

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 03/13/2026
NAME OF PROVIDER OR SUPPLIER New Vista Post-Acute Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1516 Sawtelle Blvd. Los Angeles, CA 90025	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide showers according to predetermined and scheduled dates for two of three sampled residents, Resident 1 and Resident 3 according to the facility's policy and procedures (P&P) titled Activities of Daily Living, Quality of Care, Routine Resident Monitoring, and Scope of Services revised 7/11/2025. This deficient practice resulted in Resident 1 and Resident 3 missing at least two showers in the last month or two and had the potential to negatively impact Resident 1 and Resident 3's rights. Findings: A review of Resident 1's Admissions Record indicated, Resident 1 was admitted to the facility on [DATE] with a diagnoses including spinal stenosis (narrowing of the tunnel in your backbone that houses your spinal cord and nerves), acute kidney failure (drop in kidney function where the kidneys stop filtering waste from the blood properly), muscle weakness (a lack of strength in the muscles). A review of Resident 1's Minimum Data Set (MDS, resident assessment tool) dated 1/13/2026 indicated, Resident 1's cognitive skills (mental action or process of acquiring knowledge and understanding) for daily decision-making were intact, has impairment on both sides of upper and lower extremities and is dependent on wheelchair for mobility, dependent on staff for (activities of daily living) ADL. A review of Resident 3's Admissions Record indicated Resident 3 was admitted to the facility on [DATE] with a diagnoses including lack of coordination (unable to control muscle, poor balance, unsteady), generalized muscle weakness (a lack of strength in the muscles), essential primary hypertension (when the pressure in your blood vessels is too high). A review of Resident 3's MDS dated [DATE] indicated, Resident 3's cognitive skills (mental action or process of acquiring knowledge and understanding) for daily decision-making were intact, dependent on staff to transfer to shower tub, to bath including washing, rinsing, and drying self. Requires Partial/moderate assistance (Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort). During an interview on 3/13/2026 at 10:06 AM with Resident 1, Resident 1 stated, he supposedly should have gotten a shower twice a week. Resident 3 reported missing a couple shower in the last month. When asking the reasons why he was not getting a shower, Resident 3 stated, The CNAs, tell me sometimes staff is not available, sometime recently there was construction, I was given different reasons. During an interview on 3/13/2026 at 10:49 AM with Resident 3, Resident 3 stated, In the last month or two I have missed tow or more showers because the CNAs tell me they don't have enough staff. Resident 3 did not want to complain to facility leadership because the staff works hard and try to accommodate him, but they are busy. Resident 3 stated, Missing showers and services frustrates me. During an interview on 3/13/2026 at 10:55 AM with certified nursing assistant (CNA) 1, CNA 1 stated, I am assigned to average 12 residents during the morning shift, I do not enough time to complete tasks CNA 1 spends average ten to forty-five minutes per resident depending on the level of care each resident needs. During an interview on 3/13/2026 at 11:12 AM with Licensed Vocational Nurse (LVN), the LVN stated, when there is a staffing shortage the LVNs on the floor assist CNAs to provide showers for residents. Most residents receive a shower twice a week. It is important residents get showers at least in their scheduled shower days, it is their rights. During an interview on 3/13/2026 at 2 PM with Registered Nurse supervisor (RN), the RN stated, Sometimes we (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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>are short staffed with CNAs, we get a lot of sick calls. Staffing affects residents' ADL care. During an interview on 3/13/2026 at 2:26 PM with the director of nursing (DON), the DON stated, residents have pre planned shower schedules. At least twice a week shower is provided. ADL is one of the primary responsibilities of the facility staff, most residents are dependent on staff for their ADLs. A review of the facility's policy and procedures (P&P) titled Activities of Daily Living, Quality of Care, Routine Resident Monitoring, and Scope of Services revised 7/11/2025, the P&P indicated Ensure that the following ADL functions are monitored, supervised, assisted with and or provided to the Resident population that the facility is servicing to include but not limited to Bathing/Showering and or personal hygiene. The facility will provide hygiene, bathing, dressing, grooming, and oral care.</p>		

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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that a resident received necessary physical and occupational therapy (PT/OT) services by not facilitating a resident's secondary insurance coverage for one of three sampled residents, Resident 1 according to the facility's policy and procedures (P&P) titled Specialized Rehabilitative Services revised 7/11/2025. This failure resulted in delay of medically necessary therapy services and had the potential for Resident 1 to decline in activities of daily living (ADL). Findings: A review of Resident 1's Admissions Record indicated, Resident 1 was originally admitted to the facility on [DATE] with a diagnoses including spinal stenosis (narrowing of the tunnel in your backbone that houses your spinal cord and nerves), acute kidney failure (drop in kidney function where the kidneys stop filtering waste from the blood properly), muscle weakness (a lack of strength in the muscles). A review of Resident 1's Minimum Data Set (MDS, resident assessment tool) dated 1/13/2026 indicated, Resident 1's cognitive skills (mental action or process of acquiring knowledge and understanding) for daily decision-making were intact, has impairment on both sides of upper and lower extremities and is dependent on wheelchair for mobility, dependent on staff for ADL. The same MDS indicated, Resident 1 did not receive special treatments, procedures, and programs in the last seven days. A review of Resident 1's Physical Therapy (PT) Evaluation and Plan of Treatment notes Certification Period: 10/4/2025 - 10/30/2025 indicated the following:Musculoskeletal assessment -range of motion (ROM) and strength of right and left lower extremities ROM were within functional limits. Right and left lower extremities strength were 4-/5. Right and left knee and ankles were impaired.Resident 1's goal is to walk again. A review of Resident 1's Physical Therapy Discharge Summary dates of service: 12/3/2025 - 12/10/2025 indicated, Resident 1 was discharged to Restorative Nursing Assistant (RNA, nursing aide program that helps residents to maintain their function and joint mobility). A review of Resident 1's Social Services (SS) email notes dated 3/12/2026 indicated, Resident 1's insurer General Acute Care Hospital (GACH) was contacted per GACH physician request to access Resident 1's facility rehabilitation notes. During an interview on 3/13/2026 at 10:06 AM with Resident 1, Resident 1 stated, during the initial admission in October 2025 to the facility the recommendation from GACH physician was to receive at least 90 days of physical and occupational therapy. Resident 1 stated My therapy was discontinued within a month because the insurance coverage from GACH was only for 32 days. Resident 1 provided existing secondary insurance to the facility. Since November 2025, Resident 1 did not receive PT/OT due to the facility's failure to access Resident 1's existing secondary insurances. Resident 1 stated, It makes me feel like I am left out, I could have been waking by now. During an interview on 3/13/2026 at 12:05 PM with the Director of Rehabilitation Services (DOR), the DOR stated Resident 1 could have benefited from more PT/OT services. The therapy did not continue because Resident 1's primary insurance coverage for skilled nursing was limited to 32 days. Resident 1's secondary insurance was not paying due to technicality between the facility's business office and Resident 1's insurance. Resident 1 had expressed his concern that he needs to be on more therapy days. During an interview on 3/13/2026 at 12:29 PM with (RNA) 2, RNA 2 stated, before RNA therapy Resident 1 could not move his upper extremities, after RNA therapy Resident 1 is able to lift his shoulder up to 90 degrees with assistance and up to 60 degrees without assistance. Resident 1 could have benefited from more PT/OT to have a better mobility and functionality of his extremities. During an interview on 3/13/2026 at 12:53 PM with the Social Services Director (SS), the SS stated, I didn't know if SS was responsible to get more resources and if the facility had any responsibility to accommodate a required therapy when an insurance coverage is not adequate. SS is not aware Resident 1's PT/OT was interrupted due to insurance coverage. SS stated, I started contacting and sending records to Resident 1's secondary insurer GACH as of 1/16/2026. During an interview on 3/13/2026 at 12:53 PM with Registered Nurse Supervisor (RN), the RN stated, Resident (continued on next page)</p>		

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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1 was in PT/OT program, he was improving, the staff was doing great working with him, but he was not satisfied with the length of therapy provided. Resident 1 could have benefited from more PT/OT, the challenges were financial and insurance coverages. During an interview on 3/13/2026 at 2:26 PM with the Director of Nursing (DON), the DON stated, Resident 1 did not present his concerns about PT/OT. None of the clinical staff brought the residents' concerns to the DON. DON stated DON is not aware of the required or needed PT/OT interruptions for Resident 1 due to insurance coverage. A review of the facility's policy and procedures (P&P) titled Specialized Rehabilitative Services revised 7/11/2025 indicated If specialized rehabilitative services are required in accordance with the resident's comprehensive plan of care, the facility will provide these services. The facility must provide the services or obtain the required services from an outside resource that is a provider of specialized rehabilitative services and is not excluded from participating in any federal or state health care programs.</p>		