

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 04/03/2025
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>46779</p> <p>Based on interview and record review, the facility failed to revise the care plan for one of two sampled residents who was at high risk for falls.</p> <p>The deficient practice had the potential to result in recurring falls for Resident 1 who sustained a fall on 3/27/2025.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated the facility admitted Resident 1 on 5/22/2023 with diagnoses that included osteoarthritis (a degenerative joint disease, affecting joints over time, leading to pain, stiffness, and swelling) and glaucoma (a group of eye diseases that can cause vision loss and blindness).</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care planning tool), dated 1/21/2025, the MDS indicated Resident 1 had severely impaired memory and cognition (ability to think and reason). The MDS indicated Resident 1 required setup or clean-up assistance with eating, partial/moderate assistance with oral hygiene, toileting hygiene, shower/bathe self and personal hygiene, and substantial/maximal assistance with chair/bed-to-chair transfer.</p> <p>During a review of Resident 1 ' s Fall Risk, dated 5/22/2023, Fall Risk indicated Resident 1 was scored at 17 (a method of assessing a patient's likelihood of falling, the higher the score, the higher of the risk for fall) and at risk for fall, with intermittent confusion, chair bound and requires assist with elimination, balance problem while standing and walking and requires use of assistive devices, takes three or more medications and has three or more predisposing diseases.</p> <p>During a review of Resident 1 ' s Care Plan, dated 5/2/2024, the Care Plan indicated Resident 1 is at risk for falls and the intervention including to follow facility fall protocol. During this review, the care plan was noted, not revised after Resident 1's fall on 3/27/2025, that included placing resident in the facility's Falling Star Program.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 4/3/2025 at 11:32 AM with Licensed Vocational Nurse (LVN) 1, Resident 1 ' s Fall Risk, dated 5/22/25 was reviewed. LVN 1 stated the Fall Risk assessment should be completed upon admission and as needed if there was a fall. LVN 1 stated there was only one Fall Risk assessment was completed when Resident 1 was admitted and there was no Fall Risk assessment was completed afterwards. LVN 1 stated the care plan should had been revised as well after the Fall Risk was reassessed.</p> <p>During a concurrent observation and interview on 4/3/2025 at 11:40 AM with LVN 1, there was no yellow star sticker next to Resident 1 ' s name by the door of Resident 1 ' s room. LVN 1 stated Resident 1 was at risk for fall and should be put under the Falling Star Program prior to the fall on 3/27/2025. LVN 1 stated the staff should put a yellow star sticker next to Resident 1 ' s name by the door to alert the staff that the resident was at risk for fall and required frequent monitoring and assisting.</p> <p>During a review on 4/3/2025 at 1:14 PM with Certified Nursing Assistant (CNA) 1, CNA 1 stated she took care Resident 1 and she was not sure if Resident 1 was at risk for fall. CNA 1 stated if a resident was at risk for fall, a yellow star sticker by the resident ' s name by the door would alert her to pay extra attention to the resident.</p> <p>During a concurrent interview and record review on 4/3/2025 at 1:52 PM with the Director of Nursing (DON), the facility ' s policy and procedure (P&P) titled, Fall Risk Assessment, dated 12/19/2024, was reviewed. The DON stated according to the P&P, the risk assessment should be completed by the nurse or designee upon admission, annually, or when a significant change is identified. The DON stated the staff did not complete the annual Fall Risk assessment for Resident 1 for more than a year, and the staff did not complete the Fall Risk assessment after Resident 1 ' s fall with a humerus (upper arm bone) fracture.</p> <p>During the same interview, on 4/3/2025 at 1:52 PM, the DON stated Resident 1 should be evaluated for fall risk assessment to make sure an updated care plan was in place to prevent avoidable falls and injuries.</p> <p>During a concurrent interview and record review on 4/3/2025 at 2:00 PM with the DON, the facility ' s P&P titled, Fall Prevention Program, dated 12/28/2023, was reviewed. The DON stated Resident 1 was not in the Falling Star Program until now. The DON stated according to the P&P, the facility utilizes a standardized risk assessment for determining a resident ' s fall risk. The DON stated it was the facility ' s procedure that any resident whose fall risk score was above 10 would be put under the Falling Star Program to ensure the staff to monitor the resident more frequently and provided fall interventions accordingly. The DON stated Resident 1 had fall risk score of 17 upon admission and she should be put under the Falling Star Program to minimize the risk of fall.</p> <p>During a review of the facility ' s P&P titled, Fall Prevention Program, dated 12/28/2023, the P&P indicated The facility utilizes a standardized risk assessment for determining a resident ' s fall risk, At Risk Protocols: a. The resident will be place on the facility ' s Fall Prevention Program and when a resident who does not have a history of falling experiences a fall, the resident can be placed on the facility ' s Fall Prevention Program.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility ' s P&P titled, Fall Risk Assessment, dated 12/19/2024, the P&P indicated the risk assessment should be completed by the nurse or designee upon admission, annually, or when a significant change is identified.</p> <p>During a review of the facility ' s P&P titled, Comprehensive Care Plans, dated 12/19/2024, the P&P indicated The care planning process will include an assessment of the resident ' s strengths and needs and The comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly MDS assessment.</p>