

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 08/06/2025
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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not conduct behavior monitoring for one of two sampled residents (Resident 1), who was receiving the psychotropic medication (drug that affects how the brain works) escitalopram (an antidepressant, a medication used to treat depression [a serious medical illness that negatively affects how you feel, think, and act]). This deficient practice placed Resident 1 at risk of receiving escitalopram without an indication. Findings: During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE]. Resident 1's admitting diagnoses included major depressive disorder (MDD, a mood disorder that causes a persistent feeling of sadness and loss of interest). During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 7/15/2025, the MDS indicated Resident 1 had moderate cognitive impairment (a level of impairment where individuals may require assistance with certain daily activities and/or tasks). The MDS indicated Resident 1 was dependent on staff for all activities of daily living (ADLs, activities such as bathing, dressing and toileting a person performs daily) except eating. The MDS indicated Resident 1 substantial to maximal assistance from staff for mobility while in and out of bed. The MDS indicated Resident 1 had a diagnosis of MDD and was receiving anti-depressant medication. During a review of Resident 1's physician order, dated 7/10/2025, the order indicated Resident 1 was to receive escitalopram once a day for MDD, manifested by verbalizations of feeling sadness. There were no orders to monitor Resident 1's behavior of verbalizing sadness. During an interview on 8/5/2025 at 1:41 PM, with Licensed Vocational Nurse (LVN) 2, LVN 2 stated behavior monitoring was ordered by Resident 1's physician. LVN 2 stated that if behavior monitoring was not ordered, licensed nursing staff were to contact the physician for the order. LVN 2 stated behavior monitoring was required to track the frequency of the resident's behaviors and allow staff to monitor the effectiveness of the medication. LVN 2 stated behavior monitoring allowed staff to determine if there was a continued need for psychotropic medication or to determine if the current dose was ineffective and adjustments were needed. During an interview on 8/5/2025 at 1:51 PM, with LVN 2, LVN 2 stated Resident 1 did not have any active or discontinued orders for behavior monitoring since the resident began receiving escitalopram on 7/10/2025. During an interview on 8/6/2025 at 12:45, with the Director of Nursing (DON), the DON stated that when a resident is on a psychotropic medication for a specific behavior, the indicated behavior was supposed to be monitored and tracked. The DON stated the purpose of monitoring for and tracking the frequency of the indicated behavior was to assess the effectiveness of the current medication therapy and determine if adjustments were needed. During a review of the facility's policy and procedure (P&P) titled Behavioral Assessment, Intervention, and Monitoring, revised 12/2016, the P&P indicated when medications are prescribed for behavioral symptoms, documentation will include rationale for use and monitoring for efficacy. During a review of the facility's P&P titled Psychotropic Medication Use, revised 7/2022, the P&P indicated psychotropic medication management included adequate monitoring for efficacy.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>(continued on next page)</p>

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure an allegation of staff-to-resident and resident-to-resident abuse was reported timely for one of three sampled residents (Resident 1). This deficient practice placed Resident 1 and other facility residents at risk of sustaining abuse. Findings: During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE]. Resident 1's admitting diagnoses included generalized muscle weakness, abnormalities of gait (way of walking) and mobility, and major depressive disorder (a serious mental health condition characterized by persistent feelings of sadness, loss of interest in activities, and a range of other symptoms that significantly impact daily life). During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 7/15/2025, the MDS indicated Resident 1 had moderate cognitive impairment (a level of impairment where individuals may require assistance with certain daily activities and/or tasks). The MDS indicated Resident 1 was dependent on staff for all activities of daily living (ADLs, activities such as bathing, dressing and toileting a person performs daily) except eating. The MDS indicated Resident 1 required substantial to maximal assistance from staff for mobility while in and out of bed. During a review of Resident 1's Change of Condition (COC) Assessment, dated 7/28/2025 at 3:56 AM, the COC assessment indicated Resident 1 was falsifying stories of staff and residents talking about her. During a review of Resident 1's progress note, dated 7/28/2025 at 5:27 AM, the progress note indicated on 7/28/2025, Resident 1 reported nursing staff were laughing at her and threatening to throw her out on the street. The progress note did not identify any specific nursing staff. The progress note did not indicate the allegation was reported to any outside agencies, including the State Agency (SA). During a review of Resident 1's progress notes, dated 7/28/2025 at 3:32 PM, 7/28/2025 at 11:06 PM, 7/29/2025 at 6:43 AM, and 7/29/2025 at 6:21 PM, the progress notes indicated staff were monitoring Resident 1 for falsifying stories. During a review of Resident 1's care plan titled [Resident 1] Fabricate stories [manifested by] stated 'Those nurses keep laughing at me and threaten to throw me out on the street.', dated 7/29/2025, the care plan indicated goals of care included Resident 1 feeling comfortable in the facility. Care plan interventions did not indicate the allegations of nursing staff laughing at and threatening the resident were to be reported to any outside agencies, including the SA. During a review of Resident 1's COC Assessment, dated 8/2/2025, the assessment indicated Registered Nurse (RN) 1 received a call from a suicide hotline informing her that Resident 1 made a call to the hotline stating she wanted to die. The assessment indicated RN 1 spoke with Resident 1, and Resident 1 requested to be transferred to the hospital. The assessment indicated RN 1 assessed Resident 1 and the resident stated she wanted to leave. The assessment indicated Resident 1 stated 'I can't take this anymore.'. During a review of Resident 1's Transfer Form, dated 8/2/2025, the Transfer Form indicated Resident 1 was alert, oriented, and could follow instructions. The Transfer Form indicated Resident 1 was redirected by RN 1 but continued to state 'I can not take this anymore, I have to get out of here'. The Transfer Form indicated Resident 1 was transferred to the General Acute Care Hospital (GACH) for suicidal ideations (thoughts of suicide). During an interview on 8/5/2025 at 11:53 AM, with RN 1, RN 1 stated Resident 1 informed her that staff and other residents were making fun of her. RN 1 stated Resident 1 reported this allegation to her multiple times during the week of 7/20/2025 to 7/26/2025, but she could not recall the exact dates. RN 1 stated the allegations were reported to other licensed nursing staff as well, but she could not state who. RN 1 stated Resident 1 reported the allegation to her again on 7/28/2025 and she notified the Director of Nursing (DON). RN 1 stated Resident 1's allegations were consistent across multiple shifts and multiple days. RN 1 stated the DON instructed her to document a COC assessment. RN 1 stated the allegations were never reported to the facility's Administrator (abuse coordinator) or reported to the SA. RN 1 stated the allegations should have been reported because Resident 1's claims met the criteria for possible abuse/mistreatment. RN 1 stated timely reporting was important for resident safety and helped to prevent any further harm from occurring. During an interview on 8/6/2025 at 10:27 AM, with the Minimum Data Set Nurse (MDSN), the MDSN stated she developed Resident 1's care plan titled [Resident 1] Fabricate stories [manifested by] stated 'Those nurses keep laughing at me and threaten to throw me out on the street.', dated 7/29/2025. The MDSN stated the care plan indicated staff were laughing at the resident and threatening to throw her out on the street. The MDSN stated the alleged behavior of the staff in the care plan was not appropriate and was possible abuse. The MDSN stated she was a mandated reporter and stated she did not report the allegation</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a care plan was developed for one of two sampled residents' (Resident 1) diagnosis of major depressive disorder (MDD, a serious mood disorder characterized by persistent feelings of sadness, loss of interest, and other symptoms that interfere with daily life). This deficient practice placed Resident 1 at risk of not receiving non-pharmacologic (non-medication) care and interventions to address her depression and her verbalizations of sadness. Findings: During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE]. Resident 1's admitting diagnoses included major depressive disorder (MDD). During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 7/15/2025, the MDS indicated Resident 1 had moderate cognitive impairment (a level of impairment where individuals may require assistance with certain daily activities and/or tasks). The MDS indicated Resident 1 was dependent on staff for all activities of daily living (ADLs, activities such as bathing, dressing and toileting a person performs daily) except eating. The MDS indicated Resident 1 substantial to maximal assistance from staff for mobility while in and out of bed. The MDS indicated Resident 1 had a diagnosis of MDD and was receiving anti-depressant medication (medication used to treat depression). During an interview on 8/5/2025 at 1:53 PM, with Licensed Vocational Nurse (LVN) 2, LVN 2 stated Resident 1 had a diagnosis of MDD, LVN 2 stated Resident 1 did not have a care plan addressing the resident's diagnosis of MDD. LVN 2 stated the care plan should include non-pharmacological interventions to address Resident 1's diagnosis of MDD, such as redirection, activities, and talking with staff about her feelings. LVN 1 stated the care plan would allow staff to address Resident 1's behaviors and monitor the goals to ensure care was effective. During an interview on 8/6/2025 at 12:45 PM, with the Director of Nursing (DON), the DON stated care plans demonstrated resident's plan of care and interventions to be implemented. The DON stated residents with a diagnosis of MDD should have a care plan addressing MDD, separate from a care plan for the medications prescribed for MDD. The DON stated it was important to have a care plan to ensure there were instructions for how to care for the resident, including non-pharmacological interventions. During a review of the facility's policy and procedure (P&P) titled Care Plans, Comprehensive Person-Centered, revised 12/2016, the P&P indicated a comprehensive, person-centered care plan, that includes measurable objectives, was to be developed and implemented for each resident. The P&P indicated the care plan was to reflect treatment goals and enhance optimal functioning of the resident. The P&P indicated care plan interventions were to address underlying sources of the resident's problem areas. During a review of the facility's P&P titled Psychotropic Medication Use, revised 7/2022, the P&P indicated non-pharmacological interventions were to be used to minimize the need for psychotropic medications (any medication that affects brain activity associated with mental processes) when used to treat specific conditions.</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>Based on interview and record review, the facility failed to ensure Registered Nurse (RN) 1 and Licensed Vocational Nurse (LVN) 1 demonstrated competency related to the facility's abuse reporting policies when RN 1 and LVN 1 did not know the facility's abuse reporting requirements and who the facility's abuse coordinator was. This deficient practice placed all facility residents at risk of abuse allegations being unreported or delayed to the State Agency (SA) and other relevant agencies. Findings: 1. During a review of Registered Nurse (RN) 1's employee file, a document titled Statement Acknowledging Requirement to Report Suspected abuse of Dependent Adults and Elders, signed on 5/28/2025, and an abuse training post-test, dated 5/28/2025, were reviewed. The document titled Statement Acknowledging Requirement to Report Suspected abuse of Dependent Adults and Elders indicated RN 1 acknowledged her responsibilities as a mandated reporter to report known or suspected abuse. RN 1's abuse training post-test indicated RN 1 correctly answered that she was a mandated reporter. During an interview on 8/5/2025 at 11:53 AM, with RN 1, RN 1 stated she received abuse training upon hire to the facility. RN 1 stated she was unsure who the facility's abuse coordinator was or if she was a mandated reporter. RN 1 stated she did not know what was required of a mandated reporter. 2. During a review of Licensed Vocational Nurse (LVN) 1's employee file, a document titled Statement Acknowledging Requirement to Report Suspected abuse of Dependent Adults and Elders, signed on 1/13/2025, and an abuse training post-test, dated 1/13/2025, were reviewed. The document titled Statement Acknowledging Requirement to Report Suspected abuse of Dependent Adults and Elders indicated LVN 1 acknowledged her responsibilities as a mandated reporter to report known or suspected abuse. LVN 1's abuse training post-test indicated LVN 1 correctly answered that she was a mandated reporter. During a review of the facility's in-service lesson plan and sign-in sheet, dated 7/17/2025, the in-service records indicated on 7/17/2025, LVN 1 attended the abuse in-service training. The in-service records indicated reporting requirements were reviewed. The in-service lesson plan indicated staff were taught to report any suspicions of abuse to the facility's abuse coordinator within two hours. During an interview on 8/5/2025 at 2:04 PM, with LVN 1, LVN 1 stated she received abuse training upon hire. LVN 1 stated she was not sure who the facility's abuse coordinator was or if she was a mandated reporter. LVN 1 stated she was unsure of the responsibilities of a mandated reporter. During an interview on 8/6/2025 at 12:45 PM, with the Director of Nursing (DON), the DON stated all staff were expected to be competent in implementing the facility's abuse policies and procedures (P&Ps) to ensure timely investigations of any allegations of abuse, and for the safety of the facility's residents. The DON stated the purpose of the training provided upon hire, and the interim in-services, was to ensure staff maintained competency to implement the facility's abuse P&Ps. The DON stated it was important for staff to be aware of their role and responsibilities as a mandated reporter to ensure the safety of the facility's residents, and all staff should know who the facility's abuse coordinator was. During a review of the facility's policy and procedure (P&P) titled Abuse Prevention Program, revised 12/2016, the P&P indicated all facility residents had the right to remain free from abuse. The P&P indicated staff were to develop and implement P&Ps to aid the facility in preventing abuse or mistreatment of its residents, including staff training/orientation programs that included abuse prevention and identification and reporting of abuse.</p>		