

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 05/28/2025
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 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to provide effective pain management for one of six sampled residents (Resident 2), who had a left shoulder fracture (break in a bone), bladder surgery, and left hip fracture all sustained from a motorcycle accident, by failing to:</p> <ol style="list-style-type: none"> 1. Administer the as needed pain medication, hydromorphone (Dilaudid- a strong pain reliever to treat moderate to severe pain) when Resident 2 complaint of a lot of pain on 5/24/2025 morning. Resident 2 received a dose of hydromorphone 4 milligrams (mg) on 5/24/25 at 4 PM. 2. Administer the as needed pain medication (hydromorphone) when Resident 2 complaint of pain on 5/27/2025 at 1:15 PM. Hydromorphone is not available. 3. Accurately assess and document the pain level (a pain scale or pain rating scale). 4. Evaluate the effectiveness of analgesic medication (medications that relieve pain) in relieving pain within two hours of administration based on the facility Policy and Procedures (P&P) titled Pain Assessment & Management revised 7/12/2024. <p>These deficient practices resulted in Resident 2 suffering uncontrolled and continuous pain before receiving hydromorphone for the pain. On 5/26/2025 at approximately 9:15 PM, Resident 2 was transferred to a General Acute Care Hospital (GACH) emergency room (ER) for blood in the urine and 9/10 (0 representing no pain and 10 representing the worst possible pain) lower abdomen pain.</p> <p>Findings:</p> <p>During a record review, Resident 2's admission Record indicated Resident 2 was initially admitted to the Skilled Nursing Facility (SNF) on 3/14/2025 and readmitted on [DATE] with a diagnoses including nondisplaced fracture of lower end of right and left humerus (upper arm bone), injury of the bladder, lack of coordination, fracture of left shoulder, essential primary hypertension (HTN-high blood pressure).</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 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a record review, Resident 2's Minimum Data Set (MDS-a resident assessment tool) dated 3/20/2025, indicated Resident 2's cognitive (ability to acquire and understand knowledge) skills for daily decision making were intact. The MDS indicated Resident 2 experienced pain occasionally, had difficulty sleeping, and had limited participation in rehabilitation (the process of restoring mental and/or physical abilities lost due to injury or disease, aiming to enable individuals to function at a normal or near-normal level) therapy sessions due to occasional pain. The MDS indicated that occasionally, Resident 2 experienced pain, that pain made it hard for the resident to sleep at night, limited the resident's participation in rehabilitation sessions, and limited the resident's day-to-day activities excluding rehabilitation therapy sessions.</p> <p>During a record review, Resident 2's Care Plan (CP) dated 4/2/2025, indicated Resident 2 is at risk for alteration in comfort due to pain related to multiple fractures, recent surgery. The CP goal indicated that Resident 2, Will remain free of signs and symptoms of pain such as grimacing, crying, moaning, guarding, verbal expression of pain daily x 90 days. Will report pain is relieved or controlled 30 minutes to 1 hour after pain medication is administered x 90 days. Will verbalize sense of control and enhanced enjoyment of life x 90 days. The CP interventions included to assess location, characteristics, onset, duration, frequency, and intensity of pain, determine acceptable level of pain and pain control goals, and provide comfort measures with touch, repositioning, use of heat and or cold packs. The CP indicated to administer hydromorphone 2 milligrams (mg) q [every] 4 hours (hrs) PRN (as needed). The CP also indicated to administer and Hydromorphone 4 mg q 4 hrs PRN.</p> <p>During a record review, Resident 2's Skilled Nursing Facility History and Physical (H&P) Examination dated 4/4/2025, indicated, Resident 2 was readmitted to GACH on 3/27/2025 and had closed left proximal humerus (upper arm bone) fracture, bladder rupture repair, and discharged to skilled nursing facility for rehabilitation. The H&P indicated Resident 2 had left hip incision (cut or wound made in the body tissues) staple (small, metallic clips used to close wounds or incisions) from prior operation, had persistent bladder pain/pressure consistent with spasms that limited discharge. The H&P indicated on day of discharge, Resident 2's pain was well controlled with an oral regimen.</p> <p>During a record review, Resident 2's Physician History and Physical (H&P) dated 4/5/2025, indicated, Resident 2 had persistent bladder pain/pressure consistent with spasms (a sudden involuntary and painful tightening of a muscle/s) improved with oral (by mouth) pain medications.</p> <p>During a record review, Resident 2's Pain Flow Sheet for the month of 5/2025, indicated the following:</p> <ul style="list-style-type: none"> - On 5/20/2025 at 8:15 AM., Resident 2 was experiencing upper arm pain, aggravated by movement. The interventions included to administer Hydromorphone 4 mg for pain intensity 8/10. - No documented pain level and intervention on 5/21, 5/22, 5/23, 5/24, and 5/26/2025 - On 5/26/2025 at 2 PM., Resident 2 was experiencing upper arm pain, aggravated by movement. The interventions included to administer Hydromorphone 4 mg for pain intensity 8/10. <p>During a record review, Resident 2's Medication Administration Record for 5/2025, indicated the following:</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>- Hydromorphone 2 mg tablet, give one tablet by mouth every 4 hours as needed for moderate pain scale 5-7. Diagnosis multiple fractures.</p> <p>- Hydromorphone 4 mg tablet, give 1 tablet by mouth every 4 hours as needed for moderate pain scale 8-10. Diagnosis multiple fractures.</p> <p>The same Resident 2's MAR Record for 5/2025 indicated the following entries:</p> <p>- On 5/24/2025 at 4 PM, Resident 2 received a dose of hydromorphone 4 mg. The MAR document did not indicate the pain level and reassessment of the pain after two hours of the pain medication was administered.</p> <p>- On 5/24/2025 at 8:30 PM, Resident 2 received a dose of hydromorphone 4 mg. The document did not indicate the pain level and reassessment of the pain after two hours of the pain medication was administered.</p> <p>During a record review of Resident 2's MAR for 5/2025 Pain Assessment Every Shift for the 5/2025, indicated that on 5/24/2025 for 11PM to 7 AM shift, 7 AM-3 PM shift, and 3 PM to 11 PM shift, Resident 2's pain scale was documented as 0/10.</p> <p>During a record review, Resident 2's Physician and Telephone Order dated 5/26/2025 at 5:08 PM indicated, to transfer Resident 2 to GACH emergency room via regular ambulance related to blood in the urine and 9/10 (severe pain) lower abdomen pain.</p> <p>During a record review, Resident 2's GACH Emergency Department Service Report dated 5/26/2025 at 9:47 PM, indicated, Resident 2 presented with hematuria (blood in the urine) that began in the morning, 5/26/2025 and with an 8/10 pain level. The GACH Emergency Department Service Report indicated that on 5/27/2025 at 8:48 AM, Resident 2 was discharged back to SNF.</p> <p>During an interview with Resident 2 on 5/27/2025 at 1 PM, Resident 2 stated he was involved in a motorcycle accident and is on hydromorphone which helps him with severe pain. Resident 2 stated he returned to the facility (SNF) on 5/27/2025 morning. Resident 2 stated that the weekend (5/24/2025-5/26/2025) he was in a lot of pain, was asking for pain medication, but was told that he had to wait because they (facility) did not have the pain medication (hydromorphone). Resident 2 stated, They (nurses) bring all the medication except hydromorphone. Resident 2 stated that on Saturday (5/24/2025), I went to the nursing station to ask for the hydromorphone. I asked twice for the medication they told me to wait. I used the walker and went to the nurse station to ask for the hydromorphone few times and I didn't get it until late evening. I was in a lot of pain throughout the weekend. I had to go to hospital because the pain has not been controlled. I have pain in a lot of places, shoulder, hip, and bladder. Resident 2 stated he is happy with the medication orders for pain management, I just want to get them on time. When they have the medication (hydromorphone), they give it me every 4 hours. They (nurses) have been telling me they don't have them (hydromorphone) even to give me every 4 hours.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview and concurrent record review with Registered Nurse (RN) 2 on 5/27/2025 at 11:12 AM, Resident 2's MAR and Pain Assessment Sheet for 5/2025 were reviewed. The MAR indicated that on 5/24/2025, there was no documented evidence that Resident 2 received hydromorphone for pain and the pain level assessed after 2 hours of receiving hydromorphone. RN 2 stated that Resident 2 does not get physical therapy on the weekend because of missing pain scale documentation. RN 2 stated that resident pain assessment should be done before and after medicating a resident with pain medication. RN 2 was unable to provide post pain medication administration assessment logs and stated, the facility uses the two pain assessment sheets (MAR and pain assessment sheet).</p> <p>During a concurrent observation in Resident 2s room, interview, and concurrent record review on 5/27/2025 at 1:15 PM with Licensed Vocational Nurse (LVN) 1, Resident 2's MAR for 5/2025 was reviewed. LVN 1 entered then Resident 2's room to administer pain medications to Resident 2. Resident 2 was in bed and was complaining of pain. The MAR indicated for Resident 2 was also on Robaxin (muscle relaxing medication), gabapentin (medication for nerve pain), Tylenol (mediation for mild pain and to relieve fevers), and hydromorphone. LVN 1 stated, Hydromorphone is not available, I am about to call pharmacy to authorize to access the emergency medication kit. LVN 1 stated and acknowledged it was not according to standard of nursing care to ignore a resident's pain leading to hospitalization. LVN 1 stated LVN 1 is waiting for the pharmacist to give authorization to remove hydromorphone from the emergency medication kit. LVN 1 further stated, Not managing pain can lead to decline in rehabilitation progress.</p> <p>During an interview on 5/27/2025 at 1:48 PM, Certified Nursing Assistant (CNA) 1 stated, I have been assigned to Resident 2. I have heard him (Resident 2) today complaining about pain medication. I have seen him come out of his room to ask for pain medications and I do not have the details of the conversations with the nurses. CNA 1 stated Resident 2 is not happy when he does not get his medications on time.</p> <p>During an interview on 5/27/2025 at 2:58 PM, the Director of Staff Development (DSD) stated licensed staff are trained to manage residents' pain, contact a medical doctor (MD) about a resident's pain, and communicate with facility leadership to address unmet resident's needs. DSD stated, It is not the facility policy and standard of care to ignore pain. It is the practice and policy for licensed staff to call the pharmacy and get preauthorization to access emergency medication kits for narcotic medications.</p> <p>During an interview on 5/27/2025 at 3:50 PM, LVN 1 stated, I have called pharmacy three times, they have not responded to me yet. LVN 1 further stated the pharmacy has to preauthorize the facility to access the emergency medication kit. LVN 1 stated LVN 1 administered scheduled Robaxin 1000 mg, Tylenol 1000 mg, and gabapentin 900 mg to Resident 2 on 5/27/2025 at 1:15 PM. LVN 1 also stated hydromorphone was missing from the medication cart, not delivered by pharmacy.</p> <p>During an interview on 5/27/2025 at 4:38 PM, the facility administrator (ADM) stated, pain complaints should be addressed immediately and a MD notified of any change of condition or uncontrolled pain. ADM stated, I believe staff should be able to open the emergency medication kit to access medications then call pharmacy for replacement. The ADM stated pharmacy is required to respond immediately.</p> <p>During a record review, Resident 2's Order Summary Report (OSR) dated 5/28/2025, it indicated:</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>- Hydromorphone HCL Oral Tablet 2 mg give one tablet by mouth every four hours as needed for moderate pain scale of 5-7 for diagnosis of multiple fractures. The hydromorphone order date was 4/2/2025.</p> <p>- Hydromorphone HCL Oral Tablet four mg, give one tablet by mouth every four hours as needed for severe pain scale of 8-10 for diagnosis of multiple fractures. The hydromorphone order date was 5/10/2025.</p> <p>- To call MD (medical doctor) if current pain medication regimen is ineffective for evaluation. The order to call MD was dated 5/10/2025.</p> <p>During a telephone interview on 5/28/2025 at 11:08 AM, RN 3 stated that on 5/24/2025, RN 3 was assigned to pass medications. RN 3 stated, I was too busy trying to figure things out. RN 3 stated Resident 2 has been walking from his room to the nursing station. RN 3 stated, I have no idea if there was a delay for his medications. I don't remember if I gave him hydromorphone. I have given him his scheduled medications. I was too busy, I was trying to figure things out, I was not oriented properly to pass medication because I was hired as RN supervisor.</p> <p>During a telephone interview on 5/28/2025 at 3:40 PM, the Pharmacy supervisor (PharmD) stated that the last delivery of hydromorphone 2 mg tablet for Resident 2 to the facility was on 5/20/2025. PharmD stated that on 5/26/2025, the facility staff (unidentified) called to obtain authorization to access the emergency medication kit for hydromorphone. PharmD stated the pharmacy authorized the facility three times to take hydromorphone from the emergency medication kit on 5/26/2025 for 7 AM, 2 PM, and 5:50 PM. PharmD stated that on 5/27/2025, the pharmacy authorized the facility to take 2 tablets (Hydromorphone 2 mg per tablet) for one dose as requested by the facility staff. PharmD stated, There was no call or request for authorization for hydromorphone from the facility staff on 5/24/2025. If there was a call or request for authorization, we would have authorized the medication to be accessed and given to (Resident 2). PharmD stated the facility emergency medication kit is stocked with 6 tablets of Hydromorphone 2 mg.</p> <p>During a telephone interview on 5/29/2025 at 1:56 PM, LVN 2 stated that on 5/24/2025, LVN 2 worked the 3 PM to 11 PM shift and that Resident 2 was in pain. LVN 2 stated LVN 2 initially contacted the pharmacy on 5/24/2025 at 1:30 PM and called the pharmacy twice more before 3:50 PM. LVN 2 stated, I had to call pharmacy to get authorization for hydromorphone. At around 6 pm (5/24/2025), I gave him (Resident 2) his first does of Hydromorphone 4 mg and Tylenol for pain. LVN2 stated Resident 2 has an ongoing pain and his pain has been increasing. LVN 2 stated that on 5/26/2025 at approximately at 9:15 PM, Resident 2 was transferred to GACH due to uncontrolled pain.</p> <p>During a record review, the facility Policy and Procedures (P&P) titled Pain Assessment & Management revised 7/12/2024, indicated, Assessment will occur daily and will focus on identifying the cause of pain and developing a pain management plan. Evaluation of the effectiveness of analgesic medication in relieving pain to a level that I acceptable to the resident will occur within 2 hours of administration. Medicate the resident as the physician ordered. Notify the physician of any unrelieved pain.</p>		