

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 06/25/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify Resident 1's Family Member 1 (FM 1) when Resident 1's room was changed on 5/7/2025 and 5/8/2025.</p> <p>This deficient practice violated the residents' rights of notification according to facility's policy and procedure titled, Transfer Room to Room and Resident's Rights.</p> <p>Findings:</p> <p>During a review of the admission Record indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including atherosclerotic heart disease (build-up of fats, cholesterol, and other substance in and on the arterial walls), endocarditis (an infection of the heart's inner lining, including the heart valves), and depression (a mood disorder that causes persistent feeling of sadness and loss of interest).</p> <p>During a review of the Minimum Data Set (MDS - resident assessment tool) dated 4/30/2025, indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were severely impaired. The MDS indicated Resident 1 required total dependent on staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During a review of the facility's census dated 5/7/2025, it indicated Resident 1 was in a different room and on 5/8/2025, Resident 1 was again, moved to a different room.</p> <p>During an interview with Resident 1's Family Member 1 (FM 1) on 6/25/2025 at 10:12 a.m., FM 1 stated, Resident 1's room was changed to a different room without notifying and inquiring with him (FM 1) if he was ok with the change. FM 1 stated, Resident 1 was moved to a 3-bed capacity room, and it was hard to get her (Resident 1) out of bed because of the lack of space, and it was hard to use a Hoyer Lift (a mechanical device used to lift and/or transfer a person from place to place) to get her up on a wheelchair. FM 1 stated, because of the lack of space, Resident 1 did not have any bedside table for her personal belongings.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 055473
		If continuation sheet Page 1 of 4

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Social Services Director (SSD) on 6/25/2025 at 11:58 a.m., SSD stated, facility must notify family members and/or representatives whenever a resident was moved from one room to another so that they are aware of the change. SSD reviewed Resident 1's medical record and stated and confirmed, there was no notification of room change when Resident 1 was moved to a different room on 5/7/2025 and 5/8/2025.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Transfer Room to Room, dated 7/12/2024, the P&P indicated, Inform the resident that you are going to move him or her to his or her new room . The following information should be recorded in the resident's medical record: 1. The date and time the room transfer was made.; 2. The name and title of the individual(s) who assisted in the move.; 3. All assessment data obtained during the move.; 4. How the resident tolerated the move.; 5. If the resident refused the move, the reason(s) why and the intervention taken.; 6. The signature and title of the person recording the data.</p> <p>During a review of the facility's P&P titled, Resident's Rights, dated 7/12/2024, the P&P indicated, Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: . communication with and access to people and services, both inside and outside the facility; be supported by the facility in exercising his or her rights; exercise his or her rights without interference, coercion, discrimination or reprisal from the facility; be notified of his or her medical condition and of any changes in his or her condition.</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to protect one of four sampled residents (Resident 1) from misappropriation (the unauthorized, improper, or unlawful use of funds or other property for purposes other than that for which intended) of property and personal belongings.</p> <p>This deficient practice resulted in Resident 1's missing cochlear hearing aid (a small electronic device that can provide a sense of sound to people who are deaf or hard-of-hearing) and significantly impacted Resident 1's ability to hear, potentially leading to social isolation and safety concerns.</p> <p>Findings:</p> <p>During a review of the admission Record indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including atherosclerotic heart disease (build-up of fats, cholesterol, and other substance in and on the arterial walls), endocarditis (an infection of the heart's inner lining, including the heart valves), and depression (a mood disorder that causes persistent feeling of sadness and loss of interest).</p> <p>During a review of Resident 1's History and Physical (H&P), dated 2/21/2025, the H&P indicated, Resident 1 has bilateral (both ear) hearing loss with post-surgical history of cochlear implant (a surgically implanted device that helps people with severe hearing loss or deafness to hear) on right (ear).</p> <p>During a review of the Minimum Data Set (MDS - resident assessment tool) dated 4/30/2025, indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were severely impaired. The MDS indicated Resident 1 required total dependent on staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During a review of Resident 1's Clothing and Possessions (inventory list), dated 2/20/2025, indicated, Resident 1 had a hearing aid with a charger.</p> <p>During an interview with Resident 1's Family Member 1 (FM 1) on 6/25/2025 at 10:12 a.m., FM 1 stated, Resident 1 had a cochlear hearing aid that they brought it in the facility upon admission on [DATE]. FM 1 stated that the facility lost the hearing aid as he was unable to find it in Resident 1's room during the weekend of 5/24/2025. FM 1 stated, he notified the staff and the management, and they have not replaced the missing cochlear hearing aid. FM 1 stated, due to missing hearing aid, it was hard to communicate with Resident 1 whenever he visited.</p> <p>During an interview with the Social Services Director (SSD) on 6/25/2025 AT 11:58 a.m., SSD stated, if someone reported that a resident was missing personal belongings, they need to investigate and look for it, if they verified and confirmed that the belongings were missing, they need to file a theft and loss and replace it as necessary. SSD stated, it was reported to her that Resident 1 had a missing hearing aid, and it is in process of getting it replaced. SSD stated, she does not know if the facility filed a theft and loss report upon confirming that Resident 1 had missing cochlear hearing aid.</p> <p>(continued on next page)</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's Medical Record as of 6/25/2025, there was no theft and loss report filed for Resident 1's missing cochlear hearing aid.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Investigating Incidents of Theft and/or Misappropriation of Resident Property, dated 7/12/2024, the P&P indicated, All reports of theft or misappropriation of resident property shall be promptly and thoroughly investigated . The investigation shall consist of at least the following: a. an interview with the person(s) reporting the missing items; b. An interview with any witnesses that may have knowledge of the missing items; c.An interview with the resident (as medically appropriate); d. An interview with the employee (if any) accused of taking the resident's property, e. A review of the resident's personal inventory record to determine if the missing items were recorded on the report; f.Interviews with staff members (on all shifts) having contact with the resident during the past 48 hours; g. Interviews with the resident's roommate, family members, and visitors; h. A search of the laundry room for missing articles of clothing; and i. A search of the resident's room for the missing items.</p>		