

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  02/20/2025
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>43636</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) was free from unnecessary psychotropic medications (medications capable of affecting the mind, emotions, and behavior) by failing to ensure Resident 1's physician order for trazadone (medication used to treat depression [mood disorder that causes a persistent feeling of sadness and loss of interest]) PRN (as needed) had a duration.</p> <p>This deficient practice had the potential to result in the use of unnecessary medication and adverse reaction (undesired harmful effect resulting from a medication or other intervention) or impairment in the resident's mental or physical condition.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated the facility initially admitted the resident on 9/4/2024 with diagnoses that included anxiety disorder (intense, excessive, and persistent worry and fear about everyday situations), dementia (decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities), and depression.</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 12/11/2024, the MDS indicated Resident 1's cognition (ability to think and make decisions) was moderately impaired. The MDS further indicated that Resident 1 required maximum assistance by staff with toileting hygiene and personal hygiene. Resident 1 required total dependence on staff for oral hygiene and showering.</p> <p>During a review of Resident 1's History and Physical (H&amp;P- a formal assessment by a healthcare provider that involves a resident interview, physical exam, and documentation of findings) dated 1/3/2025, the H&amp;P indicated Resident 1 can make needs known but cannot make medical decisions.</p> <p>During a review of Resident 1's physician orders dated 1/3/2025, the physician orders indicated an order for trazodone hydrochloride oral tablet, give 25 milligrams (mg- unit of measurement) by mouth every 24 hours as needed for insomnia (inability to sleep) at bedtime.</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: 056031
		If continuation sheet Page 1 of 2

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  02/20/2025
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 0758</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 Medication Administration Record (MAR, a report detailing the drugs administered to a resident by the licensed nurse in the facility) for 2/2025, the MAR indicated Resident 1 received trazodone oral tablet on 2/1/2025, 2/3/2025, 2/8/2025, 2/9/2025, 2/12/2025, 2/14/2025, 2/15/2025, 2/16/2025, and 2/17/2025.</p> <p>During a concurrent interview and record review on 2/20/2025 at 3:30 p.m., with the Director of Nursing (DON), reviewed Resident 1's physician orders. The DON confirmed by stating that Resident 1 is currently receiving trazadone for insomnia as needed. The DON stated that the correct process for as needed psychotropic medications is for psychotropic medications to be limited to 14 days and then have the physician reevaluate the resident's need for the psychotropic medication.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Psychotropic Medication Policy, dated 2/29/2024, the policy indicated physician will use psychotropic medications appropriately working with the Interdisciplinary Team (IDT- a group of healthcare professionals responsible for assessment, development, implementation, and evaluation of the treatment plan) to ensure appropriate use, evaluation and monitoring . orders (physician orders) for PRN psychotropic medications will be limited (i.e., times 2 weeks) and only for specific clearly documented circumstance.</p>		