

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055473	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/08/2024
NAME OF PROVIDER OR SUPPLIER New Vista Post-Acute Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1516 Sawtelle Blvd. Los Angeles, CA 90025	
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 0565</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 organize and participate in resident/family groups in the facility.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43454</p> <p>Based on interview and record review, the facility failed to ensure the Resident Council Meetings were conducted regularly at least monthly for per facility's policy and procedure titled, Resident Council.</p> <p>This deficient practice resulted in unresolved residents' grievances related to residents' care needs.</p> <p>Findings:</p> <p>1. A review of Resident 1's Face Sheet indicated Resident 1 was admitted originally to the facility on [DATE] and readmitted on [DATE] with diagnoses including atrial fibrillation (afib- an irregular and very rapid heart rhythm that and can lead blood clots in the heart) and paraplegia (loss of movement and/or sensation, to some degree, of the legs).</p> <p>A review of Resident 1's History and Physical (H&P) dated 2/16/2024 indicated, Resident 1 has the capacity for medical decision making.</p> <p>A review of Resident 1's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 7/30/2024, indicated Resident 1's cognitive skill (mental action or process of acquiring knowledge and understanding) for daily decision-making were intact. The same MDS also indicated, Resident 1's activity preferences for doing things with groups of people specified as, very important.</p> <p>During an interview with Resident 1 on 8/10/2024 at 1:13 p.m., Resident 1 stated, the facility has not done the Resident Council Meeting for a few months now. Resident 1 stated, he had asked about it because he has few concerns that he would like to talk about specifically the residents ' refrigerator.</p> <p>2. A review of Resident 4's Face Sheet indicated Resident 4 was admitted originally to the facility on [DATE] and readmitted on [DATE] with diagnoses including hemiplegia (loss of the ability to move in one side of the body) affecting left nondominant side, and nontraumatic brain injury (brain damage caused by internal factors, rather than an external force to the head).</p> <p>A review of Resident 4's History and Physical (H&P) dated 2/16/2024 indicated, Resident 1 has the capacity for medical decision making.</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
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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 4's MDS dated [DATE], indicated Resident 4's cognitive skill for daily decision-making were intact. The same MDS also indicated, Resident 4's activity preferences for doing things with groups of people specified as, very important.</p> <p>During an interview with Resident 4 on 10/8/2024 at 1:21 p.m., Resident 4 stated, he is the Resident Council President and he always attend the Resident Council Meeting. Resident 4 stated, they have not done the Resident Council Meeting for a few months now.</p> <p>During an interview with Activity Assistant 1 (AA 1) on 10/8/2024 at 12:54 p.m., AA 1 stated, they don ' t have an Activity Director (AD) at this time. AA 1 stated, he does not handle the Resident Council Meeting and does not know when it is held and who prepares the Resident Council Meeting.</p> <p>During an interview Director of Nursing (DON) on 10/8/2024 at 2:18 p.m., DON stated, the Resident Council Meeting is prepared by the AD and should be help monthly. DON stated, if Resident Council Meeting is not done regularly, they may miss on resident ' s concern that they should addressed timely.</p> <p>A review of the Resident Council Minutes with DON on 10/8/2024 at 2:20 p.m., DON confirmed, there was no Resident Council Meeting Minutes done for 8/2024 and 9/2024.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Resident Council, reviewed on 7/12/2024, the P&P indicated, The Resident council is a group of two or more residents to confer in private without staff, working together through group discussion and interaction to help make recommendations and decisions about their home; meets in the facility at least monthly and as necessary.</p>		

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<p>F 0578</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 request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43454</p> <p>Based on interview and record review, the facility failed to ensure one of one sampled resident, (Resident 2)'s clinical record was updated per facility's policy and procedure by failing to:</p> <ol style="list-style-type: none"> ensure Resident 2's clinical records were updated regarding Physician Orders for Life-Sustaining Treatment (POLST - is a form designed to improve patient care by creating a portable medical order form that records patients' treatment wishes so that emergency personnel know what treatments the patient wants in the event of a medical emergency). <p>This deficient practice had the potential to cause conflict with resident's wishes regarding health care.</p> <p>Cross Reference F656.</p> <p>Findings:</p> <p>A review of Resident 2's Face Sheet indicated Resident 2 was admitted to the facility on [DATE] with diagnoses including heart failure (a condition in which the heart does not pump blood as well as it should), atherosclerotic heart disease of the native coronary artery, also known as coronary artery disease (CAD - a common heart condition that occurs when plaque builds up in the coronary arteries) and muscle weakness.</p> <p>A review of Resident 2's History and Physical (H&P) dated [DATE] indicated, Resident 2 has the capacity to understand and make decisions.</p> <p>A review of Resident 2's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated [DATE], indicated Resident 2's cognitive skill (mental action or process of acquiring knowledge and understanding) for daily decision-making were intact.</p> <p>A review of Resident 2's Hospice 1 medical record, start of care of [DATE] indicated, Resident 1 ' s Hospice 1 agreement indicated, Resident 2's has no cardiopulmonary resuscitation (CPR - medical procedure involving repeated compression of a patient's chest, performed in an attempt to restore the blood circulation and breathing of a person who has suffered cardiac arrest) intervention and no Intubation/Mechanical Ventilation order.</p> <p>A review of Resident 2's Physician Orders, dated [DATE] indicated, (Resident 2) admitted to Hospice 1 under medical services . no to CPR, intubation/mechanical ventilation.</p> <p>A review of Resident 2's POLST, dated [DATE] indicated, Resident 2 is a full code (if a person ' s heart stopped beating or breathing, the person will allow all medical measures to be taken to maintain and resuscitate life) and to attempt CPR.</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 2's Care Plan (CP) for DNR (do not resuscitate- a medical order written by a doctor to instruct health care providers NOT to do cardiopulmonary resuscitation (CPR) if breathing stops or the heart stops beating) with hospitalization per resident/family/responsible party's request and per POLST, dated [DATE], indicated a goal of (Resident 2's) request will be honored.</p> <p>During a concurrent interview and record review of Resident 2's POLST with Director of Nursing (DON) on [DATE] at 2:01 p.m., RN 1 reviewed Resident 2's POLST and Physician's order, CP and Hospice 1 agreement with surveyor. DON stated and confirmed, Resident 2's POLST indicated full code but physician 's order and CP indicated DNR. DON stated, the POLST and Physician 's order and CP have conflicting information. DON stated, they need to follow-up with Hospice 1 and physician to clarify the order.</p> <p>A review of the facility's policy and procedure (P&P) titled, Advanced Directive/POLST, reviewed on [DATE], the P&P indicated, It is the policy of this facility to assure that all residents have the right to make medical decisions and honor the self-determination of each resident. The Social Service Department, in conjunction with Nursing, will assure that each resident 's desires regarding making medical decisions are solicited, honored, and respected . If a Resident/responsible party should desire to change the code status or treatment options at any time, they can complete a new form and have the Physician/NP/PA sign the form to be complete.</p> <p>A review of the facility's P&P titled, Hospice Care Planning, reviewed on [DATE], the P&P indicated, To ensure the resident's plan of care and treatment are planned appropriately between the hospice and facility interdisciplinary team. It establishes a co-leadership approach that is performed in a timely, systematic and comprehensive approach that includes all disciplines. It also provides a mechanism for resident and family input into the plan of care.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43454</p> <p>Based on interview and record review, the facility failed to implement a comprehensive care plan that met the care/services based on the resident's individual assessed needs for one of three sampled residents (Resident 2) by failing to ensure that a comprehensive (CP) was implemented,</p> <p>This deficient practice had the potential to result negative impact on residents' health and safety, as well as the quality of care and services received.</p> <p>Findings:</p> <p>A review of Resident 2's Face Sheet indicated Resident 2 was admitted to the facility on [DATE] with diagnoses including heart failure (a condition in which the heart does not pump blood as well as it should), atherosclerotic heart disease of the native coronary artery, also known as coronary artery disease (CAD - a common heart condition that occurs when plaque builds up in the coronary arteries) and muscle weakness.</p> <p>A review of Resident 2's History and Physical (H&P) dated [DATE] indicated, Resident 2 has the capacity to understand and make decisions.</p> <p>A review of Resident 2's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated [DATE], indicated Resident 2's cognitive skill (mental action or process of acquiring knowledge and understanding) for daily decision-making were intact.</p> <p>A review of Resident 2's Physician Orders, dated [DATE] indicated, admitted to Hospice 1 under medical services . no to cardiopulmonary resuscitation (CPR - medical procedure involving repeated compression of a patient's chest, performed in an attempt to restore the blood circulation and breathing of a person who has suffered cardiac arrest), intubation/mechanical/ventilation/volunteer.</p> <p>A review of Resident 2's Care Plan (CP) for DNR (do not resuscitate- a medical order written by a doctor to instruct health care providers NOT to do cardiopulmonary resuscitation (CPR) if breathing stops or the heart stops beating) with hospitalization per resident/family/responsible party ' s request and per POLST, dated [DATE], indicated a goal of (Resident 2's) request will be honored.</p> <p>During a concurrent interview and record review of Resident 2 ' s POLST with Director of Nursing (DON) on [DATE] at 2:01 p.m., RN 1 reviewed Resident 2's POLST and Physician's order, CP and Hospice 1 agreement with surveyor. DON stated and confirmed, Resident 2 ' s POLST indicated full code but physician's order and CP indicated DNR. DON stated, the POLST and Physician ' s order and CP have conflicting information. DON stated, they need to follow-up with Hospice 1 and physician to clarify the order.</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>A review of the facility's policy and procedure (P&P) titled, Advanced Directive/POLST, reviewed on [DATE] indicated, It is the policy of this facility to assure that all residents have the right to make medical decisions and honor the self-determination of each resident. The Social Service Department, in conjunction with Nursing, will assure that each resident ' s desires regarding making medical decisions are solicited, honored and respected . If a Resident/responsible party should desire to change the code status or treatment options at any time, they can complete a new form and have the Physician/NP/PA sign the form to be complete.</p> <p>A review of the facility's P&P titled, Care Plans, Comprehensive Person-Centered, reviewed on [DATE], the P&P indicated, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident ' s physical, psychosocial and functional needs is developed and implemented for each resident . Each resident's comprehensive person-centered care plan will be consistent with the resident ' s rights to participate in the development and implementation of his or her plan of care.</p>		

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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43454</p> <p>Based on observation, interview, and record review, the facility failed to monitor residents' personal foods that were placed in a residents' refrigerator and ensure the refrigerator was inaccessible by other residents and/or family member per facility ' s policy and procedure.</p> <p>This deficient practices had the potential to result in missing residents ' own food and food-borne illness and compromised infection control for all residents who received food from outside sources.</p> <p>Findings:</p> <p>A review of Resident 1's Face Sheet indicated Resident 1 was admitted originally to the facility on [DATE] and readmitted on [DATE] with diagnoses including atrial fibrillation (afib- an irregular and very rapid heart rhythm that and can lead blood clots in the heart) and paraplegia (loss of movement and/or sensation, to some degree, of the legs).</p> <p>A review of Resident 1's History and Physical (H&P) dated 2/16/2024 indicated, Resident 1 has the capacity for medical decision making.</p> <p>A review of Resident 1's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 7/30/2024, indicated Resident 1's cognitive skill (mental action or process of acquiring knowledge and understanding) for daily decision-making were intact.</p> <p>During an interview with Resident 1 on 8/10/2024 at 1:13 p.m., Resident 1 stated, he has few concerns that he would like to talk about specifically the residents' refrigerator. Resident 1 stated, his family brought in his own food and drinks, and it went missing after it was placed in resident ' s refrigerator.</p> <p>During a concurrent interview with Certified Nursing Assistant 1 (CNA1) and observation in the Dining room/Activity room on 10/8/2024 at 10:47 a.m., Residents' Refrigerator was observed inside the residents' Dining room/Activity room with multiple residents inside the room. Signs posted, Resident ' s Refrigerator on the refrigerator. The refrigerator was unlocked and CNA1 was able to open the refrigerator on her own, CNA1 stated, the refrigerator has a key and should be locked.</p> <p>During a concurrent interview with Dietary Supervisor (DS) on 10/8/2024 at 11:00 a.m. and observation of Residents' refrigerator, there were multiple opened food inside each plastic bags in the freezer with no label on when it was opened and when to discard by. Observed a plastic container with fruits and vegetable with no open date and label with whom the food belongs to. Observed brown plastic bags, with no use by date labeled. DS stated that all foods brought by family/visitors must be labeled with resident ' s name, the date when it was brought in and when to use by. DS stated, the refrigerator should also be locked at all times so they can monitor what goes inside the fridge and they will label the container appropriately before storing the fridge. DS stated, since the refrigerator is unlock, any person have access to the Resident ' s refrigerator and residents may complaint of missing food.</p> <p>(continued on next page)</p>		

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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with Director of Nursing (DON), on 10/8/2024 at 2:01 p.m., DON stated, Resident 's refrigerator must be locked at all times. DON stated, the food should also be labeled so they can monitor the food of the residents.</p> <p>During a review of facility's policy and procedure (P&P) titled, Food brought Family/Visitors/Food From Outside, reviewed on 7/12/2024, the P&P indicated, Food brought by family/visitors that is left with the resident to consume later will be labeled and stored in a manner that it is clearly distinguishable from facility-prepared food . Perishable foods must be stored in re-sealable containers with tightly fitting lids in a refrigerator. Containers will be labeled with the resident's name, the item and the use by date . Facility staff will assist the resident with accessing his or her food.</p>