

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055918	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/18/2024
NAME OF PROVIDER OR SUPPLIER  Villa Del Sol Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  16910 Woodruff Ave. Bellflower, CA 90706	

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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49573</b></p> <p>Based on interview and record review, the facility failed to ensure an Interdisciplinary Team ([IDT] team members from different departments working together, to set goals, make decisions that ensure residents receive the best care) Care Conference meeting, involving one of three sampled residents (Resident 3) was initiated after Resident 3 refused to go to hemodialysis ([HD], a treatment that filters a person ' s blood to remove waste products when kidneys are no longer functioning properly.) on the scheduled days.</p> <p>This deficient practice violated Resident 3 ' s right to be an active participant to discuss the resident ' s plan of care and services with the IDT and possible delayed discussion of needed care and services.</p> <p>Findings:</p> <p>During a review of Resident 3 ' s Admission Record (Face Sheet), indicated Resident 3 was admitted to the facility on [DATE], with diagnosis including diabetes mellitus ([DM], abnormal blood sugar), atrial fibrillation (irregular heartbeat), chronic obstructive pulmonary disease ([COPD], inflammation of the lungs restricting airflow), morbid obesity (having too much body fat), end stage renal disease ([ESRD], kidneys are no longer able to function on their own to filter waste products in the blood), anemia (low red blood cells to carry oxygen to other body tissues), benign prostatic hyperplasia ([BPH], a noncancerous condition that causes the prostate gland to grow larger), dependence on renal dialysis (hemodialysis), and colostomy (a surgical procedure that creates an opening in the large intestine through the abdominal wall).</p> <p>During a review of Resident 3 ' s ([MDS] a standardized assessment and care planning tool), dated 7/7/2024, the MDS indicated Resident 3 had intact cognitive (thought process) skills for daily decision making and able to make decisions and needed supervised assistance (helper provides touch assistance as resident complete activity) with eating, oral hygiene and personal hygiene, and moderate assistance (helper does less than half the effort like lift or hold arms and legs) with toileting hygiene, bathing and dressing.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 9/17/2024 at 11:50 p.m. with Resident 3, Resident 3 stated that he missed HD on 9/2/2024 because the ambulance company went to his house instead of the facility where he was currently residing to pick him up. Resident 3 stated that he missed HD again on 9/6/2024 because the ambulance company went to his home again to pick him up. Resident 3 stated he did not go to HD because it was too late for him to receive HD. Resident 3 stated he got frustrated with the ambulance company because they are always late picking him up for dialysis.</p> <p>During a review of Resident 3 ' s Nurses Progress Notes dated 9/2/2024 at 1:06 p.m. the Nurses Progress Notes indicated Resident 3 missed HD on 9/2/2024 due to transportation issues.</p> <p>During a review of Resident 3 ' s Social Services Progress Notes dated 9/6/2024 at 2:14 p.m. the Social Services Progress Notes indicated transportation was delayed due to the ambulance company going to Resident 3 ' s home address instead of the facility for pick up and that Resident 3 refused to attend HD when the ambulance company came to the facility to pick him up.</p> <p>During an interview on 9/18/2024 at 4:45 p.m., with the Social Services Director (SSD), the SSD stated there was no IDT meeting held to discuss the refusal of HD by Resident 3. The SSD stated that Resident 3 was self-responsible, and his daughter had a talk with Resident 3 about his refusal of HD already. The SSD stated there was no discussion before the first refusal of HD and no IDT meeting after the second refusal of HD. The SSD stated the transportation services and the ambulance company did arrive late but there was no IDT meeting to discuss solutions with the resident and/or family.</p> <p>During a review of the facility ' s policy and procedure (P/P), titled Resident Rights, dated 12/19/2022, indicated right to be informed of, and participate in, his or her treatment .to participate in the development and implementation of his or her person-centered plan of care .to participate in the planning process .right to request meetings and the right to request revisions to the person centered plan of care .to participate in establishing the expected goal and outcomes of care, the type, amount, frequency, and duration of care .the right to reside and receive services in the facility with reasonable accommodation of resident.</p> <p>During a review of the facility ' s P/P, titled Transportation, date revised 1/22/2024, indicated social services will help the resident as needed to obtain transportation .inquiries concerning transportation should be referred to social services.</p> <p>During a review of the facility ' s job description, titled Social Worker, dated no date, indicated the duties and responsibilities include involving the resident/families in planning social service programs, when possible, assist in arranging transportation to other facilities when necessary . assist in developing a written plan of care for each resident that identifies the problems/needs of the resident and the goals to be accomplished for each problem/need identified .encourage the resident/family to participate in the development and review of his/her plan of care .assist in the scheduling of care plans and assessments to be presented and discussed at each committee meeting .participate in resident/group council meetings as requested and provide support services to such council.</p>		