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 02/18/2026
NAME OF PROVIDER OR SUPPLIER New Vista Post-Acute Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1516 Sawtelle Blvd. Los Angeles, CA 90025	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews and record review, the facility failed to ensure one of four sampled residents (Resident 1), received care consistent with professional standards of practice to promote healing of pressure ulcers/injury (localized, pressure-related damage to the skin and/or underlying tissue usually over a bony prominence), prevent infection and prevent new ulcers from developing by failing to:Ensure Resident 1 was repositioned every two hours according to Resident 1's comprehensive plan of care and facility's policy and procedures (P&P) titled Activities of Daily Living, Quality of Care, Routing Resident Monitoring, and Score of Services, reviewed on 7/11/2025.Skin assessments were accurate upon admission for Resident 1 according to facility's P&P titled, admission Assessment - Nursing, reviewed on 7/11/2025,Ensure the appropriate setting of the low air loss mattress (LAL-a mattress designed to prevent and treat pressure wounds) was properly set up for Resident 1 according to facility's P&P titled, Low Air Loss Mattress, reviewed on 7/11/2025, .These deficient practices had the potential to delay the provision of necessary care and services and deterioration of residents' current wounds/pressure injuries(pressure ulcers). Findings: During a review of the admission Record indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including malignant melanoma of the left upper limb and shoulder (an aggressive form of skin cancer arising from pigment-producing cells on the arm or shoulder), pressure ulcer of Left Buttock, Stage 4 (a severe, full-thickness wound extending through the skin to expose muscle, tendon, or bone), Pressure Ulcer of Sacral region Stage 4, metabolic encephalopathy (a chemical imbalance in the blood affecting the brain), and dementia (a progressive state of decline in mental abilities). During a review of the Minimum Data Set (MDS - resident assessment tool) dated 12/16/2025, indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were moderately impaired. The MDS indicated Resident 1 required total dependence from staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). During a review of Resident 1's Progress Notes by Wound Care Provider 1 (WCP 1), dated 11/25/2025, the Progress Notes indicated, (Resident 1) with Stage 4 Pressure Ulcer (a severe, deep, and open crater-like wound that extends through the skin, fat, and muscle to expose tendons or bone) in sacrococcyx (small bone at the bottom of the spine) with physician's noted for offloading/repositioning education: throughout 24 hours, including at night, reposition resident (1) with wedges for support, change incontinence garments frequently to prevent moisture-associated skin damage and maintain skin integrity, thereby promoting optimal wound healing. During a review of Resident 1's Care Plan (CP) for risk for impaired skin/tissue integrity, dated 2/5/2026, the CP indicated a goal of (Resident 1) will remain free from development of further skin breakdown daily, with interventions including, to turn and reposition every two hours and more frequently, if needed, use appropriate pressure reducing mattress, change incontinence pads frequently. During a review of (continued on next page)

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

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 02/18/2026

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New Vista Post-Acute Care Center	1516 Sawtelle Blvd. Los Angeles, CA 90025

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident 1's Interdisciplinary Team (IDT - a group of dedicated healthcare professionals who work to bring knowledge together to help residents receive the care they need), meeting dated 12/3/2025, the IDT meeting indicated, discussed plan of care with Resident 1's power of attorney (POA - a legal document authorizing a designate person to make healthcare decisions for a patient who is incapacitated). Conference pertains to: turning and repositioning - facility will ensure that resident is turn and reposition as scheduled and as needed. Turning and repositioning will only be on side to side to keep pressure off the sacral open area. During a review of Resident 1's Activities of Daily Living - Turn and Repositioning Log, dated 1/20/2026 to 2/17/2026, the Turn and Repositioning Log indicated, Resident 1 was turned two to three times a day. During an interview with Resident 1's Private Caregiver (R1CG) on 2/17/2026 at 4:32 p.m., R1CG stated, she stays with Resident 1 from 7 a.m. to 7 p.m., where she turns and repositions every two hours, feeding, and changing incontinent briefs on Resident 1. R1CG stated, there are times that Certified Nursing Assistant (CNA) help her with repositioning and turning, but most of the time, she does the turning and repositioning, changing incontinent brief and feeding for Resident 1. During an interview with Certified Nursing Assistant 1 (CNA 1) on 2/18/2026 at 12:35 p.m., CNA 1 stated, Resident 1 has a private caregiver at bedside, and the private caregiver does the ADLs for Resident 1 such as turning, repositioning, feeding and changing incontinent brief for Resident 1. CNA 1 stated, she would ask if the private caregiver needed help but for the most part, the R1CG does all the ADLs for Resident 1. During a concurrent interview and record review with Director of Nursing (DON) on 2/18/2026 at 3:41 p.m., Resident 1's ADL - turn and repositioning log and Medical Records were reviewed. DON stated, CNAs and staff are responsible for doing ADL care for residents. DON reviewed Resident 1's ADL - turn and repositioning log from 1/20/2026 to 2/17/2026 and stated and confirmed, the ADL log indicated, Resident 1 was documented as turned and repositioned two to three times a day. DON stated, the log only showed Resident 1 was being turned two to three times per day by staff, instead of every two hours as indicated in Resident 1's CP and in their IDT meeting. Resident 1's Medical Records indicated there were no documentation of Resident 1's skin assessment and pressure ulcer/injury risk assessment tool upon readmission on [DATE]. DON stated there should be a skin evaluation and documentation by the admitting nurse upon admission. DON stated, if there were no documentation of skin assessment and evaluation upon residents' admission, it means it was not done. During a concurrent interview and record review with Treatment Nurse (TXN) 1 on 2/18/2026 at 1:59 p.m., Resident 1's Medical Records, weight record and Order Summary Report (OSR) dated 2/4/2026 were reviewed. Resident 1's OSR dated 2/4/2026 indicated physician's order included the following:Alternating pressure mattress for skin and wound management. Check for proper setting and function every shiftWeekly weight times (x) four then every month if stable. Resident 1's weight record indicated the following:Dated 1/1/2026, Resident 1's weight was 158 lbs.Dated 2/4/2026, Resident 1's weight was 156 lbs.During the same concurrent interview and record review, TXN 1 stated that residents' skin must be assessed, evaluated and documented during residents admission and readmission. TXN 1 stated that there were no skin assessments and documentation if Resident 1's skin was assessed and evaluated upon readmission on [DATE]. During an observation of Resident 1 with TXN 1 on 12/18/2026 at 2:15 p.m., Resident 1 was observed lying on a LAL mattress with knob setting at 250 pounds (lbs - unit of measurement). During a concurrent observation and interview with TXN 1 on 2/18/2026 at 2:20 p.m., TXN 1 stated, the LAL mattress setting is set according to resident's weight. TXN 1 observed Resident 1's LAL mattress and stated, Resident 1's LAL mattress was set to firm and at 250 lbs. TXN 1 stated, the LAL mattress was not set to the correct setting. TXN 1 stated, the LAL mattress is used to help offload and for wound prevention and management. TXN 1 further stated, if (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the setting is not correct, it would not assist with wound prevention and management. During an interview with DON on 2/18/2026 at 3:41 p.m., DON stated the LAL mattress setting is according to residents' weight. DON stated, if the LAL mattress is not set according to residents' weight, it can possibly not assist with wound healing or may have the opposite effect. During a review of facility's policy and procedures (P&P) titled, Prevention of Pressure Ulcers/Injuries, reviewed on 7/11/2025, the P&P indicated that, Interventions and Preventive Measures: Identify risk factors for pressure ulcer/injury development. For resident in bed: change position at least every two hours or more frequently as needed. Consider off-loading pressure hourly if the head of the bed is greater than 30 degrees. During a review of facility's P&P titled, Pressure Ulcer/Injury Management, reviewed on 7/11/2025, the P&P indicated that, The facility's pressure ulcer/injury risk assessment tool is to be completed to assess a resident's pressure ulcer/injury risk upon admission and weekly for the first four weeks, then quarterly, or whenever there is a significant change in the resident's condition or functional ability. Ongoing Programs: CNA to report each shift to charge nurse on skin status of residents if any changes are noted. CNAs do weekly skin observations and report changes in skin, during showers/bed bath, Emphasis on turning schedule by all supervisory staff. During a review of facility's P&P titled Activities of Daily Living, Quality of Care, Routing Resident Monitoring, and Score of Services, reviewed on 7/11/2025, the P&P indicated that, Staff will ensure that ADL are monitored, assisted with, and provided for those residents who are unable to perform ADL. The certified nursing assistants should check and change residents; if necessary, assist residents to the toilet if needed and turn and reposition residents at least every two hours. The facility will provide hygiene, bathing, dressing, grooming and oral care, mobility-transfer and ambulation including walking, toileting, dining-eating, including meals and snacks and communication to residents assessed to require these services. During a review of facility's P&P titled, admission Assessment - Nursing, reviewed on 7/11/2025, the P&P indicated that, The admission assessment is to be completed by the licensed nurse and includes the following: The assessment form has a diagram of the front and back of a body. All body marks are to be indicated on this diagram to include old or recent scars, bruises or discolorations, lacerations, pressure sores and other ulcerations, rashes or questionable markings considered other than normal, any amputations, dialysis shunts, presence of any dressing. The licensed nurse is to assess and document the resident's skin and skin turgor. During a review of facility's P&P titled, Low Air Loss Mattress, reviewed on 7/11/2025, the P&P indicated that, It is the policy of the facility to provide for the proper placement and management of a low air loss mattress when utilized by a resident. The manufacturer's guidelines should be reviewed for each individual mattress to ensure that this policy is what is recommended.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 8) who was identified as at risk for falls did not experience a fall by failing to: Ensure Resident 8 was properly assessed and monitored after Resident 1 slipped out of the wheelchair on 1/16/2026 according to facility's policy and procedures (P&P) titled, Falls by a Resident, reviewed on 7/11/2025. Ensure Resident 8's Fall Risk Assessments were accurately documented by licensed nurse according to facility's P&P titled, Fall Risk & Prevention of Injury to include pathological Fractures, reviewed on 7/11/2025, and P&P titled Falls by a Resident reviewed on 7/11/2025. These deficient practices placed Resident 8 at risk for further falls and/or injuries. Findings:? ? During a review of the admission Record indicated Resident?8 was admitted to the facility on [DATE]?with diagnoses including?hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body)?and hemiparesis?following?cerebral infarction (lack of blood flow resulting in severe damage to some of the brain tissue) affecting left non-dominant side,?abnormalities of gait and mobility (changes in normal walking, running, or movement patterns, often resulting in limping, shuffling, unsteadiness, or difficulty balancing) and history of falling. ? During a review of the Minimum Data Set (MDS - resident assessment tool) dated?1/15/2026,?indicated?Resident 8's cognitive (mental action or process of?acquiring?knowledge and understanding) skills for daily decisions were mildly impaired. The MDS indicated Resident 8?required?moderate to supervision assistance from staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).?The MDS also indicated, Resident 8 used manual wheelchair for mobility assistive devices. During a review of Resident 8's Care Plan (CP) for fall risk, dated 7/17/2025, the CP indicated (Resident 8)'s problems and concerns of falls, and potential for injury related to balance, cognitive impairment, physical impairment, generalized weakness, lack of coordination and hemiparesis/hemiplegia. The CP indicated interventions included to keep the environment hazards free, keep the call light and frequently used items within the resident's reach, and a person to assist with transfers. During a review of Resident 8's fall risk evaluation for the months of 10/2019, 1/2026, and 2/2026, indicated the following: Dated 10/22/2019, indicated Resident 8's fall risk score was 11 (high risk of fall) Dated 1/16/2026,?indicated Resident 8's fall risk score was 8 (moderate risk of fall) Dated 2/17/2026, indicated Resident 8's fall risk score was 13 (high risk of fall) During a review of Resident 8's SBAR?(situation, background, assessment, recommendation-a communication tool used by healthcare workers when there is a change of condition among the residents) for the months of 1/2026 and 2/2026, indicated the following: Dated 1/16/2026, Resident 8 slipped out of wheelchair during transfer Dated 2/17/2026, Resident 8 was found on the floor in a sitting position in his room in front of the bathroom. During a review of Resident 8's 72-hr neurological (neuro- relating to the nerves or the nervous system, including the brain, spinal cord, and peripheral nerves) check (after a fall, a series of checks performed by nurses to ensure a resident has not suffered a brain injury, such as a slow-developing brain bleed or concussion), indicated the following: Post (after)-fall neuro check assessment was documented on 1/17/2026 (7 a.m. - 3 p.m. shift), and 1/19/2026 (11 p.m. - 7 a.m. shift). During a concurrent interview and record review with Registered Nurse (RN) 1 on?2/17/2026 at 3:56 p.m., Resident 8's fall risk evaluation dated 1/16/2026 was reviewed. RN 1 stated, Resident 1 had history of falls in the facility and uses assistive devices for mobility. RN 1 stated that the fall risk evaluations were not documented and assessed accurately because Resident 8's score of 8 does not accurately reflect Resident 8's risk for fall. RN 1 stated the response for fall risk (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	evaluations were answered incorrectly on the following questionnaire i (letter I): (Resident 8) history of falls (past 3 months) was documented as 0 (no falls in the past 3 months), however, the facility 2. Gait/Balance not documented/left blank, however, the facility it should have documented as 1 on balance problem while standing, balance problem while walking, decreased muscular coordination, change in gait pattern when walking through doorway, gait problems; jerking unstable when making turns, unsteady gait, shuffling gait and requires use of assistive devices. During the same concurrent interview and record review with RN 1 on?2/17/2026 at 3:56 p.m., Resident 1's 72-hr neuro checks post-fall on 1/16/2026 was reviewed. RN 1 stated that the 72-hr neuro checks were incomplete and inconsistent. RN 1 stated, after residents' fall, residents must be checked for 72-hr by licensed nurses in the morning shift, evening shift and night shift. RN 1 stated that according to Resident 1's medical record, neuro check after-fall was done on 1/17/2026, morning shift and on 1/19/2026, evening shift. RN 1 stated, there was no neuro check done on 1/16/2026 evening and night shift, on 1/17/2026 on evening and night shift, and no neuro check done on all three shifts (7a.m-3 p.m., 3 p.m.-11 p.m., and 11 p.m-7 a.m., on 1/18/2026. During an interview and concurrent record with Director of Nursing (DON) on 2/18/2026 at 4:08 p.m., Resident 8's 72-hr neuro check and fall risk evaluation were reviewed. DON stated there should be complete documentation a after each incident of a resident falling. The DON stated that s there were inconsistencies in the licensed nurses charting regarding Resident 8 falling on 1/16/2026. DON stated assessment and evaluation must be completed such as 72-hr neuro check and fall risk evaluation after each fall. DON stated, there should be preventative measures, if not, residents may possibly have more fall incidents and injuries. During a review of facility's P&P?titled Falls by a Resident, reviewed on 7/11/2025, the P&P indicated that, It is the policy of the facility that if a resident sustains a fall, an incident report will be completed. A post fall assessment is also completed to identify factors that may have contributed to the fall. A care plan or an update to an existing care plan will then be generated. A post fall assessment is completed to identify possible causative factors that could have contributed to a fall. The information is then used to formulate a plan of care in an attempt to prevent further falls or accidents. During a review of facility's P&P titled, Fall Risk & Prevention of Injury to include pathological Fractures, reviewed on 7/11/2025, the P&P indicated that, Upon admission, a Fall Risk Assessment will be completed for all residents. The incident report and the investigation will be reviewed by the Interdisciplinary Team with recommendations for additional approaches in an attempt to prevent further falls. A Post Fall Risk Assessment will be completed by IDT. Any additional approaches will be included on the resident's plan of care.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide sufficient staffing to accommodate the residents' needs and request according to the facility's policy and procedures (P&P) titled, Staffing reviewed on 7/11/2025 for seven of ten sampled days (on 2/8/2026, 2/10/2026, 2/11/2026, 2/12/2026, 2/15/2026, 2/16/2026 and 2/17/2026).This deficient practice resulted in residents not receiving needed services timely and efficiently and had the potential to affect the quality of life and treatment given to the residents. Findings: During a review of Resident 3's admission Record indicated Resident 3 was admitted to the facility on [DATE] with diagnoses including hemiplegia and hemiparesis (loss of the ability to move in one side of the body) following unspecified cerebrovascular disease (a group of conditions that disrupt blood flow to the brain, acting as a brain attack) affecting right dominant side, epilepsy (a disorder in which nerve cell activity in the brain is disturbed causing seizures) and muscle weakness (weakening, shrinking, and loss of muscle). A review of the Minimum Data Set (MDS - resident assessment tool) dated 12/24/2025, indicated Resident 3's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were intact. The MDS indicated Resident 3 required moderate to clean-up assistance from staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). During an interview with Resident 3 on 2/18/2026 at 12:25 p.m., Resident 3 stated, the facility has been short-staffed that when he requests to shower on his shower days, he is told that his shower will be delayed till the afternoon because facility does not have enough staff. During an interview with Certified Nursing Assistant (CNA) 1 on 2/18/2026 at 12:35 p.m., CNA 1 stated, she was unable to provide shower to Resident 3 because the facility is short-staffed today (2/18/2026). CNA 1 stated that, when residents have a private caregiver (often called an independent or private-duty caregiver, is a professional hired directly by a patient or their family to provide personalized, non-medical, or custodial assistance in the home), the facility lets the caregiver to do the responsibilities of CNAs such as feeding, repositioning, changing and cleaning of residents to help ease with their workload. During a review of facility's Direct Care Services Hours Per Patient Day (DHPPD) form on the skilled nursing unit, the following information was indicated:On 2/8/2026, the actual DHPPD was 3.38, and the actual CNA (Certified Nursing Assistant) DHPPD was 2.37On 2/10/2026, the actual CNA DHPPD was 2.06On 2/11/2026, the actual CNA DHPPD was 2.22On 2/12/2026, the actual DHPPD was 3.34 and the actual CNA DHPPD was 2.30On 2/15/2026, the actual DHPPD was 3.32 and the actual CNA DHPPD was 2.25On 2/16/2026, the actual DHPPD was 3.39 and the actual CNA DHPPD was 1.90On 2/17/2026, the actual DHPPD was 3.29 and the actual CNA DHPPD was 2.00 During a concurrent interview and record review with Director of Nursing (DON) on 2/18/2026 at 4:27 p.m., DON stated, the facility is currently working on staffing shortage in the facility. DON reviewed facility's staffing on 2/17/2026 during the morning shift, and stated they only had five CNAs for 79 residents in the skilled facility unit. DON stated, facility needs to provide adequate staffing to ensure that the staff provide care and services to the residents. During a review of the facility's policy and procedures (P&P) titled, Staffing, reviewed on 7/11/2025, the P&P indicated, The facility goal is to provide adequate staffing to provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. The facility will provide nursing staffing on the skilled nursing units that will not be below 3.5. The facility will provide certified nursing assistant staffing that will not be below 2.4 unless the facility has applied for and been granted a waiver.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to implement facility's policy and procedures (P&P) titled, Scabies - Prevention and Control, when one of three sampled residents (Resident 5) was noted with signs and symptoms (s/sx) of scabies (a contagious skin disease marked by itching and small raised red spots, caused by the itch mite that burrow into the skin) by failing to:1. Properly identify possible cases of scabies infection as soon as possible.2. Develop contact list (tracing) and to notify and educate facility's employees, family members and visitors. This deficient practice had the potential to further spread infection to the residents, visitors, and the community.Findings: During a record review of the admission Record, the admission record indicated that Resident 5 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including toxic encephalopathy (a disease in which the functioning of the brain is affected by some agent or condition-such as viral infection or toxins in the blood), end stage renal disease (ESRD-a medical condition in which a person's kidney [organ in the body that lifters waste and excess fluid from the blood] function stop functioning on a permanent basis), and type II Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing). During a review of the Minimum Data Set (MDS - resident assessment tool) dated 12/19/2025, the MDS indicated that Resident 5's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions was intact. The MDS indicated Resident 5 required setup or clean-up assistance from staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). During a review of Resident 5's Skilled Nursing Facility Progress Note (SNFPN) for the months of 1/2026 and 2/2026 indicated that the physician documented the following:Date of service 1/4/2026, the SNFPN indicated, (Resident 5) noted to have significant itching, was treated with permethrin (a prescription, topically applied medicine used to treat scabies) in case residual scabies. (Resident 5) has received repeated treatments with ivermectin (a medication that reduces facial redness caused by rosacea) for scabies in the past and including during most recently hospitalization with permethrin cream.Date of service 2/15/2026, the SNFPN indicated, Physical exam, Skin: diffuse scattered excoriations (widespread, broken skin from scratching or picking)Date of service 2/17/2026, SNFPN indicated, (Resident 5's) Chief Complaint: weakness, scabies. (Resident 5) has been treated for scabies twice. During a review of Resident 5's SBAR (situation, background, assessment, recommendation-a communication tool used by healthcare workers when there is a change of condition among the residents), dated 1/30/2026, the SBAR indicated, unknown generalized skin condition: generalized redness and rash on body, resident (5) complained of itching. The SBAR also indicated, recommendations of primary clinician: permethrin 5 percent (% - unit of measurement) weekly for four weeks. During a review of Resident 5's medical record as of 2/18/2026, the medical records indicated there was no laboratory diagnostic test done by the facility to diagnose and identify Resident 5's generalized redness and rash on body with complaints of itching. During an interview with Infection Preventionist Nurse/Director of Staff and Development (IPN/DSD) on 2/18/2026 at 12:44 p.m., IPN/DSD stated, [Resident 5] has generalized rash and is currently on treatment of permethrin cream. IPN/DSD stated, permethrin cream is for treatment of scabies and that [Resident 5] has signs and symptoms (s/sx) of scabies. IPN/DSD stated, scabies is passed on through contact and are contagious. IPN/DSD stated, to diagnose scabies, they must do skin scraping and send the sample to lab for diagnostic test. IPN/DSD stated, the facility did not do any skin scraping on Resident 5 to diagnose and identify scabies. IPN/DSD further stated, he (IPN/DSD) had not done any education or in-services to staff regarding scabies in the (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	facility, and that he had not started/developed a contact list to to identify residents, staff and visitors that may have had contact with Resident 5. During an interview with Treatment Nurse (TXN) 1 on 2/18/2026 at 2:24 p.m., TXN 1 stated,[Resident] is on treatment for scabies with generalized rash. TXN 1 stated, Resident 5 has a lot of scratches on his trunk and extremities, red, scattered skin rash and Resident 5 is constantly scratching. During a review of facility's P&P titled, Scabies - Prevention and Control, reviewed on 7/11/2025, the P&P indicated that, This facility has established and implemented policies for the prevention and control of scabies that include notification and education of facility employees, family members and visitors. As soon as a possible case of scabies is identified, the infection control practitioner should develop a contact identification list. This list should identify every resident, health care worker, visitor and volunteer who may have had direct, physical contact with the case within the previous month. This list should contain the following:1. Include the nursing unit, room number, name, date of onset of symptoms, results of skin scrapings, date of initial treatment, date of follow-up treatment, results of treatments (e.g. condition resolved or not resolved) and the date and results of repeat skin scrapings, if performed.2. Identify roommates of the case. Include roommates who have been discharged , moved to other nursing units or to another health care facility within the previous month.3. Determine the daily routines of the case for the previous month and identify exposed residents located on the same nursing unit or on other nursing units.4. Determine if the case was transferred to another health care facility for treatment, such as dialysis, within the past month. Notify the other facility's infection control practitioner.5. Notify visitors (spouse, family members or friends) who may have visited the case within the past month.6. Identify health care workers and volunteers who have had direct physical contact with the case within the past month. Determine if these contacts are symptomatic or asymptomatic.7. Determine if household contacts or the sexual partner of symptomatic health care worker, volunteer or visitor has signs or symptoms of scabies infestation.8. Determine if there are symptomatic health care workers, residents, volunteers or visitors on other nursing units. If an initial evaluation indicates no unusual complaints of pruritus or changes in the condition of the skin, treatment may not be indicated. However, a follow-up evaluation should be done at least every other day for four (4) weeks.After developing a contact identification list, the infection control practitioner should determine who should receive treatment and the treatment schedules to be followed. Resident, health care worker, visitor and volunteer contacts determined to be symptomatic should be treated as soon as possible, preferably within the first 24 - 48 hour treatment period. Health care workers must maintain a high degree of suspicion and take immediate action when signs and symptoms suggestive of infestation are observed. The first and most important step in preventing an outbreak is educating health care workers to perform a frequent and thorough skin assessment on all residents. Skin assessments should be documented and any findings suggestive of infestations should be communicated to the infection control practitioner. Once a suspect case is identified, appropriate diagnostic procedures should be performed. Controlling the transmission of scabies once a case has been identified requires immediate action. Contacts must be identified, isolation precautions must be implemented and a determination of who should be treated must be made. During the post treatment period, residents, health care workers, volunteers and visitors must be observed for possible treatment failure or re-infestation.

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 02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Vista Post-Acute Care Center	1516 Sawtelle Blvd. Los Angeles, CA 90025

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, observation and record review, the facility failed to maintain a safe, functional and comfortable environment for residents, staff, and visitors by failing to ensure three of five sampled rooms (room [ROOM NUMBER], room [ROOM NUMBER] and room [ROOM NUMBER]) were free of water leaks according to the facility's policies and procedures (P&P) titled, General Maintenance, reviewed on 7/11/2025, and Physical Environment, reviewed on 7/11/2025. This deficient practice had the potential to cause incidental accidents and have the potential for the residents' physical discomfort for residents staff, and visitors. Findings: A. During a review of Resident 2's admission Record indicated Resident 2 was admitted to the facility on [DATE] with diagnoses including spinal stenosis (narrowing of the spaces within the spine, which can put pressure on the nerves that travel through the spine), polyneuropathy (a condition in which a person's peripheral nerves are damaged), and type II Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing). A review of the Minimum Data Set (MDS - resident assessment tool) dated 12/4/2025, indicated Resident 2's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions was mildly impaired. The MDS indicated Resident 2 required moderate to maximal assistance from staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). During a concurrent observation and interview with Resident 2 on 2/17/2026 at 5:08 p.m., Resident 2's room (room [ROOM NUMBER]) was observed with water leaks from the ceiling, the ceiling had a concentric ring, water bubble. Resident 2 stated, he felt water dripping from the ceiling that started yesterday (2/16/2026) and his bed was moved to the middle of the room, so he won't get wet. Resident 2's room was observed with towels and blankets on the floor with basin that collected water from the ceiling. B. During a review of Resident 3's admission Record indicated Resident 3 was admitted to the facility on [DATE] with diagnoses including hemiplegia and hemiparesis (loss of the ability to move in one side of the body) following unspecified cerebrovascular disease (a group of conditions that disrupt blood flow to the brain, acting as a brain attack) affecting right dominant side, epilepsy (a disorder in which nerve cell activity in the brain is disturbed causing seizures) and muscle weakness (weakening, shrinking, and loss of muscle). A review of the MDS dated [DATE] indicated Resident 3's cognitive skills for daily decisions were intact. The MDS indicated Resident 3 required moderate to clean-up assistance from staff for ADLs. During a concurrent observation and interview with Resident 3 on 2/18/2026 at 12:25 p.m., water was observed dripping from the ceiling in Resident 3's room (room [ROOM NUMBER]). The ceiling had a visible rusty, brown discoloration and a water basin, blankets and towels were observed on the floor. Resident 2 stated there's been water leaks in the facility, and they did not move him to a different room while there's water leaking from his room's ceiling. During a concurrent observation and interview with Maintenance Director (MTD) on 2/17/2026 at 4:45 p.m., the ceiling in room [ROOM NUMBER] was observed. MTD stated, the roof of the facility had been repaired in the past but there are still issues with water leaking especially after rains. MTD stated that the ceiling on room [ROOM NUMBER] has a bubble dent due to weigh of the water that accumulates on the ceiling, as well as water stains that are visible on the ceiling on room [ROOM NUMBER]. MTD further stated, room [ROOM NUMBER]'s window also has some issues with water leaking from the outside to the windows; therefore, they are placing towels and blankets by the window to stop water from coming in. MTD stated, the company that repaired their roof had to come and assess the roof to check and assess why they are still having water leaks.During an interview with Director of Nursing (DON) on 2/18/2026 at 4:35 p.m., (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	DON stated, water leaks in resident's room and water on the floor, puts residents at risk of injury as residents may slip and fall. DON stated they have done repairs of the facility due to water leaks, but they are still having issues with the facility. DON stated, they should have moved the residents to prevent any accident and to provide residents with safe environment. During a review of the facility's policy and procedures (P&P) titled, Physical Environment, reviewed on 7/11/2025, the P&P indicated, The facility will be equipped and maintained to protect the health and safety of residents, personnel and the public. During a review of the facility's P&P titled, General Maintenance, reviewed on 7/11/2025, the P&P indicated, It is the policy of the facility to provide general maintenance and housekeeping services daily. Maintenance will ensure that inspection and services are provided to repair and maintain all functional equipment.