

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 12/22/2025
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)
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. (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
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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure certified nursing assistant (CNA) 3 and licensed vocational nurses (LVN) 4 were competent in caring for and reporting episodes of diarrhea (loose/ watery stool) for one out of three sampled residents (Resident 1). This deficient practice resulted in Resident 1 continuing to receive medications to induce bowel movements, during the time she was having loose stools which had the potential for emotional distress, burning and irritation of the skin, worsening moisture associated skin break down (MASD, umbrella term for skin inflammation and breakdown from prolonged exposure to moisture), and dehydration (the body loses more fluids than it is taking in). (Cross reference: F760) Findings: During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including dependence on renal dialysis (a person's kidneys have failed [End-Stage Renal Disease or ESRD] and they rely on this life-sustaining treatment to filter waste and fluid from their blood), generalized anxiety disorder (a mental health condition marked by persistent, excessive, and uncontrollable worry about everyday things), depression (a mood disorder that causes a persistent feeling of sadness and loss of interest), and (a person has a surgically created opening [stoma] in their neck leading to the windpipe [trachea] for breathing). During a review of Resident 1's minimum data set (MDS, a resident assessment tool), the MDS indicated Resident 1 was cognitively intact (having sufficient mental function for daily life, demonstrating good judgment, planning, and self-control, without significant impairment) and was at risk for developing pressure injuries (damaged skin and tissue caused by unrelieved pressure) and MASD. During a review of Resident 1's Order Summary Report dated 12/2025, the Order Summary Report indicated an order dated 12/11/2025 for docusate sodium oral tablet 100 milligrams (mg, a unit of measurement) give one tablet twice a day via gastrostomy tube (g-tube, a feeding tube inserted through the abdomen directly into the stomach, providing essential nutrition, fluids, and medicine for those who can't eat or drink enough by mouth) twice a day for bowel management; HOLD for loose stools and senna oral tablet 8.6 mg give one tablet via g-tube at bedtime for bowel management; HOLD for loose stools. During a review of Resident 1's Medication Administration Report (MAR) for 12/2025, the MAR indicated Resident 1 received docusate sodium oral tablet 100 mg twice a day, every day between 12/11/2025 through 12/22/2025 (on 12/22/2025, only the 9 a.m. dose had been given at the time of review). The MAR indicated Resident 1 received senna oral tablet 8.6 mg at bedtime, every evening between 12/11/2025 through 12/21/2025 (except on 12/16/2025, when the medication was refused). During a review of Resident 1's activities of daily living document titled, Document Survey Report dated 12/2025, the Documentation Survey Report for bowel movements indicated Resident 1 had loose/ watery stools on 12/10/2025, 12/11/2025, 12/13/2025, 12/15/2025, 12/18/2025, 12/19/2025, 12/20/2025, 12/21/2025, and 12/22/2025. During an interview on 12/19/2025 at 3:10 p.m., CNA 3 stated the last time she cared for Resident 1 (on 12/17/2025), Resident 1 had loose stools. During an interview on 12/19/2025 at 3:41 p.m., family member of Resident 1 (FM) 1 stated Resident 1 had been complaining to FM 1 about having diarrhea causing her skin to burn. FM 1 stated she was worried that Resident 1 would get worsening skin breakdown due to the constant moisture from the diarrhea. During an interview on 12/22/2025 at 9:20 a. m., Resident 1 stated she still had diarrhea. During an interview on 12/22/2025 at 1:03 p.m., CNA 3 stated she was caring for Resident 1 that day and Resident 1 had loose stools, CNA 3 stated Resident 1 had had two loose stools that morning. CNA 3 stated and she informed the charge nurses (unknown LVN) about the loose stools. CNA 3 stated Resident 1 had redness (indication of skin irritation) on the peri area (most commonly refers to the perineum, the space between the anus and genitals), possibly from the loose stools and CNA 3 stated Resident 1 sometimes complained of some discomfort and burning from the loose stool touching her skin. During an interview on 12/22/2025 at 1:24 p.m., LVN 4 stated he was caring for Resident 1 for the day, and CNA 3 did not inform him Resident 1 was having loose stools and he gave Resident 1 all her medications including the docusate sodium. LVN 4 stated if he was aware Resident 1 was having loose stool he would have held the docusate sodium and if it was more than one loose stool, he would have made a change of condition (COC) report. During an interview and concurrent record review on 12/22/2025 at 3:15 p. m., the Director of Nursing (DON) stated the CNA's notify the nurses assigned to pass medications (LVNs) when patients are having loose stools. The DON stated the LVN would not know the resident was having loose stool unless the CNA informed them. The DON stated stool softeners and laxatives should be held if a</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>(continued on next page)</p>

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure one out of three sampled residents (Resident 1) did not receive Docusate Sodium (a stool softener) and Senna (a laxative medication [softens stool or stimulates the bowels to contract] used to treat constipation [bowel movements are infrequent, hard, or difficult to pass]) while Resident 1 was experiencing diarrhea (loose watery stools). This deficient practice placed Resident 1 at risk for emotional distress, burning and irritation of the skin, worsening moisture associated skin break down (MASD, umbrella term for skin inflammation and breakdown from prolonged exposure to moisture), and dehydration (the body loses more fluids than it is taking in). Findings: During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted to the facility 9/17/2025 and readmitted on [DATE] with diagnoses of dependence on renal dialysis (a person's kidneys have failed [End-Stage Renal Disease or ESRD] and they rely on this life-sustaining treatment to filter waste and fluid from their blood), generalized anxiety disorder (a mental health condition marked by persistent, excessive, and uncontrollable worry about everyday things), depression (a mood disorder that causes a persistent feeling of sadness and loss of interest), and (a person has a surgically created opening [stoma] in their neck leading to the windpipe [trachea] for breathing). 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