

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555030	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/22/2024
NAME OF PROVIDER OR SUPPLIER College Vista Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 4681 Eagle Rock Blvd. Los Angeles, CA 90041	

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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44372</p> <p>Based on interview, and record review, the facility failed to implement its policy and procedure (P&P) to inform Resident 1 ' s responsible party when there was a change in condition requiring notification. Resident 1 responsible party was informed about Resident 1 ' s change of condition almost seven hours after the resident ' s COC and after Resident 1 was transferred to the general acute care hospital.</p> <p>This deficient practice violated the resident and/or the resident ' s responsible party ' s rights to be informed in advance about the resident ' s treatment and choose a possible treatment alternative or options and had the potential to negatively affect Resident 1 ' s physical, mental, and psychosocial well-being.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Admission Record indicated the resident was initially admitted to the facility on [DATE] with diagnoses that included unspecified dementia (impaired ability to remember, think, or make decisions that interferes with doing everyday activities), cognitive communication deficit (trouble participating in conversations ,difficulty understanding what is said, or be unable to respond in a timely fashion, and trouble speaking clearly, or conveying their thoughts efficiently and effectively), and dysphagia (difficulty swallowing). Resident 1 ' s Admission Record indicated Family Member (FM) 1 as Resident 1 ' s responsible party and power of attorney for financial and care.</p> <p>A review of Resident 1's History and Physical (H&P) dated 7/4/24, indicated Resident 1 did not have the capacity to understand and make decision.</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS, a standardized resident assessment and care-screening tool), dated 7/10/24, indicated Resident 1 ' s cognition was severely impaired.</p> <p>A review of Resident 1 ' s Physician Telephone Order dated 7/11/24 and timed at 1:1 PM, indicated the resident may transfer to emergency room (ER) 1 via regular transportation due to agitation.</p> <p>A review of Resident 1 ' s Physician Telephone Order dated 7/11/24 and timed at 8:16 PM, indicated the resident may transfer to emergency room (ER) 2 via regular transportation due to agitation.</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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1 ' s Change in Condition Evaluation (COC), dated 7/11/24 and timed at 1:39 PM, signed by Licensed Vocational Nurse (LVN) 1, indicated Resident 1 observed to have signs and symptoms of agitation. Resident 1 was noted stealing other resident ' s nasal cannulas (a thin, flexible tube that wraps around your head, typically hooking around ears to deliver oxygen) and belongings. The COC indicated the LVN explained to Resident 1 three times but unable to understand due to dementia . Informed MD and instructed to transfer Resident 1 to ER 1 transportation was arranged and Resident 1 will be picked up by 4 PM and report given to ER 1.</p> <p>A review of Resident 1 ' s Nurses Note, dated 7/11/24 and timed 8:06 PM signed by the Director of Nursing (DON), indicated the DON spoke with FM 1 and informed FM 1 that Resident 1 was sent to ER 2 due to agitation and notified her of the 1 PM COC with episodes of agitation.</p> <p>A review of Resident 1 ' s Nurses Note, dated 7/11/24 and timed 8:09 PM signed by the DON, indicated, correction of COC notification, notified FM 1 of the 1 PM COC regarding episodes of agitation.</p> <p>A review of Resident 1 ' s Nurses Note, dated 7/11/24 and timed at 9 PM signed by LVN 2, indicated, due to ER 2 not being able to take Resident 1 for agitation, the transportation took Resident 1 to ER 1 [and not ER 2].</p> <p>During an interview with FM 1 on 7/22/24 at 10:51 AM, stated, Resident 1 dis not have capacity to understand and make decision. FM 1 stated she received a call on 7/11/2024 around 8 PM from the DON that Resident 1 was transferred to ER 2. FM 1 stated that the DON reported that Resident 1 was agitated at around 1 pm (almost 7 hours ago) and the physician ordered for the resident to be transferred to ER 2 for evaluation. FM 1 stated she went to ER 2 where she found out Resident 1 was not at ER 2. FM 1 stated she was later informed by the facility that Resident 1 was at ER 1.</p> <p>During an interview with LVN 1 on 7/23/24 at 9:29 AM, stated Resident 1 has dementia and the responsible party for Resident 1 is FM 1. LVN 1 stated on 7/11/24 at around 1 PM, Resident 1 got agitated stealing other resident nasal canula and belongings, provide calm and relaxing environment. LVN 1 stated he did not contact FM 1, since the DON informed him that she will notify FM 1.</p> <p>On 7/22/24 at 11:52 AM, during an interview and record review of Resident 1 ' s COC dated 7/11/24 and timed at 1:39 PM, the DON stated on 7/11/24 at around 1 PM Resident 1 got agitated stealing other resident nasal canula and belongings, staff provide calm and relaxing environment. The DON stated she asked LVN 1 not to contact FM 1 since she was planning to notify however, she got busy. The DON stated she informed FM 1 on 7/11/2024 at 8 PM that Resident 1 was transferred to ER 2. The DON stated the COC indicated FM 1 was notified at 1:05 PM which is not accurate.</p> <p>During concurrent interview on 7/22/24 at 12:57 PM, the DON stated Resident 1 not oriented, and FM 1 is the responsible party. The DON stated she should have informed FM 1 about Resident 1 ' s change of condition prior to transferring Resident 1 to the ER. The DON stated she should have informed FM 1 about Resident 1 ' s transfer to the hospital. The DON stated Resident 1 ' s responsible party has the right to make the decisions about Resident 1 ' s plan of care.</p> <p>(continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility ' s policy and procedure (P&P) titled Facility Responsibilities revised in 12/19/22, indicated, It is the policy of this facility to uphold and comply with the facility responsibilities. The facility will ensure that staff members are educated on the rights of the residents and the responsibilities of a facility to properly care for its residents. The facility will treat the decision of a resident representative as the decisions of the resident. A facility will inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is: A significant change in the residents' physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); A need to alter treatment significantly (that is, a need to discontinue or change an existing form or treatment due to adverse consequences, or to commence a new form or treatment); or a decision to transfer or discharge the resident from the facility.</p> <p>A review of the facility ' s policy and procedure (P&P) titled Notification of Changes revised in 12/19/22, indicated, The purpose of this policy is to ensure the facility informs the resident, consults the resident's physician; and notifies, consistent with his or her authority, the resident's representative when there is a change requiring notification. Significant change in the resident's physical, mental or psychosocial condition such as deterioration in health, mental or psychosocial status. This may include Life-threatening conditions, or Clinical complications. Circumstances that require a need to alter treatment. This may include new treatment, discontinuation of current treatment due to, adverse consequences, acute condition, exacerbation of a chronic condition, a transfer or discharge of the resident from the facility. Residents incapable of making decisions: The representative would make any decisions that have to be made. Contact information of the resident's legal representative or family member must be recorded and periodically updated.</p> <p>A review of facility ' s policy and procedure (P&P) titled Resident ' s Rights revised in 12/19/22, indicated, Prior to or upon admission, the social service designee, or another designated staff member, will inform the resident and/or the resident's representative of the resident's rights and responsibilities. Planning and implementing care. The resident has the right to be informed of, and participate in, his or her treatment, including: The right to be informed in advance, of the care to be furnished and the type of care giver or professional that will furnish care. The right to be informed by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers. The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p>		