

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 05/08/2025
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>Based on observation, interview, and record review the facility failed to ensure to provide privacy to one of three sampled residents (Resident 50) by failing to pull the privacy curtain during the administration of medication through Resident 50's gastrostomy tube (g-tube, a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems).</p> <p>This failure had the potential for the staff not to uphold Resident 50's dignity.</p> <p>Findings:</p> <p>During a review of Resident 50's admission Record, the admission Record indicated the facility re-admitted the resident on 11/28/2023 with diagnoses that included pneumonia (an infection/inflammation in the lungs), type 2 diabetes (DM, a disorder characterized by difficulty in blood sugar control and poor wound healing), foot drop (a condition where a person has difficulty lifting the front part of their foot) of the left and right foot, muscle weakness, quadriplegia (paralysis from the neck down, including legs and arms, usually due to a spinal cord injury), gastrostomy, and traumatic brain injury (TBI, a disruption in the normal function of the brain that can be caused by a bump, blow, or jolt to the head).</p> <p>During a review of Resident 50's Minimum Data Set (MDS, a resident assessment tool) dated 3/3/2025, the MDS indicated the resident had severe cognitive impairment (impairment in the ability to think, understand, and reason). The MDS indicated Resident 50 was dependent on help for oral hygiene, toileting hygiene, showering/bathing self, upper/lower body dressing, putting on/taking off footwear, and personal hygiene. The MDS indicated Resident 50 had a feeding tube.</p> <p>During an observation on 5/7/2025 at 8:29 AM in Resident 50's room, Licensed Vocational Nurse (LVN) 1 was observed administering medication through the resident's g-tube. The privacy curtain for Resident 50 was observed open while LVN 1 administered medication through the resident's g-tube. Resident 50's gown was observed pulled up exposing the resident's abdomen and the g-tube site. Resident 50's roommate was observed walking around inside Resident 50's room while LVN 1 administered medication through Resident 50's g-tube with the privacy curtain pulled open.</p> <p>During an interview on 5/7/2025 at 9:20 AM with LVN 1, LVN 1 stated she did not pull the privacy curtain when administering medication through the g-tube of Resident 50. LVN 1 stated she (LVN1) needed to pull the curtain when administering medication to Resident 50 to provide the resident with privacy. LVN 1 stated pulling the curtain to provide privacy would also uphold Resident 50's dignity.</p> <p>(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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 055111	If continuation sheet Page 1 of 19

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/7/2025 at 9:20 AM with the Director of Nursing (DON), the DON stated the privacy curtain needed to be pulled when administering medication through a resident's g-tube. The DON stated that the privacy curtain should always be pulled when performing any type of resident care. The DON stated that there was a potential for staff to not uphold Resident 50's dignity when the privacy curtain was not pulled during resident care such as the administration of medication through the g-tube.</p> <p>During a review of the facility's policy and procedure (P&P) titled Dignity with a review date of 3/20/2025, the P&P indicated Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, levels of satisfaction with life, and feelings of self-worth and self-esteem. Residents are treated with dignity and respect at all times .Staff promote, maintain and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures .Staff are expected to treat cognitively impaired residents with dignity and sensitivity.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on interview and record review, the facility failed to develop a care plan for one of three sampled residents (Resident 73) who had a ventilator (life support technique where a machine assists or replaces a person's natural breathing)/tracheotomy (a surgical procedure to create an opening in the trachea [windpipe] to facilitate breathing).</p> <p>This failure had the potential for Resident 73 not to receive effective tracheostomy care.</p> <p>Findings:</p> <p>During a review of Resident 73's admission Record, the admission Record indicated the facility admitted Resident 73 on 2/11/2025 with diagnoses including chronic respiratory failure (a long-term condition where the lungs cannot adequately exchange oxygen and carbon dioxide), obesity, and encephalopathy (any disease or condition that affects the brain's normal function or structure).</p> <p>During review of Resident 73's Progress Notes dated 2/24/2025, the Progress Notes indicated one of Resident 73's goals was to have better health and to come off the trach and ventilator.</p> <p>During a review of Resident 73's Minimum Data Set (MDS, a resident assessment tool) dated 2/27/2025, the MDS indicated Resident 73 was not oriented to year, month, and day but had good recall. The MDS indicated Resident 73 received oxygen therapy, suctioning, tracheostomy care, and invasive mechanical ventilator.</p> <p>During a review of Resident 73's care plans (in general), the care plans indicated there was no care plan for ventilator/tracheostomy care.</p> <p>During an interview on 5/7/2025 at 1:52 pm with the Minimum Data Set Nurse (MDSN), the MDSN stated Resident 73's ventilator/tracheostomy was coded (performed while a resident of the facility within the last 14 days) and not triggered. The MDSN stated that if the ventilator/tracheostomy was triggered to the MDS, the next step would be a trigger in the Care Area Assessment (CAA, help identify and clarify areas of concern for a resident based on how specific items are coded on the MDS) which would trigger a care plan. The MDSN stated the facility had Interdisciplinary Team (IDT, a group of healthcare professionals from different disciplines caring for the resident) meeting for Resident 73. The MDSN stated that the risk to Resident 73 without a ventilator/tracheostomy care plan would be a lack of monitoring the suctioning of the trach, management of the stoma (a surgically created opening in the neck, specifically in the trachea, that allows for breathing) and ventilator settings.</p> <p>During a concurrent interview and record review on 5/7/2025 at 2:39 pm with the Director of Nursing (DON), Resident 73's care plans were reviewed. The DON stated the care plans should reflect the overall care of the residents (in general). The DON reviewed the care plan for Resident 73 and noted the Resident exhibits or is at risk for respiratory complications related to tracheostomy dated 5/7/2025. The DON stated the date for the care plan was dated the same date as the interview with the MDSN. The DON stated in the subacute unit (a level of healthcare designed for residents who require more intensive care), the care plan should reflect based on the diagnoses once Resident 73 was admitted to the facility. The DON stated the risk to Resident 73 without a ventilator/tracheostomy care plan would be a lack of effective care.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedures (P&P) titled, Care Plan Comprehensive dated 3/20/2025, the P&P indicated the facility's interdisciplinary team, with the resident and/or family or representative, must develop and implement a comprehensive person-centered care plan for each resident, that includes measurable objectives and timeframes to meet a resident's medical, physical needs. The P&P indicated the comprehensive care plan should include any services furnished to attain and maintain the resident's highest practicable physical, mental, and psychological well-being.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on observation, interview, and record review the facility failed to ensure to review and revise the care plan quarterly for one of one sampled resident (Resident 46) who used hand mitten (a type of glove that encloses all the fingers together).</p> <p>This failure had the potential for Resident 46 not to receive nursing interventions.</p> <p>Findings:</p> <p>During a review of Resident 46's admission Record, the admission Record indicated the facility admitted Resident 46 on 11/19/2021 with diagnoses including acute respiratory failure with hypoxia (a condition where the lungs cannot adequately deliver oxygen to the blood, resulting in low oxygen levels in the tissues) and epilepsy (abnormal electrical brain activity, kind of like an electrical storm inside your head).</p> <p>During a review of Resident 46's Minimum Data Set (MDS, a resident assessment tool) dated 2/12/2025, the MDS indicated Resident 46 had short and long-term memory problems and was severely impaired in cognitive skills for daily decision making. The MDS indicated Resident 46 used a limb (arms or legs) restraint (restrict movement) daily.</p> <p>During a review of the Resident 46's Order Summary Report (physician order) dated 2/27/2024, the Order Summary Report indicated to apply hand mittens to Resident 46's left hand to prevent pulling out invasive tubing (medical device).</p> <p>During a concurrent interview and record review on 5/7/2025 at 12:55 pm with the Registered Nurse Supervisor (RNS 1), Resident 46's Care Plan Report dated 12/11/2021 was reviewed. RNS 1 stated Resident 46 was at risk for complications of restraint use secondary to left hand mitten due to episodes of pulling invasive tubing. RNS1 stated the last revision date of the care plan was 10/17/2023. RNS 1 stated the care plan needed to be updated quarterly.</p> <p>During an interview on 5/7/2025 at 1:30 pm with the Director of Nursing (DON), the DON stated that care plans (in general) needed to be updated quarterly. The DON stated any licensed nurse (in general) could update the care plans. The DON stated without an updated care plan, Resident 46's interventions would not initiated.</p> <p>During a review of the facility's policy and procedures (P&P) titled, Care Plan Comprehensive, dated 3/20/2025, the P&P indicated that the Interdisciplinary Team is responsible for evaluation and updating of the care plans at least quarterly.</p> <p>During a review of the facility's policy and procedures (P&P) titled, Use of Restraints, dated 3/20/2025, the P&P indicated restrained individuals shall be reviewed regularly (at least quarterly) to determine whether they are candidates for restraint reduction, less restrictive methods of restraint or total restraint elimination.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>Based on observation, interview, and record review, the facility failed to maintain the appropriate Low Air Loss Mattress (LALM - a pressure-relieving mattress used to prevent and treat pressure injuries) settings for one of four sampled residents (Resident 59).</p> <p>This failure had the potential to place Resident 59 at risk for discomfort and the development of pressure ulcers/injuries (localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device).</p> <p>Findings:</p> <p>During a review of Resident 59's admission Record, the admission Record indicated the facility re-admitted the resident on 10/28/2024 with diagnoses that included pressure ulcer of the sacral region (tailbone area) Stage 4 (Full-thickness skin and tissue loss with exposed muscle, tendon, ligament, cartilage, or bone).</p> <p>During a review of Resident 59's Order Summary Report, the Order Summary Report indicated the resident had a physician order dated 3/11/2025, for the resident to have a LALM for wound management. The Order Summary indicated for the staff to check that the mattress functioned properly and the settings were correct at 250-280 pounds (lbs. a unit of weight) every shift.</p> <p>During a review of Resident 59's Minimum Data Set (MDS, a resident assessment tool) dated 4/3/2025, the MDS indicated the resident had moderate cognitive impairment (some impairment in the ability to think, understand, and reason). The MDS indicated Resident 59 was at risk of developing pressure ulcers. The MDS indicated Resident 59 had one Stage 4 pressure ulcer that was present on admission/reentry to the facility.</p> <p>During a concurrent observation and interview on 5/06/2025 at 2:39 PM in Resident 59's room, the resident was observed laying down on a Drive Item #14026 LALM. Resident 59's LALM settings were observed at 320 lbs. A sticker was observed on the LALM that indicated the settings of the LALM should be at 250-280 for wound management. Resident 59 stated that she had a wound on her bottom and was on a special bed for the wound. Resident 59 stated that the mattress on her bed was too hard and was starting to hurt her bottom. Resident 59 stated that the mattress did not always hurt her and stated that it had been hurting her for a little bit today.</p> <p>During a concurrent observation and interview on 5/6/2025 at 2:45 PM in Resident 59's room, the resident's LALM was observed with the Infection Preventionist (IP, a nurse who helps prevent and identify the spread of infectious agents like bacteria and viruses in a healthcare environment). The IP stated Resident 59's LALM settings were incorrect. The IP stated Resident 59's LALM settings were at 320 lbs. which was too high. The IP stated Resident 59's LALM needed to be set at 250 lbs. The IP stated the higher the LALM settings were, the firmer the LALM became. The IP stated the LALM settings should be based on the resident's weight. The IP stated incorrect LALM settings had the potential to prevent Resident 59's wounds from getting better.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/07/2025 at 10:02 AM with Treatment Nurse (TN) 1, TN 1 stated Resident 59 had a Stage 4 pressure ulcer to her Sacro coccyx area. TN 1 stated Resident 59 had a LALM for wound management. TN 1 stated the LALM settings were based on the resident's weight. TN 1 stated Resident 59 weighed 250 lbs. TN 1 stated Resident 59's LALM settings should be kept at 250 lbs. TN 1 stated the LALM was used to help prevent pressure ulcers from worsening. TN 1 stated there was a potential for Resident 59's pressure ulcers to worsen if the resident's LALM was kept at the wrong settings.</p> <p>During an interview on 5/8/2025 at 12:15 PM with the Director of Nursing (DON), the DON stated that the LALM was used to help prevent pressure ulcers. The DON stated that the settings on the LALM were based on the resident's weight. The DON stated that Resident 59's weight was 250 lbs. The DON stated Resident 59's LALM settings needed to be at 250 lbs. The DON stated that the higher the settings on the LALM, the firmer the LALM became. The DON stated if the LALM mattress was too hard/firm it did not serve its purpose and would become just a regular mattress. The DON stated the harder the surface of the mattress the more pressure it would put on the resident. The DON stated if Resident 59's LALM was kept at the wrong settings there was a potential for the resident's pressure ulcers to worsen.</p> <p>During a review of the Drive Item #14026 operator's manual titled Med-Aire Melody Alternating Pressure Low Air Loss Mattress Replacement System dated 2023 indicated The Med Aire Melody Alternating Pressure and Low Air Loss Mattress Replacement System, item #14026, is indicated for the prevention and treatment of any and all stage pressure ulcers when used in conjunction with a comprehensive pressure ulcer management program .Product Functions .Pressure-adjust Knob (2): Determine the patient's weight and set the control knob to that weight setting on the control unit.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the standardized recipes for lunch menu were followed on 5/5/2025 by failing to:</p> <ol style="list-style-type: none"> 1. Ensure to follow the lunch menu and portion sizes as written for residents on a pureed diet. Six residents who were on a pureed diet (foods that have a soft, pudding-like consistency) received half a cup of enchilada instead of one cup per the spreadsheet (food portion and serving guide). 2. Ensure the 23 residents who were on CCHO diet (Controlled Carbohydrate Diet-diet for blood sugar control for residents with diabetes) received four ounces (oz., a unit of weight) of rice instead of two oz. according to the spreadsheet's instruction. 3. Ensure six residents who were on a soft and bite size diet (diet used in residents with swallowing difficulty the food should be no greater than $\frac{1}{2}$ inch pieces, biting is not required) received enchilada texture in form that met their needs when the enchilada was cut into inconsistent sizes during service instead of cut into $\frac{1}{2}$ x $\frac{1}{2}$ inch pieces per facility policy and the IDDSI guidelines (International Dysphagia Diet Standardization initiative) for the soft and bite size diet. <p>These failures had the potential to result in meal dissatisfaction, an increase in blood sugar levels, a decreased nutritional intake when the incorrect portions were served, and increased choking risk for six residents who were on a soft and bite size diet.</p> <p>Findings:</p> <p>During a review of the facility's lunch menu for pureed diet on 5/5/2025, the lunch menu indicated the following items would be served: pureed cheese enchiladas (2x#8scoop) yielding 1 cup; pureed Spanish rice 4ounces(oz.); pureed cooked vegetables (#12 scoop) yielding 1/3 cup; pureed pineapple Bavarian cream dessert $\frac{1}{2}$ cup; milk.</p> <p>During an observation of the tray line service for lunch on 5/5/2025, at 12:30PM, residents who were on puree diet, the cook (cook1) served 1 #8 scoop yielding $\frac{1}{2}$ cup instead of 2 #8 scoop (1 cup) per menu.</p> <p>During a review of the menu and interview with Cook1on 5/5/2025 at 1 PM, Cook1 stated she (Cook1) did not know the pureed diet should receive 2#8 scoops of pureed enchilada. Cook1 stated she (Cook1) did not look at the spreadsheet. Cook1 stated she (Cook1) served less food to the residents on pureed diet and this could affect the resident's nutrition.</p> <p>During a concurrent interview with Dietary Aide (DA3) and Dietary Supervisor (DS) on 5/5/2025 at 1:10PM, DA3 stated she (DA3) was responsible for reading the diet orders to the cooks. DA3 stated the diet order and the amount to be served was on the resident meal tickets. DA3 stated she (DA3) would read and call out the diets, textures and the resident's preferences. DA3 stated she did not notice the portion size for the pureed diet.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with Registered Dietitian (RD2) and DS and review of resident meal tickets on 5/5/2025 at 1:30PM, RD2 stated and verified that the meal tickets for the pureed diets indicated to serve two scoops of #8 of enchilada yielding (one cup). RD2 stated residents on pureed diet received less enchilada. The DS stated cooks should always review the spreadsheet before starting to serve to make sure they have the correct portion size, because it could affect the residents' weights.</p> <p>During a review of the facility's menu and spreadsheet (portion and serving guide) on 5/5/2025, the menu indicated serve two #8 scoops (1 cup) of pureed cheese enchiladas for the residents on pureed diet.</p> <p>During a review of the recipe for the cheese enchiladas indicated for pureed diet, place portions of regular cooked enchiladas into a food processor .process until smooth serve enchiladas with two #8 scoops and top with pureed sauce.</p> <p>2. During a review of the facility's lunch menu for regular and CC Diet (Controlled Carbohydrate Diet-for blood sugar control) on 5/5/2025, the lunch menu indicated the following items would be served: cheese enchiladas two each; Spanish rice four oz. (rice made with tomato and green peppers); Shredded lettuce and tomato &frac12; cup; Pineapple Bavarian Cream 1 square; and 2% milk. CC Diet: cheese enchiladas two each; Spanish rice two oz.; shredded lettuce and tomato &frac12; cup; pineapple tidbits &frac12; cup; 2% milk.</p> <p>During an observation of the tray line service for lunch (a system of food preparation, in which trays move along an assembly line) on 5/5/2025, at 12:30PM resident on CC Diet received four oz of Spanish rice instead of two oz.</p> <p>During a review of the facility's lunch meal spreadsheet (food portioning and serving guide), the spreadsheet indicated CC Diet recipe only two oz of Spanish rice the regular diet received four oz of Spanish rice.</p> <p>During a concurrent observation and interview with Cook1 and DA1 on 5/5/2025 at 1 PM, Cook1 stated she (Cook1) did not know CC Diet received less rice than regular menu. DA1 stated she did not know CC Diet should receive less rice per menu.</p> <p>During a concurrent review of the spreadsheet and interview with Cook1 on 5/5/2025 at 1 PM Cook1 stated the residents on CC Diet should receive two ounces of rice and less rice compared to the residents on regular diet. Cook1 stated CC Diet was for residents who were diabetics (a medical condition characterized by the body's inability to regulate blood sugar levels), and too much rice could affect the blood sugar levels.</p> <p>During a concurrent interview with the DS and RD2 on 5/5/2025 at 1:15PM, RD2 stated residents on CC Diet should receive two ounces of Spanish rice and not four ounces of Spanish rice per the written menu. The DS stated the menu was planned so the residents could get portions per their diet order. The DS stated staff should follow the menu.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's policy titled Controlled -Carbohydrate Diet (Revised 2/2025) indicated, Controlled Carbohydrate Diet is used to achieve and maintain blood sugar control alone, or in conjunction with medication. This diet may be appropriate for .residents with diabetes, impaired glucose tolerance. In this diet, priority is given to the total amount of carbohydrate consumed at each meal and snack rather than to the specific source of carbohydrate .Portion sizes on this menu must be followed. Consistent timing of meals and snacks is also important.</p> <p>During a review of the facility's policy titled Menus (Revised 10/2022) indicated, Menus will be planned in advance to meet the nutritional needs of the residents .Menus will be served as written, unless a substitution is provided in response to preferences .</p> <p>3. According to the facility's lunch menu for soft and bite size diet (food is soft, tender and particle size of the food should be no greater than $\frac{1}{2}$; x $\frac{1}{2}$; inch pieces. Biting is not required) on 5/5/2025, the lunch menu indicated the following items would be served: soft and bite size cheese enchiladas; Spanish rice; soft and bite sized cooked vegetables; pureed pineapple Bavarian cream; 2% milk.</p> <p>During an observation of the tray line service for lunch on 5/5/2025, at 12:30PM, residents who were on soft and bite size diet (food texture to be prepared as soft, tender and moist with no separate thin liquid. The particle size of the food should be no greater than $\frac{1}{2}$; x $\frac{1}{2}$; inch pieces. Biting is not required.) cook1 served cheese enchilada that was cut into inconsistent size pieces instead of $\frac{1}{2}$; x $\frac{1}{2}$; inch pieces per the spreadsheet (food portion and menu serving guide) and the IDDSI guidelines (International Dysphagia Diet Standardization Initiative).</p> <p>During the same observation on 5/5/2025, at 12:30PM, Cook1 used the serving spatula (a kitchen utensil with a wide, flat blade used for lifting and removing food) to cut the cheese enchiladas into four to five inconsistent sizes, varying in length and width. [NAME] 1 was cutting the enchiladas while it was on the steam table and right before plating the enchiladas. The Soft and bite size enchiladas was not prepared prior to service for lunch.</p> <p>During tray check outside of the kitchen on 5/5/25 12:50 PM, the Director of Staff Development (DSD) returned one tray that was soft and bite size and asked to make it smaller.</p> <p>During a concurrent review of the spreadsheet and interview on 5/5/2025 at 1 PM, with Cook1, Cook1 stated the cooks would follow the menu and the recipes. Cook1 stated the residents on soft and bite size diet meant the food had to be cut into small pieces. Cook1 stated soft and bite size food should be half an inch. Cook1 stated on 5/5/2025, the cheese enchiladas size for the soft and bite size diet were not consistent in size and not cut into half inch size. Cook1 stated she would just cut it using the spatula into random pieces on the plate and some pieces were larger than half an inch. [NAME] 1 stated the residents were on a soft and bite size diet because they had chewing or swallowing problems. [NAME] 1 stated if the residents received the wrong texture of food, they had the risk of choking.</p> <p>During a concurrent interview on 5/5/2025 at 1:15PM with the DS and RD2, RD2 stated soft and bite size diet should be prepared in advance and should be cut into $\frac{1}{2}$; x $\frac{1}{2}$; inch pieces. RD2 stated the soft and bite size diet served on 5/5/2025 was not cut into small $\frac{1}{2}$; inch pieces.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Fountain View Subacute and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5310 Fountain Ave Los Angeles, CA 90029	

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview on 5/5/2025 at 2:30PM with RD1 and DSD, the DSD stated there was always the system of checking the food by a licensed nurse before the residents received the food. The DSD stated she (DSD) would always check the food cart when out of the kitchen and made sure it was the correct texture and diet. The DSD stated she (DSD) noticed the enchiladas were cut larger and returned them to the kitchen to be cut into smaller pieces on 5/5/2025. The DSD stated it was important for the food size to be correct to prevent potential risk of choking.</p> <p>During the same interview on 5/5/2025 at 2:30PM, RD1 stated she (RD1) checked the trays after they were returned to the kitchen to cut the pieces into $\frac{1}{2}$ inch pieces. The RD stated the residents received the correct soft and bite size texture once it was cut smaller.</p> <p>During an interview with the Dietary Supervisor (DS) on 5/5/2025 at 3 PM, the DS stated there were mistakes in the food textures on 5/5/2025 for the soft and bite size diet. The DS stated the facility started in-services, and were able to correct before the residents received the wrong food texture.</p> <p>During a review of the recipe for the cheese enchiladas indicated for the Soft and bite size diets, chop cooked regular portions. Make sure all particles are no more than ($\frac{1}{2}$; x $\frac{1}{2}$; inch) in size and serve with gravy.</p> <p>During a review of the facility's policy titled Soft and Bite Sized Diet-IDDSI Level 6 (revised 2/2025), the policy indicated diet used in the management of dysphagia with food textures to be prepared soft, tender and moist with no separate thin liquid .the particle size of the food should be no greater than $\frac{1}{2}$; x $\frac{1}{2}$; inch pieces, biting is not required.</p> <p>During a review of the facility's policy titled Therapeutic Diets (Revised 10/2022), the policy indicated all residents have diet order, including regular, therapeutic, and texture modification that is prescribed by the attending physician .Diets are prepared in accordance with the guidelines in the approved diet manual and the individualized plan of care.</p> <p>During a review of the International Dysphagia Diet Standardization Initiative guidelines for soft and bite size diet (www.IDDSI.org) indicated, soft and bite sized foods: ability to bite off a piece of food is not required, a knife is not required to cut this food, bite size pieces no bigger than $\frac{1}{2}$; inch; avoid large pieces of fruits, vegetables, meat, pasta and casserole.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview and record review, the facility failed to ensure safe and sanitary food storage and preparation practices when:</p> <p>-The facility stored unpasteurized shell eggs (raw eggs) in the facility's reach in refrigerator (a vertical storage unit commonly found in commercial kitchens). The Residents received fried eggs with unpasteurized shell eggs. Salmonella (bacteria) may be present in raw shell eggs that were not pasteurized. One tray with seven single serving containers of brown color pureed food was stored with no label.</p> <p>This failure had the potential to result in harmful bacteria growth and cross contamination (transfer of harmful bacteria from one place to another) that could lead to food borne illness in 64 out of 74 residents who received food from the facility.</p> <p>Findings:</p> <p>During an observation in the walk-in refrigerator on 5/5/2025 at 8:30AM there were seven previously prepared pureed desserts stored in small individual serving containers. The pureed dessert had dates 5/1/2025-5/14/2025.</p> <p>During a concurrent interview with the Dietary Supervisor (DS), she (DS) stated she (DS) did not know what was in the pureed dessert. The DS stated previously prepared food had a storage period of seven days and not 14 days and should be labeled with a use by date of seven days. The DS stated the labeling was incorrect and did not know what was in the dessert. The DS discarded the previously prepared pureed dessert.</p> <p>During a review of the facility's policy titled Food: Preparation (revised 2/2023), the policy indicated, All refrigerated, ready to eat TCS prepared foods that are to be held for more than 24 hours at a temperature of 41F or less, will be labeled and dated with a prepared date (day1) and a use by date (day7).</p> <p>During a review of the 2022 U.S. Food and Drug Administration Food Code titled Ready to Eat, Time/Temperature control for safety food, Date Marking Code#3-501.17, indicated, Ready to eat, time temperature control for safety food prepared and packaged by food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24hours, to indicate the date or day by which the food shall be consumed, sold, or discarded.</p> <p>During an observation in the kitchen on 5/5/2025 at 9 AM, there were two and half cartons (30eggs/carton) of raw shell eggs stored in the facility two doors reach in refrigerator. The shell eggs were not pasteurized (pasteurized eggs-are eggs that received heat treatment to make it safe for consumption and reduce risk of food borne illness in dishes that are lightly cooked).</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview 5/5/2025 at 9 AM, with the Dietary Supervisor (DS) and [NAME] (Cook1), Cook1 stated she (Cook1) used the shell eggs in the refrigerator to prepare fried eggs the morning of 5/5/2025. Cook1 stated there was fried eggs on the menu, but some residents request fried eggs every day. Cook1 stated some residents liked soft fried eggs and some well done. Cook1 stated she thought the shell eggs in the refrigerator were pasteurized. Cook1 stated sometimes they were marked with letter P indicating pasteurized but the shell eggs that were in the refrigerator did not have the letter P. Cook1 stated the facility did not use regular eggs for residents because of the risk of salmonella.</p> <p>During a concurrent review of the purchase order for the eggs and interview with the Dietary Supervisor on 5/5/2025 at 10 AM, the DS stated the facility only ordered pasteurized eggs and did not know how they received regular eggs. The DS stated the morning of 5/5/2025 breakfast was made with unpasteurized shell eggs. The DS stated the purchase order indicated that regular shell eggs were purchased and not pasteurized. The DS stated unpasteurized eggs have the potential for salmonella contamination and could make the residents sick.</p> <p>During an interview with Registered Dietitian (RD2) on 5/5/2025 at 10:30AM, RD2 stated and verified that the shell eggs in the facility were not pasteurized. RD2 stated only pasteurized shell eggs should be used to minimize the risk of salmonella. RD2 stated pasteurized eggs were marked with the letter P. RD2 stated the facility should always check items once delivered. RD2 stated the facility received pasteurized eggs on 5/5/2025 and discarded the eggs in the refrigerator.</p> <p>During a review of the facility's policy titled Food: Preparation (Revised 2/2023) indicated, Only pasteurized egg products will be used for soft, cooked eggs items</p> <p>During a review of the 2022 U.S. Food and Drug Administration Food Code titled Eggs and Milk Products, Pasteurized. Code 3-202.14 indicated, (A) Egg products shall be obtained pasteurized.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain infection control practices for two of five sampled residents (Resident 3 and Resident 33) by failing to:</p> <p>-Ensure Certified Nursing Assistant 1 (CNA1) performed hand hygiene and changed the protective personal equipment (PPE, protective clothing, gloves, face shields, goggles, facemasks and/or respirators or other equipment designed to protect the wearer from the spread of infection or illness) before and after CNA1 provided personal hygiene care to Resident 3 and Resident 33 on 5/7/2025 at 2:17 pm.</p> <p>This failure had the potential to spread infections to Resident 3 and Resident 33.</p> <p>Findings:</p> <p>During a review of Resident 3's admission Record, the admission Record indicated the facility admitted Resident 3 on 3/22/2016, and readmitted the resident on 10/10/2023, with diagnoses including chronic respiratory failure (a long-term condition where the lungs are unable to adequately exchange oxygen and carbon dioxide) with hypoxia (chronically low oxygen levels) and hypercapnia (chronically high carbon dioxide levels), muscle weakness (a reduced ability of the body to contract muscles properly, resulting in a lower strength in one or more muscles), gastrostomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach and schizophrenia (a mental illness that is characterized by disturbances in thought).</p> <p>During a review of Resident 3's History and Physical (H&P) dated 10/2/2021, the H&P indicated Resident 3 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 3's Minimum Data Set (MDS, a resident assessment tool) dated 3/7/2025, the MDS indicated Resident 3 was severely cognitively (ability to think, understand and reason) impaired. The MDS indicated Resident 3 required dependent assistance (where the helper does all the effort such as oral hygiene, toileting hygiene, shower/bathe self, upper and lower body dressing including footwear and personal hygiene). The MDS indicated Resident 3 was always incontinent (having no or insufficient voluntary control) with urine and bowel.</p> <p>During a review of Resident 3's Physician Orders dated 7/2/2024, the Physician Orders indicated Resident 3 was on enhanced barrier precautions (involve gown and glove use during high-contact resident care activities for residents) due to the tracheostomy (a surgical procedure that creates an opening in the trachea/windpipe in front of the neck) and gastric tube feeding (a method of providing nutrition to a person who cannot or will not eat normally).</p> <p>During a review of Resident 3's Care Plan titled, Resident is on Enhanced Barrier Precautions due to Tracheostomy and Gastric Tube feeding initiated on 7/2/2024, the Care Plan indicated staff to perform hand hygiene or alcohol-based hand rub when donning (put on) and doffing (take off) PPE when providing resident care.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 33's admission Record, the admission Record indicated the facility admitted Resident 33 on 12/31/2018, and readmitted Resident 33 on 12/18/2024, with diagnoses including muscle wasting (weakening, shrinking, and loss of muscle) and atrophy (a gradual loss of size, mass, and function of an organ, tissue, or muscle), gastrostomy, dementia (a progressive state of decline in mental abilities), and extended spectrum beta lactamase (ESBL) resistance (enzymes produced by some bacteria that may be resistant to some antibiotics; a specific type of multidrug-resistant organism, MDRO [a germ that is resistant to many antibiotics]).</p> <p>During a review of Resident 33's H&P dated 12/18/2024, the H&P indicated the resident did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 33's MDS dated [DATE], the MDS indicated Resident 33 was severely cognitively impaired. The MDS indicated Resident 33 required dependent assistance The MDS indicated Resident 33 was always incontinent of urine and bowel.</p> <p>During a review of Resident 33's Physician Orders dated 3/14/2025, the Physician Orders indicated Resident 33 was on enhanced barrier precautions due to the gastrostomy tube.</p> <p>During a review of Resident 33's Care Plan titled, Patient is at risk for MDRO (a colonization/infection due to: wounds, indwelling devices, infection with MDRO ESBL resistance initiated on 3/5/2025, indicated enhanced barrier precautions: change PPE before caring for another patient.</p> <p>During an observation on 5/7/2025 at 2:17 pm outside of Resident 33 and Resident 3's room, with the Infection Preventionist nurse (IP, nurse who helps prevent and identify the spread of infectious agents like bacteria and viruses in a healthcare environment), (CNA) 1 was observed emptying a urinal (bottle for urination) for Resident 3, then assisted Resident 33 using the same gown, mask, and did not perform hand hygiene.</p> <p>During a concurrent observation and interview on 5/7/2025 at 2:24 pm with the IP nurse outside of Resident 33 and Resident 3 room, CNA 1 did not change her gown, mask, and did not perform hand hygiene. The IP nurse stated, this is an infection control issue.</p> <p>During an interview on 5/7/2025 at 2:36 pm with CNA 1, CNA 1 stated, Gloves are changed in between resident care. I was supposed to change my gown and mask too and forgot to wash my hands in between resident care. This is important to prevent the spread of infection in between resident care.</p> <p>During an interview on 5/7/2025 at 2:54 pm with the Director of Nursing (DON), the DON stated, When assisting patients in enhanced barrier precaution rooms, gloves and gown are changed before touching a roommate. After doffing personal protective equipment, sanitation gel or hand washing is performed to minimize exposure of infection to the residents.</p> <p>During an interview on 5/7/2025 at 2:56 pm with the DON, the DON stated, employees are trained upon hire via their competency check list, in-services and during change of shift huddle about infection prevention.</p> <p>During a review of the facility's undated Example of Safe Donning and removal of PPE, the Example indicated hand hygiene was to be performed immediately after removing all PPE.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's Policy and Procedure (P&P) titled, Hand Washing/Hand Hygiene, dated 3/20/2025, the P&P indicated hand washing with soap (antimicrobial or non-antimicrobial) and water, after contact with the resident; use an alcohol-based hand rub containing at least 62% alcohol before and after contact with the resident; and the use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections.</p>

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<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>Based on observation, interview, and record review the facility failed to meet the required 80 square feet per resident in multiple residents' bedrooms for 12 of 36 resident room (rooms 2, 4, 6, 8, 14, 18, 20, 22, 24, 28, 30, and 37).</p> <p>This failure had the potential to result in inadequate useable living space for the residents and inadequate working space for the health care givers.</p> <p>Findings:</p> <p>During an initial tour of the facility on 5/5/2025 from 9:40 AM to 11:22 AM, the nursing staff were observed with enough space to provide care to the residents in each facility room.</p> <p>During the resident council meeting (an organized group of residents who meet regularly to discuss and address concerns about their rights, quality of care and quality of life) on 5/7/2025 at 2:14 PM, the residents who attended the meeting (Resident 23, Resident 43, Resident 51, Resident 62, Resident 65, and Resident 67), stated there were no concerns regarding the size of the residents' room.</p> <p>During a review of the facility's Client Accommodation Analysis dated 5/7/2025, the Client Accommodation Analysis indicated resident rooms 2, 4, 6, 8, 14, 18, 20, 22, 24, 28, 30, and 37 did not meet the minimum requirement of 80 square feet per resident.</p> <p>The following rooms provided less than 80 square feet per resident.</p> <table border="0"> <tr> <td>Room #</td> <td></td> </tr> <tr> <td># of Beds</td> <td></td> </tr> <tr> <td>Square Feet</td> <td></td> </tr> <tr> <td>Square Feet/Bed</td> <td></td> </tr> <tr> <td></td> <td>2</td> </tr> <tr> <td></td> <td>2</td> </tr> <tr> <td></td> <td>150.4</td> </tr> <tr> <td></td> <td>75.2</td> </tr> <tr> <td></td> <td>4</td> </tr> <tr> <td></td> <td>2</td> </tr> <tr> <td></td> <td>151.04</td> </tr> </table> <p>(continued on next page)</p>			Room #		# of Beds		Square Feet		Square Feet/Bed			2		2		150.4		75.2		4		2		151.04
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F 0912	75.5
Level of Harm - Potential for minimal harm	6
Residents Affected - Some	2
	151.55
	75.8
	8
	2
	148.42
	74.2
	14
	2
	142.8
	71.4
	18
	2
	151
	75.5
	20
	2
	149.44
	74.7
	22
	2
	147.1
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F 0912	73.6
Level of Harm - Potential for minimal harm	24
Residents Affected - Some	2
	149.3
	74.7
	28
	2
	151.4
	75.7
	30
	2
	148.89
	74.4
	37
	3
	208.27
	69.4