

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/27/2026
NAME OF PROVIDER OR SUPPLIER  Flower Villa, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1480 S. LA Cienega Bl Los Angeles, CA 90035	

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 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>Based on interview and record review the facility failed to employ an Infection Preventionist Nurse (IPN- a healthcare professional who works to prevent the spread of infections in healthcare facilities) at least part time, to oversee the infection prevention and control program outlined in the Facility Assessment Tool (the facility's self-evaluation of its resident population and identification of the resources needed to provide the necessary person-centered care and services the residents require) dated 1/8/2026. This deficient practice had the potential for a delay in implementing and practicing infection prevention and control measures that could lead to increased risk of infection for the residents in the facility. Findings: During a Review of the facility's November 2025 LVN Schedule, the schedule indicated the IPN was only scheduled to work 4 days in the month of November 2025 (11/4/2025, 11/11/2025, 11/18/2025, and 11/25/2025). During a review of the IPNs timecard for November 2025, the timecard indicated the actual hours worked during the entire month of November 2025 were: 11/4/2025: 8 hours 11/14/2025: 8 hours 11/16/2025: 8 hours 11/25/2025: 8 hours During a Review of the facility's December 2025 LVN Schedule, the schedule indicated the IPN was only scheduled to work 5 days in the month of December 2025 (12/2/2025, 12/9/2025, 12/16/2025, 12/23/2025, and 12/30/2025). During a review of the IPNs timecard for December 2025, the timecard indicated the actual hours worked during the entire month of December 2025 were: 12/12/2025: 8 hours 12/16/2025: 8 hours 12/26/2025: 8 hours During a Review of the facility's January 2026 LVN Schedule, the schedule indicated the IPN was only scheduled to work 4 days in the month of January 2026 (1/6/2026, 1/13/2026, 1/20/26, and 1/27/2026). During a review of the IPNs timecard for January 2026, the timecard indicated the actual hours worked from 1/1/2026 to 1/27/2026 were: 1/6/2026: 8 hours 1/7/2026: 8 hours During an interview on 1/27/2026 at 10:15 AM with certified nursing assistant (CNA1), CNA1 stated the IPN did not have a full-time schedule and did not provide consistent infection prevention in-services and trainings. During an interview on 1/27/2026 at 10:35 AM with the minimum data set coordinator (MDS-patient assessment tool coordinator- a healthcare professional who collects and tracks a residents' physical, mental, and social status building complete profile to ensure documentation meets state and federal regulations), the MDS stated resident isolation protocol and guidelines were set by the IPN. The MDS stated the IPN went to the facility once or twice a week for few hours. During an interview attempt on 1/27/2026 at 11:01 AM, the director of nursing (DON) stated, the IPN is not available for interview, not working today. During an interview on 1/27/2026 at 11:48 AM with the DON, the DON stated the facility was required to provide forty hours of IPN coverage, because the facility had small resident capacity the IPN would go to the facility only once or twice a week. During an interview on 1/27/2026 at 12:17 PM, with the facility's administrator (ADM), the ADM verbalized he was aware that 40 hours per week of IPN coverage was required by the state. The ADM stated because the building was smaller, the IPN would go to the facility a few times a week. The ADM stated, It is always better to have IPN daily. During a telephone interview on 1/27/2026 at 2:25 PM</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: 056438	If continuation sheet Page 1 of 2

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>with the IPN, the IPN stated I am hired as a full time and I consider myself a full-time staff, I work two to three times a week for 8 hours per shift. IPN stated she was aware skilled nursing facilities are required to have 40 hours IPN coverage. During a review of the facility's policy and procedures (P&amp;P), titled Infection Prevention and control Program revised January 2026, the P&amp;P indicated The designated Infection Preventionist is responsible for oversight of the program and serves as a consultant to our staff on infectious diseases, resident room placement, implementing isolation precautions, staff and resident exposures, surveillance, and epidemiological investigations of exposures of infectious diseases. During a review of the Facility Assessment Tool dated 1/28/2026, the tool indicated Infection control-a facility must include as part of its infection prevention and control program mandatory training that includes the written standards, policies, and procedures for the program The tool indicated a type of care that the facility's resident population required was infection prevention and control, which included Identification and containment of infections, prevention of infections. The tool indicated the type of staff members, other healthcare professionals, and medical practitioners that were needed to provide support and care for residents, included infection control and prevention. The tool indicated the facility had measures in place to evaluate if your infection prevention and control program includes effective systems for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff members, volunteers, visitors, and other individuals providing services under a contractual arrangement, that follow accepted national standards.</p>		