

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 04/27/2026
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 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 implement its policy and procedure (P&P) by failing to ensure prompt physician notification of one of one of three sampled residents, Resident 1 when Resident 1 refused ordered medication Asperflex lidocaine 4% patch (a topical medication used to provide temporary relief for minor muscle, joint, and nerve pain) on multiple occasions. This deficient practice had the potential for significant medication errors and timely medication review and intervention by the physician. Findings: A review of Resident 1's admission records indicated Resident 1 was admitted to the facility on [DATE] including a diagnoses of malignant neoplasm of female breast (the development of cancer in the breast), secondary malignant neoplasm of unspecified lung (the development of cancer in the lungs), muscle weakness (a lack of strength in the muscles) Type 2 diabetes mellitus (a condition in which the body is unable to control blood sugar and using it for energy). A review of Resident 1's minimum data set (MDS-a comprehensive resident assessment tool) dated 3/30/2026, the MDS indicated Resident 1's cognitive skills (ability to think and process information) for daily decision making was moderately impaired. A review of Resident 1's History and Physical (H&P) dated 3/26/2026, the H&P indicated, Resident 1 has the capacity for medical decision making. A review of Resident 1's Order Summary Report dated, 4/27/2026 indicated, Asperflex lidocaine 4.0% patch apply to one time a day for pain management and remove per schedule. Apply to the back topically one time a day for pain management. Apply at 9 AM then off at 9PM and remove per schedule. During an interview on 4/27/2025 at 9:57 AM with Resident 1, Resident 1 has been refusing the ordered Asperflex Lidocaine patch when offered by the nurses. Despite the refusals, Resident 1 stated, the Medication Administration Record (MAR) revealed documentation indicating that the Lidocaine patch had been applied and removed as scheduled. This discrepancy had raised Resident 1's concerns that the documentation entries do not reflect the resident's expressed refusals and actual care provided. During a concurrent interview and record review on 4/27/2026 at 12:03 PM with licensed vocational nurse (LVN)1, MAR presented by Resident 1 for April 1 to April 13, 2026, was reviewed. LVN1 stated, Resident 1 has been declining the ordered Asperflex Lidocaine 4% patch several times. LVN 1 is unaware whether Resident 1's refusal for the Lidocaine patch has been reported to the physician or not. LVN 1 further stated, when a resident refuses a medication, staff must find out why the resident is refusing and report to the resident's primary physician. During a concurrent interview and record review on 4/27/2026 at 2:29 PM with the director of nursing (DON), Resident 1's MAR for April 2026 was reviewed. DON stated, when a resident refuses medication, staff will have to find out why, report to the DON and the resident's physician. DON stated, licensed staff did not bring to the attention of the DON Resident 1 had been declining the ordered medication Asperflex Lidocaine 4% patch. During a telephone interview on 4/30/2026 at 2:24 PM with LVN 3, LVN 3 stated Resident 1 refuses Lidocaine patch because Resident 1 does not need the medication. When a resident refuses medication, the physician should be notified so the physician assesses the resident and provides alternative medication or discontinue the order. LVN 3 also stated, keeping a medication that is not being administered on a resident's record could lead to a medication error. (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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 5/4/2026 at 2:43 PM with LVN 7, LVN 7 was informed Resident 1 had refused Asperflex Lidocaine 4% patch at least more than two or three times. A medication refusal for more than two or three times had to be reported to the physician and clinical supervisors. LVN 7 acknowledged not reporting Resident 1's refusal to the physician and unaware if staff reported or not. A review of the facility's policy and procedure (P&P) titled Resident Rights-Refusal of Care revised on 7/11/2025, the P&P indicated, If a resident refuses care or treatment, medications or food, the resident's attending physician will be notified within a 72-hour time frame.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility staff failed to record accurately by failing to document the ordered medication Asperflex lidocaine 4% patch (a topical medication used to provide temporary relief for minor muscle, joint, and nerve pain) as administered and removed when a resident refused Asperflex lidocaine 4% patch medication more than twice for one of three sampled residents Resident 1. This deficient practice resulted in Resident 1's electronic medication administration records to be inaccurate. Findings: A review of Resident 1's admission records indicated Resident 1 was admitted to the facility on [DATE] including a diagnoses of malignant neoplasm of female breast (the development of cancer in the breast), secondary malignant neoplasm of unspecified lung (the development of cancer in the lungs), muscle weakness (a lack of strength in the muscles) Type 2 diabetes mellitus (a condition in which the body is unable to control blood sugar and using it for energy). A review of Resident 1's minimum data set (MDS-a comprehensive resident assessment tool) dated 3/30/2026, the MDS indicated Resident 1's cognitive skills (ability to think and process information) for daily decision making was moderately impaired. A review of Resident 1's History and Physical (H&P) dated 3/26/2026, the H&P indicated, Resident 1 has the capacity for medical decision making. A review of Resident 1's Order Summary Report dated, 4/27/2026 indicated, Asperflex lidocaine 4.0% patch apply to one time a day for pain management and remove per schedule. Apply to the back topically one time a day for pain management. Apply at 9 Am then off at 9Pm and remove per schedule. During an interview on 4/27/2025 at 9:57 AM with Resident 1, Resident 1 has been refusing the ordered Asperflex Lidocaine patch when offered by the nurses. Despite the refusals, Resident 1 stated, the Medication Administration Record (MAR) revealed documentation indicating that the Lidocaine patch had been applied and removed as scheduled. This discrepancy had raised Resident 1's concerns that the documentation entries do not reflect the resident's expressed refusals and actual care provided. During a concurrent interview and record review on 4/27/2026 at 12:03 PM with licensed vocational nurse (LVN)1, MAR presented by Resident 1 for April 1 to April 13, 2026, was reviewed. LVN1 stated, Resident 1 has been declining the ordered Asperflex Lidocaine 4% patch. Resident 1's MAR indicated Asperflex Lidocaine 4% patch applied on Resident 1's lower back by LVN1 on the following dates:4/3/2026 at 8:10 AM 4/4/2026 at 9:32 AM4/8/2026 at 9:56 AM4/10/2026 at 9 AM LVN1 stated, Resident 1 has been declining the Lidocaine patch for reasons the resident does not believe the medication is working. LVN1 is unable to recall the dates Resident 1 declined the Lidocaine patch. LVN 1 stated, the last couple documentations must be a documentation error because the resident had refused the medication. LVN 1 further stated, documentation errors can be considered a medication error, it could provide inaccurate information for health care providers. During a concurrent interview and record review on 4/27/2026 at 1:56 PM with the assistant director of nursing (ADON), Resident 1's MAR presented by Resident 1 for April 1 to April 13, 2026, was reviewed. ADON stated, inaccurate documentation is a medication error and could result in affecting Resident 1's wellbeing. During a concurrent interview and record review on 4/27/2026 at 2:29 PM with the director of nursing (DON), Resident 1's MAR presented by Resident 1 for April 1 to April 13, 2026, were reviewed. DON stated, when a resident refuses medication, staff will have to find out why, report to the DON and the resident's physician. DON was not informed by licensed staff Resident 1 had been refusing the ordered medication Asperflex Lidocaine 4% patch. After reviewing Resident 1's MAR, DON stated, the nurse's documentation implied medication was given. DON further stated, it is misleading and inappropriate to document inaccurately. Durin a telephone interview on 4/30/2026 at 2:24 PM with LVN 3, LVN 3 stated Resident 1 refuses Lidocaine patch because Resident 1 does not need the medication. When a resident refuses medication, the physician should be notified so the physician assesses the resident and provides alternative medication or discontinue the order. LVN 3 also (continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>stated, keeping a medication that is not being administered on a resident's record could lead to a medication error. During a telephone interview on 5/4/2026 at 2:43 PM with LVN 7, LVN 7 stated, staff are aware and have informed LVN7 the resident had declined the medication at least more than two or three times. LVN 7 further stated, documentation error could lead to medication errors resulting in harms and provide wrong information to staff during medication regimen review. A review of the facility's policy and procedure (P&P) titled Medication Administration, reviewed on 7/11/2025, the P&P indicated, medication must be administered in accordance with the physician orders, including any required time frame. A review of the facility's P&P titled Resident Rights-Refusal of Care revised on 7/11/2025, the P&P indicated, If a resident refuses care or treatment, medications or food, the resident's attending physician will be notified within a 72-hour time frame.</p>		