

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 12/02/2025
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, facility failed to ensure staff obtained consent (communication process between the clinician and the patient that ensures that the patient is fully informed about the nature of the procedure or intervention, the potential risks and benefits, and the alternative treatments available) to COVID -19 and influenza informed consents were properly obtained from a resident with cognitive impairment according to the facility policy and procedures (P&P) titled, Coronavirus Vaccine Policy (COVID-19 Vaccine Policy) reviewed on 7/11/2025, for one of four sampled residents (Resident 8). This deficient practice resulted in the facility violating the rights for Resident 8. Findings: A review of Resident 8's admission Record indicated that Resident 8 was admitted to the facility on [DATE] and was readmitted to the facility on [DATE] with diagnoses that included schizophrenia (a serious mental illness that is characterized by disturbances in thought), hyperlipidemia, and hypertension (HTN). A review of Resident 8's history and physical (H&P - formal and complete assessment of the patient and the problem) date 5/9/2025 indicated that Resident 8 did not have the capacity for medical decision due to mental incapacitation (the physical and/or mental inability to make informed, rational judgments and decisions) and mental disorder (conditions that affect your thinking, feeling, mood, and behavior). A review of Resident 8's MDS dated [DATE], indicated Resident 8 had impaired cognition, was independent with eating, oral hygiene, and required substantial/maximal assistance from staff with ADL (bathing, dressing and toileting a person performs daily). A review of Resident 8's influenza immunization informed consent dated 11/10/2025 indicated that Resident 8 gave a verbal declination consent for the facility to administer the influenza vaccination. A review of Resident 8's COVID 19 immunization informed consent 2025-2026 dated 11/10/2025 indicated that Resident 8 gave a verbal declination consent for the facility to administer the COVID 19 vaccination. During a concurrent interview and record review, on 12/2/2025, at 4:35 P.M., with the Director of Nursing (DON), Resident 8 charts/immunization consents records was reviewed. The DON stated that the facility processes to administer vaccinations is to obtain immunization informed consent prior to giving the vaccination and if the resident does not want the vaccination, then a declination form needs to be signed by the resident. If the resident does not have a decision-making capacity, then informed consent should be obtained from their resident representative (RP). The DON stated informed consent is for authorization, residents/their RP stating they are authorizing or declining the vaccines, are agreeing to getting vaccinated and also stating they understand the risks and benefits. The DON stated that if the facility does not have a consent or the appropriate person did not sign the consent the resident is not agreeing to be treated or to refuse the vaccine, there is no ok. The DON stated a resident with no decision-making capacity should have a family member or RP in place to make decisions for them, they should not be signing consents or declination forms, not if they don't have the capacity, they are not able to decline or accept a vaccination. The DON stated that if the resident or the residents RP consents to the vaccinations then the vaccines are given, documented in the point click care (PCC -a charting system used in nursing homes, assisted living and home care) under immunizations, an order is entered in the residents orders, then onto the electronic medication administration record (EMAR - a digital system that replaces paper-based charts for tracking how and when medications are given to patients) of the residents for the nurses to monitor the resident for adverse effects for 72 hours. A review of the facility's P&P titled, Coronavirus Vaccine Policy (COVID-19 Vaccine Policy) reviewed on 7/11/2025, indicated under documentation that, Documenting COVID-19 Vaccine: The facility will maintain documentation for all residents and staff on COVID-19 vaccination status, For . residents, the information will be documented in their medical record. The information to be documented includes: The staff person, resident or representative was provided education regarding the benefits and potential risks associated with COVID-19 vaccine. Whether the . resident/representative consented to the vaccine. If yes: Which vaccine was administered? Which dose was administered? Date of vaccination Any Signs/Symptoms of adverse reaction. If no, reason for refusal: Contraindication Refusal For staff or residents who refuse, the facility will ask the individual to sign COVID-19 vaccine declination form and maintain a copy of the form.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, facility failed to ensure staff adhered to infection control practices by failing to:1. Ensure four of five sampled residents (Residents 5, 6, 7, and 8) received Coronavirus disease 2019 (COVID-19 - an illness caused by a virus which causes severe acute respiratory syndrome), pneumonia (an infection in one or both lungs that may be caused by bacteria, viruses, or fungi) and influenza (an infection of the nose, throat and lungs, which are part of the respiratory system) vaccines2. Ensure certified nursing assistant (CNA) 1, CNA 2, and licensed vocational nurse (LVN) 1 were fit tested (confirm that a respirator forms a tight seal to your face before you use it in the workplace) for N95 mask (a personal protective equipment [PPE] used to protect the wearer from particles or from liquid contaminating the face) according to the facility P&P titled, Fit Test and Respirator Seal Check Policy reviewed [DATE].3. Ensure facility staff performed hand hygiene and donned (put on, applied) appropriate PPE before entering a covid isolation room.4. High touch surface areas (surfaces that frequently come in contact with humans) were disinfected according to the facility document titled, Corona Virus Disease 2019 (COVID -19) Mitigation Plan reviewed [DATE]. Staff appropriately handled contaminated/dirty linen from a covid isolation room according to the facility P&P titled, Infection Control Policy -Laundry Services reviewed [DATE], and P&P titled, Infection Control Program System reviewed [DATE] These deficient practices placed the residents and staff at increased risk to contract covid-19, hospitalization and/or death.Findings A review of Resident 5's admission Record indicated Resident 5 was admitted to the facility on [DATE] and was readmitted to the facility on [DATE] with diagnoses that included liver transplant (a surgery that removes a liver that no longer functions properly [liver failure] and replaces it with a healthy liver from a deceased donor or a portion of a healthy liver from a living donor), diabetes mellitus (DM - a disorder characterized by difficulty in blood sugar control and poor wound healing), and end stage renal disease (ESRD -irreversible kidney failure). A review of Resident 5's Minimum Data Set (MDS - a resident assessment tool) dated [DATE], indicated Resident 5 had intact cognition (when a person has no trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life), needed set up/clean up assistance with eating, partial/moderate assistance with oral hygiene, and required substantial/maximal assistance from staff with all other activities of daily living (ADL - activities such as bathing, dressing and toileting a person performs daily). A review of Resident 5's influenza immunization informed consent dated [DATE] indicated that Resident 5 gave a verbal consent for the facility to administer the influenza vaccination. A review of Resident 5's COVID 19 immunization informed consent 2025-2026 dated [DATE] indicated that Resident 5 gave a verbal consent for the facility to administer the COVID 19 vaccination. A review of Resident 6's admission Record indicated that resident 6 was admitted to the facility on [DATE] and was readmitted to the facility on [DATE] with diagnoses that included hyperlipidemia (too many lipids [fats] in the blood), dysphagia (difficulty swallowing), and diabetes mellitus (DM - a disorder characterized by difficulty in blood sugar control and poor wound healing). A review of Resident 6's MDS dated [DATE], indicated Resident 6 had intact cognition, was independent with eating, required set up/clean up assistance from staff with oral hygiene, and required staff assistance with ADL (bathing, dressing and toileting a person performs daily). A review of Resident 6's influenza immunization informed consent dated [DATE] indicated Resident 6 gave a verbal consent for the facility to administer the influenza vaccination. A review of Resident 6's COVID 19 immunization informed consent 2025-2026 dated [DATE] indicated Resident 6 gave a verbal consent for the facility to administer the COVID 19 vaccination. A review of Resident 7's admission Record indicated that Resident 7 was admitted to the facility on [DATE] with diagnoses that included hyperlipidemia (elevated lipids [fats] in the blood), dysphagia (difficulty swallowing), and, and hypertension (HTN - high blood pressure). A review of Resident 7's MDS dated [DATE], indicated Resident 7 had impaired cognition (when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life), was dependent on staff with ADL (bathing, dressing and toileting a person performs daily). A review of Resident 8's admission Record indicated that Resident 8 was admitted to the facility on [DATE] and was readmitted to the facility on [DATE] with diagnoses that included schizophrenia (a serious mental illness that is characterized by disturbances in thought), hyperlipidemia, and HTN. A review of Resident 8's history and physical (H&P - formal and complete assessment of the patient and the problem) date [DATE] indicated that Resident 8 did not have the capacity for medical decision due to mental incapacitation (the physical and/or</p>		