

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 12/18/2024
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45524</p> <p>Based on interviews, and record reviews the facility failed to implement its' abuse policy and procedures (P&P) when the facility did not report to the California Department of Public Health (State Agency) of an alleged abuse of one of four sampled residents (Resident 1).</p> <p>This deficient practice resulted in a delay of the onsite investigation by the State Agency and the potential to place Residents 1 to be exposed to continuous sexual abuse from the alleged abuser causing mental anguish and emotional distress.</p> <p>Findings</p> <p>During a review of Resident 1's face sheet indicated the facility initially admitted the resident on 7/25/2024 and readmitted the resident on 7/31/2024 with diagnoses that included obstructive hydrocephalus (a condition that occurs when the flow of cerebrospinal fluid (CSF) is blocked in the brain), depression (a common and serious medical illness that negatively affects how you feel, the way you think and how you act), and hypertension (HTN-high blood pressure).</p> <p>During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 11/18/2024, the MDS indicated the resident had severe cognitive impairment (the inability to live independently as well as plan and carry out regular tasks). The same MDS indicated Resident 1 was dependent on staff for all his activities of daily living (ADLs- activities such as bathing, dressing and toileting a person performs daily).</p> <p>During a review of Resident 4's face sheet indicated the facility initially admitted on [DATE] and readmitted the resident on 6/30/2024 with diagnoses that included diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), hypertension (HTN-high blood pressure), and atrial fibrillation (a heart condition that causes an irregular and rapid heartbeat in the upper chambers of the heart).</p> <p>During a review of Resident 4's MDS dated [DATE], the MDS indicated the resident 4 was cognitively intact (able to make decisions). The same MDS indicated Resident 4 was required mostly supervision or touching assistance for most of his activities of daily living (ADLs- activities such as bathing, dressing and toileting a person performs daily).</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Licensed Vocational Nurse (LVN) 1 on 12/18/2024 at 11:55 am, LVN 1 stated that she was made aware that Resident 4 was rubbing Resident 1's left arm and left inner thigh close to the groin. LVN 1 stated she considered the rubbing sexual abuse because of how it was done and the proximity to Resident 1's groin.</p> <p>During an interview with the Registered Nurse Supervisor (RNS) on 12/18/2024 at 12:44 pm, RNS stated that the arm and leg rubbing were inappropriate and not sexual abuse but defined sexual abuse as inappropriate touching of a resident without their consent. RNS stated that allegations of abuse must be reported to law enforcement, ombudsman (an advocate for residents of nursing homes, board and care centers, and assisted living facilities), and the Department of Public Health.</p> <p>During an interview with the Activities Director (AD) on 12/18/2024 at 2:14 pm, the AD stated during chair yoga on 12/9/2024, Residents 1 and 4 were sitting side by side. Resident 4 was observed touching/rubbing Resident 1's right upper thigh. When Resident 4 noticed that the AD got up from the chair towards his direction, Resident 4 appeared to be startled and started rubbing Resident 1's right arm.</p> <p>During an interview with the Facility Administrator (FA) on 12/18/2024 at 3:41 pm, the FA acknowledged that the abuse allegation had not been reported to the Department of Public Health but that the police had been called. The FA stated that the importance of reporting allegations of abuse is to ensure that the DPH investigates timely and advise if the allegation is abuse.</p> <p>A review of the facility's Policy and Procedure (P&P) titled Abuse Prevention/Investigation/Reporting and Resolution. reviewed 7/12/24 indicated defined sexual abuse as Inappropriate touching, sexual coercion, sexual assault, sexual harassment. The same P&P indicated, Any mandated reporter who, in his or her professional capacity, or within the scope of his Or her employment, has observed or has knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse, or neglect, or is told by an</p> <p>elder or dependent adult that he or she has experienced behavior, including an act or omission, constituting physical abuse, abandonment, abduction, isolation, financial abuse, or neglect, or reasonably suspects that abuse, shall report the known or suspected instance of abuse as follows:</p> <p>i. If the alleged or suspected incident involved physical abuse AND it results in serious bodily injury, THEN the mandated reporter shall:</p> <p>1) Make phone report or phone 911 immediately (no later than two hours) to the local law enforcement and licensing agencies of observing, obtaining knowledge of, or suspecting the physical abuse;</p> <p>2) Fax within two hours written report (SOC 341) to the local ombudsman, licensing agency and local law enforcement.</p>		