

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056031	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2024
NAME OF PROVIDER OR SUPPLIER New Vista Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8647 Fenwick Street. Sunland, CA 91040	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34659</p> <p>Based on interview, and record review, the facility failed to ensure an allegation of resident abuse (when staff intentionally prevents a resident from having contact with friends, family, or others) by facility staff was reported to the State Survey Agency (SSA) immediately, but no later than two hours after the allegation was made for one of three sampled residents.</p> <p>This deficient practice had the potential to result in a delay in the abuse allegation investigation.</p> <p>Findings:</p> <p>During a review of Resident 1's Face Sheet, the Face Sheet indicated the resident was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included schizophrenia (a chronic mental illness that affects how people think, feel, and behave) and anxiety (a condition in which a person has excessive worry and feelings of fear, dread, and uneasiness).</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 10/04/2024, the MDS indicated Resident 1 was severely impaired in cognition (the process of acquiring knowledge and understanding through thought, experience, and the senses) with skills required for daily decision making. The MDS indicated Resident 1 required setup or clean-up assistance with eating, and supervision with personal hygiene.</p> <p>During a review of Resident 1's Situation, Background, Assessment, Recommendation Report (SBAR, a communication tool used by healthcare workers when there is a change of condition among the residents), dated 12/11/2024, the report indicated it was reported that Resident 1 was locked inside the family room. The report indicated staff assessed the resident's psychosocial wellbeing related to the allegation; physician made aware with order for psychologist consultation.</p> <p>During a review of Resident 1's Care Plan for Psychosocial Well-being, initiated 12/11/2024, the care plan indicated there was an allegation of isolation. The care plan indicated a goal that the resident will be able to interact with family, and other residents or staff daily. The care plan indicated an intervention to have a psychology consult and follow up.</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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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview in the Station Two Hallway, on 12/10/2024 at 11:30 a.m., observed Social Services Assistant (SSA) hand surveyor a piece of folded up paper. The paper indicated that the Director of Nursing (DON) locked Resident 1 in the family room, it happened in the afternoon and was witnessed by Certified Nursing Assistant 1 (CNA 1). The SSA stated on 12/9/2024 at around 1 p.m., a CNA reported to her on the phone that the DON locked Resident 1 in the family room because the resident was yelling. The SSA stated she did not know what day the alleged incident occurred. When asked who reported the alleged incident, the SSA stated she would not tell the name of the CNA (unnamed CNA).</p> <p>During a second interview with the SSA on 12/10/2024 at 11:50 a.m., she (SSA) stated the unnamed CNA told her that the incident had occurred after they had left the facility at 4:30 p.m. The SSA stated it happened after 4:30 p.m. but before dinner at 5:00 p.m. The SSA stated she (SSA) did not know what day of the week it was. The SSA stated she (SSA) thought this was abuse and should be reported right away. The SSA stated the Administrator (ADM) is the first person they are required to notify. The SSA stated the ADM was busy and she did not tell the ADM because she (SSA) was not present during the alleged incident and did not witness it.</p> <p>During an interview and record review with the ADM on 12/11/24 with 2:26 p.m., reviewed the facility's policy and procedure Abuse Prevention/Investigation/Reporting and Resolution. The ADM stated an allegation of abuse should be reported to the Department of Public Health no later than two hours. The AADM stated the SSA notified her (ADM) that the unnamed CNA notified the SSA of the alleged abuse incident on 12/10/2024 (Adm did not indicate the time). The ADM stated the process is to report any alleged abuse to the ADM immediately. The ADM stated the SSA and the unnamed CNA should have reported the alleged incident to the ADM immediately as soon as they were aware of the alleged incident so that they could report timely to the Department of Public Health.</p> <p>During a review of the facility's policy and procedure titled, Abuse Prevention/Investigation/Reporting and Resolution, last reviewed 2/29/2024, the policy indicated any mandated reporter who, in his or her professional capacity, or within the scope of his or her employment, has observed or has knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse, or neglect, or reasonably suspects that abuse, shall report the known or suspected instance of abuse as follows:</p> <p>All alleged violations involving abuse, neglect, exploitation, or mistreatment, will be reported by the facility Administrator, or his/her designee, to the State licensing/certification agency responsible for surveying/licensing the facility. The policy indicated abuse will be reported immediately, but later than two (2) hours if the alleged violation involves abuse.</p>		