

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 06/06/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** Based on observation, interview, and record review, the facility failed to ensure two of four sampled residents (Resident 1 and Resident 3) were treated with dignity and respect when the facility failed to provide the daily dietary menu to Residents 1 and 3, who were unable to get out of bed without staff assistance.</p> <p>This deficient practice violated Resident 1 and Resident 3 rights and resulted in the resident's not being able to choose their food preferences.</p> <p>Findings:</p> <p>a. During a concurrent observation and interview on 6/6/2025 at 9:40 a.m. with Resident 1 in Resident 1's room, no dietary menu was observed in the resident's room. Resident 1 stated, he was not able to get out of bed without staff assistance, to look at the facility board where the menu would be posted. Resident 1 stated, since admission, staff had not provided him with the daily menu and, had not known what he was going to eat for each meal daily until facility staff brings the food to him. Resident 1 also stated, he would not eat if he received food he did not like and was not provided information of what alternative foods were available. Resident 1 stated it was important for the facility to provide the menu to residents like himself who was not able to get up from bed so he could decide on what food he would like to eat before the food was served.</p> <p>During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including intervertebral disc degeneration, lumbar region (a condition where the intervertebral discs in the lower back lose their height and hydration, leading to pain and stiffness), Diabetes Mellitus (DM- a disorder characterized by difficulty in blood sugar control and poor wound healing) and sacroiliitis (an inflammation of the sacroiliac joint).</p> <p>During a review of Resident 1's History and Physical (H&P) dated 4/16/2025, the H&P indicated Resident 1 had the capacity to understand and make medical decisions.</p> <p>During a review of Residents 1's Minimum Data Set (MDS - resident assessment tool), dated 4/20/2025, the MDS indicated Resident 1 had no cognitive (ability to think and reason) impairment. The MDS indicated Resident 1 was totally depended on staff for activities of daily living (ADLs) such as dressing, toilet use, personal hygiene, transfer (moving between surfaces to and from bed, chair, and wheelchair) and bed mobility (how resident moves from lying to turning side to side).</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 06/06/2025
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 0550</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 Physician Orders dated 4/25/2025, the Physician's Orders indicated to provide Resident 1 a CCHO (Controlled Carbohydrate), NAS (no added salt) Regular textured, thin liquids consistency diet and double protein with meals.</p> <p>b. During a concurrent observation and interview on 6/6/2025 at 10:39 a.m. with Resident 3. in Resident 3's room, no dietary menu was observed in the resident's room. Resident 3 stated she had problems with her leg and could not get up to walk. Resident 3 stated she had not received a copy of the daily food menu, and she did not know what she was going to eat for her meals at the facility and no one has provided her with the information regarding the alternate food choices. Resident 2 stated, she sometimes asked the nurses (unnamed) what the facility was serving for the meals, however, the nurses also did not know. Resident 3 stated it would be nice to know what she was going to eat every day. Resident 3 also stated it was not right for the facility to not provide her with the information on the dietary menu and alternatives available for her to eat.</p> <p>During a review of Resident 3's admission Record, the admission Record indicated Resident 3 was admitted to the facility on [DATE] with diagnoses including joint replacement surgery (procedure to replace a damaged joint with an artificial one), unsteady gait (a person is walking in a way that is abnormal, uncoordinated, or unstable), and generalized weakness (a widespread reduction in physical strength or power, often affecting most areas of the body).</p> <p>During a review of Resident 3's H&P dated 5/25/2025, the H&P indicated Resident 3 had the capacity to understand and make medical decisions.</p> <p>During a review of Residents 3's MDS dated [DATE], the MDS indicated Resident 3 was able to understand others and make self understood. The MDS indicated Resident 3 required substantial/maximal assistance (staff does more than half the effort, staff lifts or holds trunk or limbs and provides more than half the effort) with ADLs such as dressing, toilet use, personal hygiene, and transfer.</p> <p>During a review of Resident 3's Physician's Order dated 5/25/2025, the Physician's order indicated to provide Resident 3 a Regular diet texture, thin liquids consistency diet.</p> <p>During a concurrent observation and interview on 6/6/2025 at 1:38 p.m. with Certified Nursing Assistance (CNA) 1, CNA 1 stated she did not know what was being served on the menu. CNA 1 stated Residents had the right to know what there are going to receive for meals. CNA 1 stated, Residents 1 and 3 did not have the dietary menus in their rooms.</p> <p>During an interview on 6/6/2025 at 12:00 p.m. with the Dietary Supervisor (DS), the DS stated, menus should be in the dining room and in the residents' rooms. The DS stated it was the Residents right to know what they are having for meals and be informed of the alternative menu to be able to make changes to their meals.</p> <p>During an interview on 6/6/2025 at 2:10 p.m. with Licensed Vocations Nurses (LVN) 2, LVN 2 stated it was the residents' rights to be informed of the menu the facility was serving in advance so the residents could ask for alternate food if the residents didn't like the food on the menu. LVN 2 stated it was important for Resident 1 and Resident 3 to have a menu provided to them. LVN 2 stated, Residents needed to always be treated with respect.</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 06/06/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/6/2025 at 3:30 p.m. with the Director of Nursing (DON), the DON stated the dietary menus were posted outside the kitchen and activity room. The DON stated the menus were not posted in the resident's rooms, and if residents were not able to walk to the areas where the menus were posted, staff could provide the information to the residents when the residents asked. The DON stated, residents have the right to know what they're going to eat. The DON stated, providing the menu to the residents in advance would give the residents the opportunity to request for something else in The DON stated Resident 1 and Resident 3 had the right to know and to be informed about their meals.</p> <p>During a review of facility Policies and Procedure (P&P) titled, Residents Rights dated 8/2009, the P&P indicated employees shall treat all residents with kindness, respect and dignity. The P&P indicated, residents are entitled to exercise their rights and privileges to the fullest extended possible and the facility will make every effort to assist each resident in exercising his/her rights to assure that the resident is always treated with respect, kindness and dignity.</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 06/06/2025
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure Zinc oxide (cream used for skin health, soothing irritated skin, and promoting wound healing) was not left unattended at the bedside for one of four sampled Residents (Resident 4).</p> <p>This failure had the potential to cause an accidental use or misuse of the medication by any residents at the facility.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 6/6/2025 at 10:22 a.m. with Resident 4 in Resident 4's room, a medication cup with white cream was observed on the resident's bedside table unattended. Resident 4 stated, he did not know the cream was there.</p> <p>During a review of Resident 4's admission Record, the admission Record indicated Resident 4 was admitted to the facility on [DATE] and readmitted on [DATE]. The admission Record indicated Resident 4's diagnoses included hemiplegia and hemiparesis (paralysis or weakness on one side of the body), psoriasis (a chronic, immune-mediated skin condition that causes patches of skin to become inflamed, red, and scaly), and abnormalities of gait and mobility (deviations from the typical pattern of walking or movement).</p> <p>During a review of Resident 4's History and Physical (H&P) dated 7/2/2024, the H&P indicated Resident 4 has fluctuating mental capacity to understand and make medical decisions.</p> <p>During a review of Residents 4's Minimum Data Set (MDS &ndash; a resident assessment tool), dated 5/6/2025, the MDS indicated Resident 4 had moderate cognitive impairment. The MDS indicated Resident 4 required substantial/maximal assistance (staff lifts or holds trunk or limbs and provides more than half the effort for activities of daily living (ADLs) such as bed mobility (how resident moves from lying to turning side to side), transfers, upper body dressing and personal hygiene.</p> <p>During a review of Resident 4's Physician Orders dated 3/24/2025, the Physician's Orders indicated to administer Zinc oxide to Resident 4's sacral coccyx (area at the base of the spine) for skin maintenance every dayshift.</p> <p>During a concurrent observation and interview on 6/6/2025 at 10:27 a.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated the medication cup at Resident 4's bedside contained the Zinc oxide cream that needed to be applied to Resident 4's sacral coccyx area. LVN 1 stated she had to wait for the Certified Nurse Assistant (CNA) 1 to finish cleaning the resident before she could apply the cream. LVN 1 stated it was not acceptable to leave the cream at the bedside table unattended and should have waited to prepare it when the resident was ready. LVN 1 stated any resident could have accidentally ingested the cream thinking it was food or could have had an adverse reaction from receiving medication that did not belong to them.</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 06/06/2025
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/6/2025 at 3:30 p.m. with the Director of Nursing (DON), the DON stated medications should never be left unattended. The DON stated licensed nurses were responsible to apply any prescribed cream to residents. The DON stated the risk of leaving any medications unattended include residents having allergic reactions or could ingest the cream, thinking it was food causing abdominal problems for confused resident</p> <p>During a review of the facility's policy and procedure (P&P) titled, Storage of Medication dated 4/2007, the P&P indicated the facility shall store all drugs and biologicals in a safe, secure and orderly manner. The P&P indicated, the nursing staff shall be responsible for maintaining storage and preparation areas in a safe manner.</p> <p>During a review of the facility's P&P titled, Administering Medications , dated, 12/2012 the P&P indicated medications shall be administrate in a safe and timely manner, and as prescribed. Medications must be clearly visible to the personnel administrating the medication and must be inaccessible to residents or others passing by.</p>