

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056023	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Avalon Villa Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 12029 Avalon Blvd Los Angeles, CA 90061	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of two sampled residents (Resident 1), had a completed Release of Responsibility for Leave of Absence Form before going out of the facility on pass (permission from the facility to allow a resident to leave the premises).</p> <p>This deficient practice resulted in the facility not knowing the approximate return time and where the resident went to when he went out on pass after he did not return to the facility after being out of the facility on pass.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Face Sheet (front page of the chart that contains a summary of basic information about the resident), Resident 1 was admitted to the facility on [DATE] with diagnoses that included cerebral infarct (stroke, loss of blood flow to a part of the brain), and alcohol dependence (chronic disease characterized by uncontrolled drinking and preoccupation with alcohol).</p> <p>During a review of Resident 1 ' s Order Summary Report, an order was obtained on 5/17/2025 for Resident 1 to go out on pass for no longer than 4 hours.</p> <p>During a review of Resident 1 ' s Progress Notes dated 5/17/2025 - 5/18/2025, the Progress Notes indicated Resident 1 went out on pass with his brother at approximately 10:45am on 5/17/2025 and at 11:00 p.m. on 5/17/2025, Resident 1 was still not back at the facility.</p> <p>During a phone interview on 5/20/2025 at 11:43 a.m. with Resident 1, Resident 1 stated he was doing well and just didn ' t want to be in the facility any longer. He stated he allowed the hospital he was at to send him to a facility at the time but didn ' t understand why they couldn ' t have just taken him to where he came from. He stated he went out with his brother on 5/17/2025 to run some errands at the bank and while he was out just decided not to return and went back to his home instead. Resident 1 stated he didn ' t let the facility know he wasn ' t going to come back and was apologetic.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056023	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Avalon Villa Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 12029 Avalon Blvd Los Angeles, CA 90061	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 5/20/2025 at 12:30 p.m. with Registered Nurse (RN) 1, RN 1 stated when a resident goes out of the facility on pass, the resident would sign out in the out on pass binder form titled Release of Responsibility for Leave of Absence Form which contains information on who the resident was, what time they left, where they 're going, their contact information, signature of the resident or their representative and the time they arrive back at the facility. RN 1 reviewed the out on pass binder and stated there was no form filled out for Resident 1.</p> <p>During an interview on 5/21/2025 at 10:15 a.m. with RN 2, RN 2 stated when Resident 1 wanted to go out on pass, she explained how it worked and provided him with a green Out On Pass slip to give to the receptionist to show he had permission from the nursing staff he could go out of the facility. RN 2 stated she explained to Resident 1 he could be out for four hours, and Resident 1 told her not to worry since he won ' t be too long and would be back in the facility before four hours. In addition, RN 2 stated before a resident leaves the facility on pass and before they receive the green slip, they would also need to sign out on a binder at the main nurses station and it would have them write them what time they are leaving, where they are going, their phone number, their signature or their representatives signature and an approximate time they would be out for. RN 2 stated she and the other staff members did not have Resident 1 fill out the form but should have because that could have provided useful information to the staff to try to locate the resident quicker when they are out longer than expected.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled Pass Procedure- Sending Residents Out on Pass, dated 2/2025, the P&P indicated the resident or their responsible party was to sign the Release of Responsibility for Leave of Absence indicating the date and time the resident is leaving the facility and the date and time they are expected to return. In addition, the resident or responsible party was to list a location for the resident. The licensed nurse will advise the resident or their responsible party to include the date and exact time the resident left the facility, who accompanied the resident, destination and estimate time of return, phone number where they could be reached and the date, time and condition of resident when they return.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056023	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Avalon Villa Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 12029 Avalon Blvd Los Angeles, CA 90061	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to ensure food was stored in a sanitary manner to prevent growth of microorganisms that could cause food borne illnesses (food poisoning- any illness resulting from food spoilage, contamination) by not:</p> <ol style="list-style-type: none"> 1. Labeling thawing food items with a date and time of when it started to thaw in the refrigerator. 2. Ensuring opened items in the refrigerator had an opened and discard date. 3. Ensuring opened items in the refrigerator was properly sealed. <p>These deficient practices had the potential to place residents at risk for food borne illnesses.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 5/21/2025 at 9:40 a.m. with the Dietary Supervisor (DS), in the refrigerator in the kitchen, one box of fully cooked pork sausage patties was labeled with a received date of 5/15/2025 and an open date of 5/20/2025 but with no time of when the thawing started, one box of oven roasted sliced turkey breast had no date and time of when it started to thaw, one container of packaged chicken had a label that read Chicken for Dinner 5/21/2025 but with no other date and time of when it started to thaw, one package of undated, opened sliced pasteurized American Swiss cheese was loosely wrapped with aluminum foil on the opened end of the packaging, one package of opened fully cooked pork sausage patties was not sealed closed, one container of minced garlic had a label that read Garlic 5/19/2025 and was loosely wrapped with plastic cling wrap. The DS stated the staff would typically start thawing frozen foods about 1-2 days prior to it being cooked and once it is thawed, it could not be refrozen again. The DS stated because the thawed food items such as the sausage patty, turkey slice, and bags of chicken did not have a date or time of when it started to thaw, the dietary staff would not know how long it had been thawed in the refrigerator, and this could be a concern for bacteria growth and the food going bad. The DS also stated that opened refrigerated items such as the package of opened sausage patties, sliced cheese, and minced garlic needed to be placed either in an airtight container or in a resealable plastic bag to maintain the freshness of the food. The DS also stated the containers with the opened food items need to be dated with the day the food item was opened and the day it should be thrown away. The DS further stated if a resident consumed spoiled food due to inappropriate food handling and storage, they could get sick from it.</p> <p>During a review of the facility ' s policy and procedures (P&P) titled Refrigerators and Freezers, revised on 12/2014, the P&P indicated all food shall be appropriately dated to ensure proper rotation by expiration dates. Received dates will be marked on cases and individual items removed from cases for storage. Use by dates will be complete with expiration dates on all prepared food in refrigerators and expiration dates on unopened food will be observed and use by dates indicated once food is opened.</p> <p>During a review of the facility ' s P&P titled Thawing of Meats, dated 2023, the P&P indicated that thawing meats can be done by allowing it to defrost for 2-3 days in the refrigerator depending on quantity and total weight of meat and to label defrosting meat with pull and use by date.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056023	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Avalon Villa Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 12029 Avalon Blvd Los Angeles, CA 90061	
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 0812</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 ' s P&P titled Refrigerated Storage and Storage of Frozen Food, dated 2023, the P&P indicated estimated time of thawing meats was 24 hours for every 5 pounds of frozen meat in the refrigerator. Once thawed, uncooked meat was to be used within 2 days and cured meats are to be used within 5 days.</p> <p>During a review of the facility ' s P&P titled Food Receiving and Storage, dated 7/2014, the P&P indicated all foods stored in the refrigerator or freezer will be covered, labeled and dated (use by date).</p>		