

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 03/23/2026
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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</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 of three sampled residents (Resident) hair was cut. This deficient practice resulted in Resident 1's hair being cut unevenly when the Beautician ([NAME]) 1 did not finish cutting Resident 1's hair. This deficient practice had the potential to negatively affect Resident 1's self-esteem and emotional wellbeing. Findings: During a review of Resident 1's admission Record (Face Sheet) the Face Sheet indicated Resident 1 was admitted to the facility on [DATE] and readmitted [DATE]. Resident 1 had diagnoses including unspecified hypotension (low blood pressure), anemia (a condition where the body does not have enough healthy red blood cells), and schizoaffective disorder (a mental disorder that can affect thoughts, mood and behavior). During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool) dated 3/7/2026, the MDS indicated Resident 1's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was severely impaired and was dependent on staff for activities of daily living ([ADLs] activities such as bathing, dressing and toileting a person performs daily). During a review of Resident 1's Situation, Background, Assessment, Recommendation ([SBAR] a communication tool used by healthcare workers when there is a change in condition among the residents) and initial Change of Condition/Alert Charting and Skilled Documentation dated 3/6/2026 and timed at 11:42 a.m. The SBAR indicated Resident 1 was found by Certified Nurse Assistant (CNA) 1 with short uneven hair on the right side of her head. The SBAR indicated Resident 1 was asked if she received a haircut in the last couple of days or weeks, and Resident 1 stated she received a haircut last month. [NAME] 1 was asked by Social Service Director (SSD) and Charge Nurse (unknown) if she had given Resident 1 a haircut in the prior month. The SBAR indicated [NAME] 1 stated she attempted to give Resident 1 a haircut last month (2/2026) and was unsuccessful due to Resident 1 being noncompliant as she was moving around too much. During a review of a Written Statement signed and dated 3/6/2026, [NAME] 1 indicated on 2/16/2026, she tried to cut Resident 1's hair, but Resident 1 did not allow it, so she ended up only cut one side. During a concurrent observation and interview on 3/20/2026 at 4:15 p.m. with Resident 1, in Resident 1's room, Resident 1 was observed lying in bed with the right top and right side of her hair was observed very short. Resident 1's left side of her hair was observed significantly longer. Resident 1 was not able to describe why her hair was uneven. During a telephone interview on 3/23/2026 at 1:30 p.m. with the [NAME] 1, [NAME] 1 stated she wrote the statement on 3/6/2026 indicating she cut Resident 1's hair but was unable to complete the haircut because Resident 1 was moving too much. [NAME] 1 stated that when a resident is difficult to work with, she will typically ask a nurse or another staff member for assistance; however, on 2/16/2026 she did not ask staff for assistance and Resident 1 was left with an incomplete and uneven haircut. [NAME] 1 stated that residents have the right to look and feel good about themselves and acknowledges she should not have left Resident 1 before ensuring her haircut was complete and her appearance was acceptable. During an interview on 3/23/2026 at 2:30 p.m. with Registered Nurse (RN) 1, RN 1 stated he and Charge Nurse (unknown) were alerted by CNA 1 indicating Resident 1's hair was short. RN 1 (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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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>stated he went to assess Resident 1; he did see that her hair was uneven. RN 1 stated [NAME] 1 told him the last time she tried to cut Resident 1's hair was on 2/16/2026 but could not complete the job due to the resident moving too much. During an interview on 3/23/2026 at 2:40 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated on 3/6/2026 at 12 p.m. she went to assess Resident 1, and she saw that the right side of the hair was much shorter than the left side. LVN 1 stated she asked Resident 1 what happened, and stated the resident was unable to tell her. LVN 1 stated it is important for a resident to look their best and it is our job to make sure that they do because it is a matter of the resident's dignity. During an interview on 3/23/2026 at 4:00 p.m. with Social Services Director (SSD), SSD stated on 3/6/2026, the [NAME] 1 informed her that she was unable to complete Resident 1's haircut on 2/16/2026 and did not charge the facility because the service was not completed. The SSD stated that [NAME] 1 left the facility without notifying the staff. The SSD stated on 3/6/2026, she asked [NAME] 1 if she could correct Resident 1's haircut as her hair was uneven. The SSD stated that residents' hair should be styled and presentable. During an interview on 3/20/2026 at 4:15 p.m. with the Director of Nursing (DON), the DON stated dignity is an important part of quality care and if she knew sooner that Resident 1's hair was uneven, [NAME] 1's supervisor should have been notified. During a review of the facility's policy and procedure (P&P) titled, Dignity, dated 2/2021, the P&P indicated each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life and feelings of self-worth and self-esteem. The P&P indicated residents are treated with dignity at all times.</p>		