

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 10/24/2024
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 0826</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide specialized rehabilitative services by qualified personnel, when ordered for a resident by a doctor.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44252</p> <p>Based on interview and record review, the facility failed to ensure one of five sample residents (Resident 1), had an order for Rehabilitation Services evaluation carried out.</p> <p>This failure had the potential to result in Resident 1 ' s functional decline.</p> <p>Findings:</p> <p>During a review of Resident 1's Face Sheet (FS, first page of resident medical record with summary of the resident ' s information including diagnosis), dated 10/24/24, the FS indicated, Resident 1 was readmitted to the facility on [DATE] with diagnoses acute respiratory failure (disease of injury that affects one ' s ability to breath) with hypoxia (low level of oxygen in body tissues), metabolic encephalopathy (problem with the brain cause by chemical imbalance in the blood), tracheostomy (an alternate way breathing via a surgical hole in the windpipe), dependence on ventilator (mechanical device that helps you breath, moves air in and out of lungs).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS, a standardized assessment and screening tool), dated 10/9/24, the MDS indicated, Resident 1 had short and long term memory problems, with severely impaired cognition (mental processes in the brain, e.g., thinking, decision making, judgment, memory, learning) and was dependent on staff for eating, toileting, bed mobility, dressing, and personal hygiene.</p> <p>During a review of Resident 1 ' s Physician ' s orders dated 10/7/24, indicated a new order for Physical Therapy (PT)/ Occupational Therapy (OT) evaluation.</p> <p>During an interview with Director of Rehabilitation (DOR), on 10/24/24 at 11:52 am, the DOR stated Resident 1 was not receiving rehabilitation services.</p> <p>During a review of an email dated 10/29/24 at 1:40 pm from the Medical Records Director, the email indicated Resident 1 was not under rehabilitation services (therefore no records).</p> <p>During a telephone interview on 10/31/24 at 11:11 am with Director of Nursing (DON), the DON stated a risk of not carrying out a PT/OT evaluation order could be a functional decline to the resident.</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 0826</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, Resident Mobility and Range of Motion (ROM) revised 7/2017, the P&P indicated, residents will not experience an avoidable reduction in range of motion. Residents with limited range of motion will receive treatment and services to increase and/or prevent a further decrease in ROM. Residents with limited mobility will receive appropriate services.</p>