted Resident 7 on 4/9/2025, with diagnoses including Metabolic encephalopathy (brain disorder) and attention to gastrostomy.</p> <p>During a review of Resident 7 ' s Minimum Data Set (MDS), a resident assessment tool, dated 5/7/2025, the MDS indicated intact cognition of Resident 7. The MDS indicated Resident 7 was dependent (staff does all the effort to complete task) on staff for oral hygiene, toileting hygiene, and showering.</p> <p>During a review of Resident 7 ' s Treatment Administration Record (TAR), 5/4/2025, the TAR indicated the order to Cleanse G-Tube site with normal saline (NS - wound cleaning solution), pat dry and apply dry dressing and secure with tape daily and assess for signs and symptoms of infection during treatment was not completed.</p> <p>During a review of Resident 8 ' s Admission record, the admission record indicated the facility initially admitted Resident 8 on 10/11/2024, with diagnoses including hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (weakness or the inability to move on one side of the body) following cerebral infarction (area of brain tissue that due to cessation of blood flow) affecting the left dominant side and attention to gastrostomy.</p> <p>During a review of Resident 8 ' s MDS, dated [DATE], the MDS indicated severely impaired cognition of Resident 8. The MDS indicated Resident 8 was dependent on staff for all Activities of Daily Living (ADLs- activities such as bathing, dressing and toileting a person performs daily).</p> <p>During a review of Resident 8 ' s TAR, 5/4/2025, the TAR indicated the order to Cleanse G-Tube site with NS, pat dry and apply dry dressing and secure with tape daily and assess for signs and symptoms of infection during treatment was not completed.</p> <p>During a review of Resident 9 ' s Admission record, the admission record indicated the facility initially admitted Resident 9 on 11/4/2024, with diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting the left dominant side and attention to gastrostomy.</p> <p>During a review of Resident 9 ' s MDS, dated [DATE], the MDS indicated severely impaired cognition of Resident 9. The MDS indicated Resident 9 was dependent on staff for all ADL's.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/20/2025
NAME OF PROVIDER OR SUPPLIER  Meadow Creek Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 9 ' s TAR, 5/4/2025, the TAR indicated the order to Cleanse G-Tube site with NS, pat dry and apply dry dressing and secure with tape daily and assess for signs and symptoms of infection during treatment was not completed.</p> <p>During an interview and record review on 5/19/2025 at 2:20 p.m. with Treatment (TX) Nurse 2, Resident 7, 8, and 9 ' s Treatment Administration Record (TAR) for 5/4/2025 were reviewed and the TAR indicated that G tube sites were not cleaned and dressing was not changed on 5/4/2025 for Resident 7, 8, and 9. TX Nurse 2 stated, if ithe TAR was not signed it was not administered and treatments should be completed as ordered for the residents condition to improve.</p> <p>During an interview with the Director of Nursing (DON) on 5/20/2025 a 9:20 a.m., the DON stated if it was not documented it was not done. The DON stated treatment orders need to be administered as ordered for quality of life and care.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Gastrostomy/Jejunostomy Site Care, revised 10/2011, the P&amp;P indicated the purpose of the policy was to promote cleanliness and to protect the gastrostomy site from irritation, breakdown, and infection. The P&amp;P indicated the person performing the procedure will document date and time procedure was performed in the medical record.</p> <p>During a review of the facility ' s Job description: Licensed Nurse/Medication/ Treatment Nurse, undated, the job description indicated the treatment nurse will provide direct nursing care to all residents including medication management and skin care treatments. The treatment nurse will administer medications and treatments as ordered by the physician.</p> <p>Based on interview and record review, the facility failed to cleanse and change the gastrostomy ( G- tube - a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems) site dressing on 5/4/2025 for three out of siix sampled residents (Residents 7, 8, 9).</p> <p>This deficient practices had the potential to result in G-tube site infections.</p> <p>Findings:</p> <p>During a review of Resident 7's Admission record, the admission record indicated the facility initially admitted Resident 7 on 4/9/2025, with diagnoses including Metabolic encephalopathy (brain disorder) and attention to gastrostomy.</p> <p>During a review of Resident 7's Minimum Data Set (MDS), a resident assessment tool, dated 5/7/2025, the MDS indicated intact cognition of Resident 7. The MDS indicated Resident 7 was dependent (staff does all the effort to complete task) on staff for oral hygiene, toileting hygiene, and showering.</p> <p>During a review of Resident 7's Treatment Administration Record (TAR), 5/4/2025, the TAR indictaed the order to Cleanse G-Tube site with nomal saline (NS - wound cleaning solution), pat dry and apply dry dressing and secure with tape daily and assess for signs and symptoms of infection during treatment was not completed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/20/2025
NAME OF PROVIDER OR SUPPLIER  Meadow Creek Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 8's Admission record, the admission record indicated the facility initially admitted Resident 8 on 10/11/2024, with diagnoses including hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (weakness or the inability to move on one side of the body) following cerebral infarction (area of brain tissue that due to cessation of blood flow) affecting the left dominant side and attention to gastrostomy.</p> <p>During a review of Resident 8's MDS, dated [DATE], the MDS indicated severely impaired cognition of Resident 8. The MDS indicated Resident 8 was dependent on staff for all Activities of Daily Living (ADLs-activities such as bathing, dressing and toileting a person performs daily).</p> <p>During a review of Resident 8's TAR, 5/4/2025, the TAR indicated the order to Cleanse G-Tube site with NS, pat dry and apply dry dressing and secure with tape daily and assess for signs and symptoms of infection during treatment was not completed.</p> <p>During a review of Resident 9's Admission record, the admission record indicated the facility initially admitted Resident 9 on 11/4/2024, with diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting the left dominant side and attention to gastrostomy.</p> <p>During a review of Resident 9's MDS, dated [DATE], the MDS indicated severely impaired cognition of Resident 9. The MDS indicated Resident 9 was dependent on staff for all ADLs.</p> <p>During a review of Resident 9's TAR, 5/4/2025, the TAR indicated the order to Cleanse G-Tube site with NS, pat dry and apply dry dressing and secure with tape daily and assess for signs and symptoms of infection during treatment was not completed.</p> <p>During an interview and record review on 5/19/2025 at 2:20 p.m. with Treatment (TX) Nurse 2, Resident 7, 8, and 9's Treatment Administration Record (TAR) for 5/4/2025 were reviewed and the TAR indicated that G tube sites were not cleaned and dressing was not changed on 5/4/2025 for Resident 7, 8, and 9. TX Nurse 2 stated, if the TAR was not signed it was not administered and treatments should be completed as ordered for the residents condition to improve.</p> <p>During an interview with the Director of Nursing (DON) on 5/20/2025 a 9:20 a.m., the DON stated if it was not documented it was not done. The DON stated treatment orders need to be administered as ordered for quality of life and care.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Gastrostomy/Jejunostomy Site Care , revised 10/2011, the P&amp;P indicated the purpose of the policy was to promote cleanliness and to protect the gastrostomy site from irritation, breakdown, and infection. The P&amp;P indicated the person performing the procedure will document date and time procedure was performed in the medical record.</p> <p>During a review of the facility's Job description: Licensed Nurse/Medication/ Treatment Nurse , undated, the job description indicated the treatment nurse will provide direct nursing care to all residents including medication management and skin care treatments. The treatment nurse will administer medications and treatments as ordered by the physician.</p>		