

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  05/08/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49571</p> <p>Based on observation, interview, and record review, the licensed nursing staff failed to maintain complete and accurate medical records in accordance with the accepted professional standards for three of four sample residents (Resident 1, Resident 2, Resident 3). The facility failed to ensure Medication Administration Record (MAR) was completed with identifiable information of licensed staff initials and signature.</p> <p>This deficient practice had the potential to result in medication administration errors and delays in communication between staff leading to care interruptions.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Admission Records dated 5/7/2025 indicated, Resident 1 was initially admitted to the facility on [DATE] with a diagnosis not limited to hypertension (HTN- when the pressure in your blood vessels is too high), end stage renal disease (ESRD - The stage of renal impairment that appears irreversible and permanent, and requires a regular course of dialysis or kidney transplantation to maintain life).</p> <p>A review of Resident 2 ' s Admission Records dated 5/7/2025 indicated, Resident 2 was initially admitted to the facility on [DATE] with a diagnosis of not limited to type two diabetes mellitus (a disease that results in too much sugar in the blood), essential primary hypertension (HTN- when the pressure in your blood vessels is too high), benign prostatic hyperplasia (a condition where a prostate gland enlarges leading to urinary problems like frequent urination).</p> <p>A review of Resident 3 ' s Admission Records dated 5/7/2025 indicated, Resident 3 was initially admitted to the facility on [DATE] with a diagnosis of not limited to transient ischemic attack (TIA- a stroke that causes temporary interruption of blood flow to the brain), peripheral vascular disease (PVD -a slow and progressive circulation disorder), glaucoma (a condition that damages the eye nerves causing vision loss or blindness).</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1 ' s April 2025 Medication Administration Record (MAR) indicated Apixaban (medication used to prevent and treat blood clots) 5 mg tablet 1 tablet by mouth twice a day for deep vein thrombosis (DVT- a blood clot in a deep vein of the leg, pelvis and sometimes arm). MAR indicated apixaban was administered at 9 AM and 5 PM for the month of April. MAR does not indicate signatures and initials to identify the staff member responsible for administering the medication for the entire month except for two occurrences.</p> <p>A review of Resident 2 ' s April 2025 Medication Administration Record (MAR) indicated Aspirin (a medication that prevent blood clots) 81 mg chewable tablet, give 1 tablet via gastrostomy tube (GT- a tube inserted through the abdomen that delivers nutrition directly to the stomach) daily for stroke prevention. MAR indicated Aspirin was administered from April 4 to 27th. MAR does not indicate signatures and initials to identify the staff member responsible for administering the medication.</p> <p>A review of Resident 2 ' s April 2025 Medication Administration Record (MAR) indicated Flomax (a medication treats a urinary problem) via gastrostomy tube daily for benign prostatic hyperplasia (a condition where a prostate gland enlarges leading to urinary problems like frequent urination). MAR indicated Flomax was administered daily at 9 AM. MAR does not indicate signatures and initials to identify the staff member responsible for administering the medication.</p> <p>A review of Resident 3 ' s April 2025 Medication Administration Record (MAR) indicated Dorzolamide-Timolol (a medication used to treat high eye pressure, a condition that damages the eye nerves causing vision loss or blindness) 22.3-68 mg/ml. Instill 1 drop into both eyes twice a day for glaucoma (a condition that damages the eye nerves causing vision loss or blindness). The MAR indicated dorzolamide-Timolol administered at 9 and 5PM. MAR does not indicate signature and initials to identify the staff member responsible for administering the medication for the month of April except April 17th.</p> <p>A review of Resident 3 ' s April 2025 Medication Administration Record (MAR) indicated, Losartan Potassium (a medication prescribed for high blood pressure) 25 mg tablet, one tablet by mouth twice a day, hold for systolic blood pressure less than 100, for hypertension. The MAR indicated Losartan Potassium administered at 9 AM and 5 PM. The MAR indicated dorzolamide-Timolol administered at 9 and 5PM. MAR does not indicate signature and initials to identify the staff member responsible for administering the medication for the month of April except April 17th.</p> <p>During a concurrent interview and record review on 5/8/2025 at 11:12 AM with Registered Nurse 1(RN1), MAR for Resident 1 and Resident 2, were reviewed. RN1 stated, during medication administration, it is a standard practice to enter the licensed staff initials and signature on MAR. It is a deficiency not to endorse the initials and sign after medication administration. Stated, I am not sure if name of the responsible nurse supposed write names next to the signature, will review and update staff.</p> <p>During a concurrent interview and record review on 5/8/2025 at 12:20 PM with Registered Nurse 2 (RN2), MAR for Resident 1, Resident 2, and Resident 3 were reviewed. RN 2 acknowledged and agreed it is a deficiency not to sign and initial a MAR with clearly identifiable information of the licensed staff responsible for administering a medication.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 5/8/2025 at 12:30 PM with Licensed Vocational Nurse 2 (LVN2), MAR for Resident 1 and Resident 2 were reviewed. LVN2 acknowledged, there were several missing initial and signatures for a medication administered. LVN2 acknowledged it is a deficiency not to document identifiable initials and signatures on MAR and can lead to medication errors.</p> <p>During a concurrent interview and record review on 5/8/2025 at 1:25 PM with the interim Director of Nursing (DON), Resident 1, Resident 2, and Resident 3 ' s MAR were reviewed. MAR revision indicated missing identifiable initials, signatures, and names of responsible licensed staff for administering medications. DON stated, it is not according to the standard of practice and can lead to errors and confusion by other staff members for continuity of care. DON to review MAR record entry to include licensed staff first or last name with initials and signatures to identify responsible licensed staff for medication administration.</p> <p>A review of the facility ' s policy and procedures (P&amp;P) titled Nursing and Pharmacy Services revised on 7, 12/2024 the P&amp;P indicated, Orders for medications, treatments and rehabilitation will be consistent with principles of safe and effective order writing. The staff and practitioner shall use only approved abbreviations and symbols when ordering and/or charting medications.</p>		