

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/23/2026
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)		
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to provide timely incontinence care for one of three sampled residents (Resident 3) when Certified Nursing Assistant (CNA) 1 did not clean or change the resident after being notified the resident was wet. This deficient practice had the potential to increase the risk of infection, including urinary tract infections (UTIs, a bacterial infection that affects any part of your urinary system, including the bladder, urethra, or kidneys), and negatively affect Resident 3's care. During a review of Resident 3's admission record dated 7/23/2026, the admission record indicated Resident 3 was originally admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses that included but not limited to lymphedema (a condition where part of the body-often an arm or a leg-gets swollen because fluid builds up under the skin. This happens when the body's lymphatic system, which is like a drainage system that removes extra fluid and helps fight infection, isn't working the way it should), muscle weakness, dementia (a condition that happens when a person's brain is damaged and can't work the way it used to) and obesity (a condition a person had too much body fat in a way that can harm that person's health). During a review of Resident 3's Minimum Data Set (MDS- resident assessment tool) dated 5/12/2026, the MDS indicated Resident 3 had mild cognition (ability to think, remember and reason for daily decision making) impairment; Resident 3 was dependent on staffs for oral hygiene, toileting hygiene, shower/bathe self, upper body dressing, lower body dressing, putting on/taking off footwear, and personal hygiene. In addition, MDS indicated Resident 3 is always incontinent. During a review of Resident 3's lab result report of urinalysis (UA, a test that checks your pee to see how healthy your body is, doctors use it to look for problems like infections, kidney issues, or diabetes) on 7/14/2026, the UA result indicated abnormal, with positive of bacteria present. During a review of Resident 3's lab result report of complete blood count (CBC, a blood test that tells doctors what's happening inside your body by measuring the different cells in your blood. It can be used to detect infection, anemia, and blood disorders) on 7/14/2025, the CBC result indicated white blood cell (WBC) count was high at 18.07 with a reference range 4.0 to 11.0, which indicated infection. During a review of Resident 3's nursing progress notes on 7/14/2026, the progress notes indicated Resident 3's UA, CBC result showing UTI infection, and Resident's attending physician was notified. During a review of Resident 3's care plan (CP) titled resident experience or is at risk for urinary incontinence . dated 5/22/2026, the CP indicated staffs should assist with perineal care as needed. During a phone interview with Resident 3's representative (RP) on 7/23/2026 at 9:10 am, Resident 3's RP started on 7/11/2026 around 3:00 pm, he pressed call light request CNA to check and change Resident 3 because he smelled odor of urine in the room. CNA 1 responded to call light around 3:30 pm, but only asked Resident 3 are you okay did not physically check if resident was wet or not. After resident response to her I am okay. CNA 1 turn around and walk out of the room. Resident 3's RP followed CNA 1 to the hallway and ask her again are you going (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
--	-------	-----------

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 07/23/2026
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)		
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	to change her? CNA 1 responded she said she was okay and walk away. During an interview on 7/23/2026 at 1:57 pm with CNA 2, CNA 2 stated CNA should response to call light on time and check their resident often. CNA 2 continued stated, when resident or resident's RP request to be changed, CNA should physically check on the resident and help resident change if indicated. During an interview on 7/23/2026 at 2:08 pm with Licensed Vocational Nurse (LVN) 1, LVN 1 stated CNA needed to response to call light on time and helped residents as their request. When resident's family requested CNA to help resident change because they smell odor of urine, it is a very reasonable request, CNA should have helped the resident, walking away was unacceptable. During an interview on 7/23/2026 at 3:57 pm with CNA 1, CNA 1 stated she remembered on 7/11/2026 responded to Resident 3 and Resident 3's RP. CNA 1 confirmed she did not physically check the resident and walk away. During an interview on 7/23/2025 at 4:50 pm with Director of Nursing (DON), DON stated, CNA 1's action was unacceptable, CNA should have provided good resident care and communicate well with resident and resident's RP. Failed to provide timely incontinence care and leave Resident 3 soiled will increase the risk for skin breakdown and could even lead to UTI. During a review of the facility's policy and procedure (P&P) titled activities of daily living, supporting, dated 11/20/2025, the P&P indicated resident who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene.		