

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 08/27/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Deficiency Text Not Available</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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Plan the resident's discharge to meet the resident's goals and needs.</p> <p>42878</p> <p>Based on observation, interview and record review, the facility failed to develop and implement an effective discharge planning process that focuses on the resident's discharge goals by failing to contact and document referrals to local contact agencies or other appropriate entities for one of two sampled residents (Resident 1) to ensure the resident received Home Healthcare services (medically necessary, skilled services provided at home prescribed by a physician for the treatment of an illness, injury, or medical condition) and Lovenox injection (medication to prevent blood clot formation administered under the skin with the use of a needle) as ordered by the physician.</p> <p>As a result of this deficient practice Resident 1 did not receive Home Healthcare services that and did not receive Lovenox injection for a total of three days from 8/25 to 8/27/24 which could result in the resident to develop blood clot that could result in stroke (interruption of blood flow to the brain), heart attack (interruption of blood flow in the heart) and pulmonary embolus (blood clot in the lungs) that could result in death.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated the facility admitted the resident on 7/23/2024, with diagnoses that included displaced fracture (broken bone) of greater trochanter of right femur (a bony prominence located on the upper part of the thigh bone), depression (a mood disorder that causes a persistent feeling of sadness and loss of interest and can interfere with your daily activities).</p> <p>A review of Resident 1's History and Physical (H&P) dated 3/7/2024, indicated Resident 1 has the capacity to understand and make decisions.</p> <p>A review of Resident 1's Minimum Data Set (MDS, a comprehensive standardized assessment and screening tool) with assessment reference date of 8/24/2024, indicated the resident had moderate cognitive (thought process) impairment.</p> <p>A review of Resident 1's Primary Physician telephone discharge orders, dated 8/24/2024, indicated the following physician order: may discharge the resident on 8/24/2024. Resident 1 will be moving in with family. Home Healthcare to arrange for physical therapy, medication management, Registered nurse for safety. Transportation to pick up resident at 10:20 AM on 8/24/24.</p> <p>During an interview and concurrent record review with Resident 1 Representative (RP1) on 8/27/2024 at 10 AM, RP 1 stated Resident 1 had been discharged from the facility on 8/24/2024 with a bag full of different medications including Lovenox syringes. RP 1 verbalized concern that no instructions were provided by facility as to how, when or for how long the medications including Lovenox was to be administered to Resident 1. RP 1 stated Lovenox was not administered to Resident 1 since the resident was discharged to home. the RP 1 stated she has attempted to contact facility and Social Services Designee (SSD) to clarify medications but has not received a response from facility.</p> <p>(continued on next page)</p>		

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<p>F 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Registered Nurse 1 (RN1) on 8/27/2024 at 11:20 AM, RN 1 stated on the day Resident 1 was discharged she spoke to Resident 1's RP 2 and gave him instructions to contact Resident 1's insurance company and set up home health. RN 1 stated per Resident 1's discharge instructions Resident 1 required 2 weeks of Lovenox injection administration that had to be administered by a nurse. RN 1 stated facility process is for Social Service Designee to coordinate any referrals to other agencies that are required upon discharge.</p> <p>During an interview and concurrent record review with Resident 1 Representative (RP2) on 8/27/2024 at 12:58 PM, RP 2 stated on 8/24/23 he received a phone call from RN 1 regarding Resident 1's transportation and indicating Resident 1's medication would be sent out with Resident 1. RP 2 stated he does not remember RN 1 giving any instructions on how to administer or for how long to administer Lovenox injections as required for Resident 1. RP 2 stated he was surprised when he saw injections in Resident 1's medications when resident was sent home.</p> <p>During an interview and concurrent record review with Social Service Designee (SSD) on 8/27/2024 at 2:18 PM, the SSD stated there was no documented evidence on Resident 1's clinical record indicating Home Healthcare services was contacted and arranged or that Resident 1's insurance company had been contacted to inform to them of Resident 1's discharge.</p> <p>During an interview and concurrent record review with Director of Nursing (DON) on 8/27/2024 at 12:58 PM, DON stated facility does not have a policy for contacting and documenting referrals for discharged residents. DON stated it was important to contact and document any referrals and communication to ensure Residents receive the required services needed upon discharge back to the community to prevent any decline in a Resident's health.</p>		