

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055111	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Fountain View Subacute and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5310 Fountain Ave Los Angeles, CA 90029	

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 0729</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48429</p> <p>Based on interview and record review, the facility failed to ensure the certification requirements were up to date, for one of three certified nurse assistants (CNA 2). This deficient practice had the potential for a knowledge, training, and certification deficit among the CNA, leading to inadequate resident care.</p> <p>Findings:</p> <p>A review of CNA 2 ' s employee profile indicated CNA 2's certificate had an effective date of [DATE] and expiration of [DATE].</p> <p>A review of CNA 2 ' s employee timecard dated ,d+[DATE] through [DATE], indicated CNA 2 worked on the days of ,d+[DATE] - [DATE], ,d+[DATE] - [DATE], and ,d+[DATE] - [DATE].</p> <p>A review of CNA 2 ' s employee timecard dated ,d+[DATE] through [DATE] indicated CNA 2 worked on the days of ,d+[DATE] - ,d+[DATE], ,d+[DATE], ,d+[DATE], ,d+[DATE] - [DATE] and [DATE].</p> <p>During an interview on [DATE] at 12:30 PM, the Director of Staff Development (DSD) stated she was responsible to ensure the CNAs were certified, qualified, and the credentials were up to date for the facility staff. The DSD stated CNAs should not be allowed to provide patient care without an active certificate. The DSD stated CNA 2 was hired on [DATE] with a CNA certificate that expired [DATE]. The DSD also stated CNA 2 worked in the facility for over one month after CNA 2's certificate had expired, as the last date worked was [DATE].</p> <p>During an interview on [DATE] at 2:15 PM, the Assistant Director of Nursing (ADON) stated CNAs should not work with expired credentials, because this can lead to inadequate nursing care.</p> <p>A review of the facility ' s policy and procedure titled, Licensure, Certification, and Registration of Personnel, revised ,d+[DATE], indicated a copy of recertifications annual, bi-annual, as applicable must be presented to the human resources director/designee upon receipt of such recertifications and prior to the expiration of current licensure, certification, and or registration. A copy of the recertifications must be filed in the employee ' s personnel record.</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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