STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056405	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cerritos Vista Healthcare Center	17836 Woodruff Avenue Bellflower, CA 90706

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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure one of one resident's (Resident 1) Minimum data Set ([MDS] resident assessment tool), dated 5/8/2026, was coded correctly. This failure resulted in an inaccurate assessment of Resident 1's current health status and Resident 1's inaccurate MDS indicated that Resident 1 did not have broken teeth and abnormal gum tissue in the mouth. Findings:During a review of Resident 1's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the face sheet indicated Resident 1 was recently re-admitted to the facility on [DATE] with diagnoses including dementia (a progressive state of decline in mental abilities), dysphagia (difficulty swallowing), gastroesophageal reflux disease (a chronic digestive condition where stomach acid repeatedly flows back into the esophagus) and a gastrostomy ([G-tube] a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems).During a review of Resident 1's Minimum Data Set ([MDS] resident assessment tool), dated 5/8/2026, the MDS indicated Resident 1's cognitive skills (functions your brain uses to think, pay attention, process information, and remember things) for daily decision-making was severely impaired. The MDS indicated Resident 1 was dependent (helper does all the effort to complete the task) on staff with activities of daily living (ADLs- activities such as bathing, dressing oral hygiene, and toileting a person performs daily). The MDS Section L indicated Resident 1 did not have abnormal mouth tissue, did not have broken natural teeth, and did not have inflamed or bleeding gums.During a review of Resident 1's COC/Interact Assessment Form (SBAR), 4/25/2026 at 3:30 p.m., the form indicated Resident 1 had a broken incisor tooth (front tooth).During a review of Resident 1's Dental Notes dated 4/30/2026, the dental note indicated that Resident 1 had localized moderate gingival (gum) inflammation involving three of the resident's incisor teeth.During a concurrent interview and record review on 5/28/2026 at 10:17 a.m. with the MDS Coordinator (MDSC), Resident 1's medical records were reviewed. The MDSC stated Resident 1 had a broken tooth documented on 4/25/2026 and Resident 1 had moderate inflammation in the gums documented on 4/30/2026. The MDSC stated Resident 1's MDS dated [DATE] was inaccurately coded that Resident 1 did not have teeth and gum issues and should have been coded correctly so the facility could provide the proper care Resident 1 needed.During an interview on 5/28/2026 at 11:36 a.m. with the Director of Nursing (DON), the DON stated MDS assessments should be accurate to ensure the resident has appropriate interventions and be provided with the needed ancillary services (supplementary, specialized medical and diagnostic services provided beyond basic nursing care).During a review of the facility's policy and procedure (P&P) titled, Certifying Accuracy of the Resident Assessment, revised 9/2019, the P&P indicated any person completing a portion of the MDS must attest to the accuracy of the assessments.During a review of Long-Term Care Facility Resident Assessment Instrument (RAI - a standardized evaluation that helps healthcare providers assess a resident's needs, strengths, and preferences) 3.0 User's Manual, revised 10/2025, the Manual indicated the assessment accurately reflects the resident's status.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of one resident's (Resident 1) Enteric coated ([EC] a pill with a protective layer that won't dissolve in the stomach but will be released once in the small intestines) Aspirin ([ASA] nonsteroidal anti-inflammatory drug) was not crushed and administered through the gastrostomy ([G-tube] a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems).This failure had the potential to result in severe stomach irritation or reduced medication effectiveness.Findings:During a review of Resident 1's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the face sheet indicated Resident 1 was recently re-admitted to the facility on [DATE] with diagnoses including dysphagia (difficulty swallowing), gastroesophageal reflux disease (a chronic digestive condition where stomach acid repeatedly flows back into the esophagus) and a G-tube.During a review of Resident 1's Minimum Data Set ([MDS] resident assessment tool), dated 5/8/2026, the MDS indicated Resident 1's cognitive skills (functions your brain uses to think, pay attention, process information, and remember things) for daily decision-making was severely impaired. The MDS indicated Resident 1 was dependent (helper does all the effort to complete the task) on staff with activities of daily living (ADLs- activities such as bathing, dressing oral hygiene, and toileting a person performs daily).During a concurrent interview and record review on 5/28/2026 at 10:17 a.m., with the MDSC, Resident 1's Order history for EC ASA was reviewed. The order history indicated that Resident 1's had EC ASA ordered from 7/26/2024 until 5/272026. The MDSC stated Resident 1 had been receiving EC ASA while she was in the facility and the order should have been a chewable tablet not EC formulation.During a concurrent interview and record review on 5/28/2026 at 10:17 a.m., with the MDS Coordinator (MDSC), Resident 1's Medication Administration Record (MAR) for 5/2026 was reviewed. The MAR indicated EC ASA was administered via G-tube one time a day from 5/1/2026 to 5/27/2026. The MDSC stated Resident 1 had a G-tube inserted last year on 5/2025. The MDSC stated EC ASA should not be crushed and administered through the G-tube.During an interview on 5/28/2026 at 11:36 a.m. with the Director of Nursing (DON), the DON stated EC ASA must only be administered orally, not crushed and then administered through the G-tube. The DON stated medication orders need to be administered in the correct form, for resident safety to prevent medication error. During a review of the facility's P&P titled, Crushing Medications, revised 4/2018, the P&P indicated medications shall be crushed when appropriate and the nursing staff will notify the physician who gives an order to crush a drug that the manufacturer states should not be crushed for example enteric coated medications.