

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 11/19/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44958</p> <p>Based on interview and record review the facility failed to ensure two of three sampled residents (Resident's 1 and 2) rights were upheld and protected when the facility did not address Resident's 1 and 2's concerns regarding the facility's removal of the Sit-to-Stand (SS-specialized medical device used to assist individuals with limited mobility in transitioning from a seated to standing position) lift. Resident's 1 and 2 were not given an alternative and had to be placed in a Hoyer (medical device that uses a sling to transfer a resident) lift for transfers.</p> <p>This deficient practice resulted in Resident's 1 and 2 rights being violated and led to Resident's 1 and 2 feeling anxious, powerless, frustrated, humiliated, angry and distrustful toward the facility.</p> <p>Findings:</p> <p>a. During a review of Resident 1's Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including left hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body), left hemiparesis (a condition which causes weakness or an inability to move on one side of the body), Diabetes Mellitus (DM - a disorder characterized by difficulty in blood sugar control and poor wound healing), and chronic obesity.</p> <p>During a review of Resident 1's History and Physical (H&P), dated 7/19/2024, the H&P indicated Resident 1 had the capacity to understand and make decisions.</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 10/4/2024, the MDS indicated Resident 1 could always express ideas and wants and could always understand others. The MDS indicated Resident 1 was at risk for developing pressure ulcers/injuries (skin damaged caused by prolonged or intense pressure).</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 055918
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the Facility Notice, dated 10/31/2024, the Facility Notice indicated: Attention staff and residents, beginning 11/18/2024, all Sit to Stand lifts will be removed from the facility and will no longer be offered as a service. Those currently requiring the use of the sit to stand assistance will be transitioned to Hoyer lift assistance. Any residents who have questions or concerns about this operational change are encouraged to schedule an Interdisciplinary Team ([IDT] a group of health care professionals along with the resident and or resident's representative/Durable power of attorney [DPOA] that work together to plan the residents plan of care and goals) meeting for personalized discussion. We appreciate your support as we strive to make the facility a safe environment for all our residents and employees. Sincerely, Administrator.</p> <p>During a review of Resident 1's Social Service Progress Note, dated 10/31/2024, the Social Service Progress Note indicated the Social Services Director and Director of Staff Development (DSD) provided notice to Resident 1 regarding the SS lift being removed from the facility, any concerns are directed to the administrator.</p> <p>During a review of Resident 1's Change in Condition (COC) Note, dated 11/3/2024, the COC Note indicated Resident 1 was crying and was feeling depressed, because she could not use the SS lift anymore.</p> <p>During a review of Resident 1's untiled Care Plan, initiated 11/2/2024, the Care Plan indicated Resident 1 has documented concerns regarding the notification letter regarding the removal of the SS lift and will no longer be used due to safety concerns. The Care Plan goal indicated the nurse will initiate a response to address the area of concern. The Care Plan intervention indicated the facility will notify family/representative of the expressed concern if not already aware, nurse to identify concern, notify appropriate department leaders of concerns per facility protocol, and the nurse to notify social services of concern and possible need for care conference.</p> <p>During a review of Resident 1's IDT Progress Note, dated 11/7/2024, the note indicated a meeting was held with Resident 1, the Durable Power of Attorney (DPOA), Quality Assurance Nurse, Director of Staff Development and Activities Director to discuss the concern of removal of the standing lift from the facility. The IDT Progress Note indicated Resident 1's and the DPOAs concerns were addressed by the DSD and staff. The IDT Progress Note indicated Resident 1 agreed to try the Hoyer lift; however, the SSD has made a grievance form and where all notes and emails would be attached.</p> <p>During an interview on 11/18/2024 at 9:30 a.m. with Resident 1, Resident 1 stated she and her fellow residents were notified on 10/31/2024 via a hand delivered letter that the SS lift would be removed from the facility. Resident 1 stated she was notified that today, on 11/18/2024, the SS lift would be removed. Resident 1 stated she felt angry, frustrated, depressed, and scared about losing the ability to use the SS lift. Resident 1 stated, was not given a choice by the facility, and is forced to use the Hoyer lift despite her objections. Resident 1 stated her resident rights were violated by the facility. Resident 1 stated she does not want to use a Hoyer lift because she is fearful of falling from the Hoyer lift and it is uncomfortable to be placed in. Resident 1 stated currently, the Administrator has not addressed her concerns and she is waiting to speak to him.</p> <p>(continued on next page)</p>

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 11/18/2024 at 11:25 a.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated Resident 1 informed her that was very upset that the sit to stand lift was being removed. LVN 1 stated she informed Resident 1 that she would notify the Administrator of Resident 1 concerns. LVN 1 stated Resident 1 has the right to voice her opinions and for her to feel like her needs are being met and her concerns to be heard. LVN 1 stated she informed the Administrator of Resident 1's concerns but currently Resident 1 stated the Administrator has not addressed them.</p> <p>During an interview on 11/18/2024 at 3:30 p.m. with Resident 1, Resident 1 stated she has been sitting in her wheelchair for over four hours due to the facility's removal of the sit to stand lift. Resident 1 stated, the facility staff used a Hoyer lift to place her into her wheelchair which was an uncomfortable and scary experience. Resident 1 stated if the staff could still use the SS lift, she could be in her bed and not sitting on the uncomfortable sling in her wheelchair.</p> <p>During an interview on 11/18/2024, at 4 p.m., with the DON, the DON stated the facility was transitioning all the residents who use a SS lift to a Hoyer lift today on 11/18/2024. The DON stated that despite Resident 1's objections to use the Hoyer lift, the facility did not allow any residents to refuse the use of the Hoyer lift. The DON stated it took four staff members to assist Resident 1 in the Hoyer to transfer from her bed to the wheelchair. The DON stated Resident 1 was upset during the process and Resident 1 experienced a delay in care due to the number of staff needed to assist Resident 1 safely in the Hoyer lift. The DON stated not allowing Resident 1 an alternative to the Hoyer lift was a violation of residents' rights. The DON stated, Resident 1 will no longer be using the Hoyer after today but instead will continue to use the SS lift.</p> <p>During a review of Resident 1's Nurses Progress Note, dated 11/18/2024 and timed at 6:05 p.m., the Nursing Progress Note indicated the Director of Nursing (DON) and DSD met with Resident 1 in her room. Resident 1 stated she did not like the Hoyer lift and Resident 1 fears falling from it. Resident 1 stated she did not want to be sitting in a wheelchair all day and not being able to stand daily and concerned about her disposable brief applied too tight when changed in bed than stand up lift. The DON stated the Hoyer lift has more disadvantages for Resident 1 and may cause more negative effects such as decline of strength to her lower extremities and requires more assistance from CNAs. The DON informed Resident 1 that the use of the stand-up lift will be considered, and nursing staff will start using the SS lift by tomorrow to help maintain Resident 1's current functional status of her lower extremity.</p> <p>b. During a review of Resident 2's Admission Record (Face Sheet), the Face Sheet indicated Resident 2 was initially admitted to the facility on [DATE] and readmitted on [DATE] with type 2 diabetes with diabetic retinopathy (eye condition that causes vision loss and blindness in people with diabetes), morbid obesity (more than 100lbs), and major depressive (a mood disorder that causes a persistent feeling of sadness and loss of interest) episode.</p> <p>During a review of Resident 2's History and Physical (H&P), dated 3/21/2024, the H&P indicated Resident 2 had the capacity to understand and make decisions.</p> <p>During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2 could always express ideas and wants and could always understand others. The MDS indicated Resident 2 was at risk for developing pressure ulcers/injuries.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 11/18/2024, at 10 a.m., Resident 2 stated on 10/31/2024 she received a hand deliver letter from the facility stating the facility would be removing the sit to stand lift. Resident 2 stand she did not like using the Hoyer lift because her skin is very sensitive to the material of the sling and because it put pressure on her skin that already had pressure injuries. Resident 2 stated the facility has not given the residents a chance to voice their concerns but instead are just removing the sit to stand lift on 11/18/2024. Resident 2 stated she informed LVN 1 that she would like to speak with the Administrator prior to the removal of the sit to stand scale but the administrator has not checked in with her. Resident 2 stated she feels angry and frustrated because she doesn't feel like her resident rights are being upheld.</p> <p>During an interview on 11/19/2024 at 1:33 p.m. with the Administrator (ADM), the ADM stated he did not uphold residents' rights when he failed to ensure all residents who were affected by the removal of the sit to stand lift were heard. The ADM stated the facility should have listened to each residents' concerns before making the announcement to removal the lift. The ADM stated it caused anxiety and frustration to residents which could have been avoided with better communication between the facility and the residents. The administrator stated we addressed the residents' concerns retroactively instead of proactively. The ADM stated after hearing the concerns of the residents, they will no longer be removing the Sit to Stand lift.</p> <p>During a review of the facility's policy and procedure (P&P) titled Resident Rights, dated 2022, the P&P indicated the resident has the right to be informed of and participate in her treatment including: the right to be informed by the physician, or other practitioner or professional of the risks and benefits of proposed care, treatment and treatment alternatives or treatment options and to the choose the alternative or option she prefers. The P&P indicated the resident has the right to be treated with respect and dignity. The P&P indicated the resident has the right to and the facility must promote and facilitate the resident self-determination through the support of resident choice, including but not limited to the resident has the right to choose activities, schedules, healthcare and providers of health care consistent with her interests, assessments and plan of care and other applicable provision of this part, the resident has the right to make choices about aspects of her lift in the facility that are significant to the resident.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44958</p> <p>Based on observation, interview and record review, the facility failed to ensure one of three sampled residents (Resident 1), who was at risk for pressure injuries (skin damaged caused by prolonged or intense pressure) and had a right abdominal fold Moisture-Associated Skin Damage (MASD - moisture associated skin damage caused from prolonged exposure to moisture) was frequently repositioned and not left sitting in her wheelchair for a prolonged period of time after the facility's removal of the Sit to Stand (SS - specialized medical device used to assist individuals with limited mobility in transitioning from a seated to standing position).</p> <p>This deficient practice resulted in Resident 1 sitting in her wheelchair for four hours causing discomfort and increased risk of skin breakdown and infection.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including left hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body), left hemiparesis (a condition which causes weakness or an inability to move on one side of the body), Diabetes Mellitus (DM - a disorder characterized by difficulty in blood sugar control and poor wound healing), and chronic obesity.</p> <p>During a review of Resident 1's History and Physical (H&P), dated 7/19/2024, the H&P indicated Resident 1 had the capacity to understand and make decisions.</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a federally mandated a federally mandated resident assessment tool) dated 10/4/2024, the MDS indicated Resident 1 could always express ideas and wants and could always understand others. The MDS indicated Resident 1 was dependent on staff for toilet hygiene, shower/bathing, lower body dressing, putting on and taking off footwear and for chair to bed transfer. The MDS indicated Resident 1 had frequent urinary and bowel incontinence. The MDS indicated Resident 1 was at risk for developing pressure ulcers/injuries.</p> <p>During a review of Resident 1's Change of Condition (COC) Note, dated 11/15/2024, the COC Note indicated on 11/15/2024 during perineal care, Resident 1 was observed with redness under her right abdominal fold.</p> <p>During a review of the Facility 's Notice dated 10/31/2024, the Facility's Notice informing all facility staff and residents that beginning 11/18/2024, all Sit to Stand lifts will be removed from the facility and will no longer be offered as a service. Those currently requiring the use of the sit to stand assistance will be transitioned to Hoyer lift (medical device that uses a sling to transfer a resident) assistance. Any residents who have questions or concerns about this operational change are encouraged to schedule an Interdisciplinary Team ([IDT] group of health care professionals along with the resident and or resident's representative/Durable power of attorney [DPOA] that work together to plan the residents plan of care and goals) meeting for personalized discussion. We appreciate your support as we strive to make the facility a safe environment for all our residents and employees. Sincerely, Administrator.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's untitled Care Plan, initiated 11/15/2024, the Care Plan indicated Resident 1 had MASD in her right abdominal fold. The Care plan interventions indicated to keep Resident 1's skin clean and dry, educate the residents/family/caregivers as to the causes of skin breakdown, including transfer/positioning requirements, importance of taking care during ambulating/mobility, good nutrition, and frequent repositioning.</p> <p>During a review of Resident 1's Daily Skin Check Record, dated 11/18/2024, the Daily Skin Check Record indicated Resident 1 had right abdominal fold MASD, left abdominal fold fragile scar tissue, left posterior (back of) thigh fragile scar tissue, and right posterior thigh fragile scar tissue.</p> <p>During a review of Resident 1's Nurse Progress Note, dated 11/18/2024, the note indicated Resident 1 was on monitoring for right buttock MASD.</p> <p>During a review of Resident 1's Nurse Progress Note, dated 11/18/2024, the Nurse Progress Note indicated the Director of Nursing (DON) and the Director of Staff Development (DSD) met with Resident 1 to discuss with Resident 1 about her concerns regarding her care. The concerns included Resident 1 not being changed and/or repositioned in over four hours. Resident 1 also stated she did not want to sit in her wheelchair for a prolonged period and wanted to be able to stand up daily.</p> <p>During an interview on 11/18/2024 at 9:30 a.m. with Resident 1, Resident 1 stated she and her fellow residents were notified on 10/31/2024 via a hand delivered letter that the SS lift would be removed from the facility. Resident 1 stated she was notified on 11/18/2024, the SS lift would be removed. Resident 1 stated she felt angry, frustrated, depressed, and scared about losing the ability to use the SS lift. Resident 1 stated, was not given a choice by the facility, and is forced to use the Hoyer lift despite her objections. Resident 1 stated she did not want to use a Hoyer lift because she is uncomfortable sitting in the sling. Resident 1 stated she is anxious that the removal of the SS lift will result in prolonging her time spent sitting in her wheelchair causing further skin breakdown. Resident 1 stated currently when using the SS to stand lift, staff can assist her timely, whereas with the Hoyer lift, there needs to be at least four staff members to assist.</p> <p>During an interview on 11/18/2024 at 3:30 p.m. with Resident 1, Resident 1 stated she had been sitting in her wheelchair for over four hours due to the facility's removal of the sit to stand lift since staff can't assist her timely back to bed. Resident 1 stated if the nurses used the SS lift, she could be back in bed and not stuck sitting in her wheelchair with the sling from the Hoyer lift underneath her making her feel uncomfortable and irritating her skin.</p> <p>During an interview on 11/18/2024, at 3:30 p.m. with Certified Nurse Assistant (CNA) 1, CNA 1 stated the facility transitioned from using the SS lift to the Hoyer lift on 11/18/2024. CNA 1 stated Resident 1 previously used the SS lift which requires two people. CNA 1 stated since the SS lift is no longer an option, and the Hoyer lift was used to assist Resident 1 in transferring. CNA 1 stated when we use the Hoyer lift it requires us to use four staff members to safely operate. CNA 1 stated, Resident 1 sat in her wheelchair for about four hours due to the facility not anticipating the number of staff needed to assist Resident 1 during the Hoyer lift transfer. CNA 1 stated this put Resident 1 risk for further skin breakdown.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/18/2024, at 4 p.m. with the DON, the DON stated the facility was transitioning all the residents who use a SS lift to a Hoyer lift on 11/18/2024. The DON stated that despite Resident 1's objections to use the Hoyer lift, the facility did not allow any residents to refuse the use of the Hoyer lift. The DON stated it took four staff members to assist Resident 1 with the Hoyer lift to transfer Resident 1 from her bed to the wheelchair. The DON stated Resident 1 was upset during the process and Resident 1 did experience a delay in care due to the number of staff needed to assist Resident 1. The DON stated the facility did not anticipate how many staff members would be required to assist Resident 1 during the Hoyer lift transfer. The DON stated the facility put Resident 1 at risk for further skin breakdown due Resident 1 sitting in the wheelchair for four hours. The DON stated, Resident 1 will no longer be using the Hoyer after today but instead will continue to use the SS lift.</p> <p>During a review of the facility's policy and procedure (P&P) titled Pressure injury Prevention and Management, revised 9/12/2023, the P&P indicated the facility is committed to the prevention of avoidable pressure injuries, unless clinically unavoidable, and to provide treatment and services to heal the pressure injury/ulcer, prevent infection and the development of additional pressure injuries.</p>