

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056425	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/20/2024
NAME OF PROVIDER OR SUPPLIER  Villa Elena Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  13226 Studebaker Rd Norwalk, CA 90650	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45425</p> <p>Based on observation, interview, and record review, the facility failed to provide a homelike environment for residents due to eight missing shower tiles and two cracked tiles in one of two shower rooms (shower room [ROOM NUMBER]).</p> <p>This deficient practice placed the residents at risk of cross contamination, spread of disease-causing organisms, and accident/incidents.</p> <p>Findings:</p> <p>During an observation on 8/16/2024 at 1:52 p.m. of Shower room [ROOM NUMBER], with the Maintenance Supervisor (MS), five missing tiles on the right side of the floor and three missing tiles along the wall were observed in the second shower stall. Two cracked tiles were observed on the wall separating the first and second shower stall.</p> <p>During an interview on 8/16/2024 at 1:52 p.m., the MS stated the tiles in the shower room [ROOM NUMBER] have been broken and missing for the past six months. The MS stated that he has a lot of projects he is trying to finish, and he is doing his best. The MS stated the tiles should not be in that condition because residents could get hurt.</p> <p>During an interview on 8/20/2024 at 2:16 p.m., the Administrator (ADM) stated the tile should be fixed and he will have someone come right away to fix them. The ADM stated the broken and missing tiles place residents at risk for accidents and there is a potential for them to be exposed to germs.</p> <p>During a review of the facility's policy and procedure (P/P) titled Resident rooms and environment dated 10/2023, the policy indicated the facility shall ensure residents can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. The policy indicated the facility will provide residents with a safe, clean, comfortable, and homelike environment.</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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