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	05/26/2026

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to administer medication as prescribed by a physician for one of three sampled residents (Resident 1). This deficient practice resulted in Resident 1 receiving medication prescribed for a 9 a.m., administration time, but it was not administered until 10:32 a.m. This deficient practice had the potential to cause a delayed therapeutic effect.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]. Resident 1 had diagnoses including cord compression (occurs when pressure is applied to the spinal cord [a long tube-like bundle of nerve tissue that extends from the brain stem down to the lower back], blocking the nerve signals between the brain and the rest of the body), cervical disc disorder (a group of conditions affecting the cushioning discs between the vertebrae [one of the bones that make up the spinal column] in the neck) with myelopathy (an injury, inflammation, or dysfunction of the spinal cord), and hypertension ([HTN] high blood pressure). During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool) dated 5/10/2026, the MDS indicated Resident 1 was cognitively intact (had the ability to think and reason). During a review of Resident 1's Physician's Orders dated 5/17/2026, the Physician's Orders indicated the following: 1. Epclusa (medication used to treat chronic Hepatitis C [a bloodborne viral infections that causes liver inflammation and damage]) 400-100 milligrams ([mg] metric unit of measurement, used for medication dosage and/or amount), one tablet one time a day at 9 a.m., for hepatitis. 2. Theophylline (medication used to prevent and treat wheezing shortness of breath and chest tightness caused by lung diseases like asthma, chronic bronchitis, and emphysema), ER (extended release) 200 mg, one tablet one time a day at 9 a.m., for lung disease. 3. Baclofen (a muscle relaxant) 10 mg, 1 tablet three times a day, at 9 a.m., 1 p.m., and 5 p.m. 4. Losartan Potassium (used to treat HTN) 50 mg, one time a day for HTN. During a review of Resident 1's Medication Administration Audit Report (MAAR) dated 5/17/2026, the MAAR indicated Resident 1 received the following medications at 10:32 a.m., instead of 9 a.m., as prescribed. 1. Epclusa 400-100 mg2. Theophylline ER 200 mg3. Baclofen 10 mg4. Losartan Potassium 50 mg During an interview on 5/26/2026 at 10:25 a.m., Licensed Vocational Nurse (LVN) 1 stated medications were to be administered one hour before or one hour after their scheduled time, and if a medication could not be given on time, the physician should be notified for a late administration order. During an interview on 5/26/2026 at 10:47 a.m., with the Director of Nursing (DON), and a concurrent review of Resident 1's MAAR, the MAAR indicated Epclusa, Theophylline, Baclofen and Losartan Potassium were administered to Resident 1 on 5/17/2026 at 10:32 a.m. The DON stated medications can be administered one hour before or one hour after the scheduled time, LVN 2 administered Resident 1's 9 a.m., medications late. The DON stated if a medication was anticipated to be late, the physician must be called for a late medication order to prevent a subtherapeutic (ineffective dose to treat a disease or condition) or a toxic dose (an amount that can cause adverse or dangerous side effects). During review of facility's P/P titled Administering Medications dated 4/2019, the P/P indicated medications are to be administered within 1 hour of their prescribed time.

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