STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555353	A. Building B. Wing	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Health Care Center	8965 Magnolia Avenue Riverside, CA 92503

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)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 5. On June 10, 2025, at 11:41 a.m., an interview was conducted with Resident 37. Resident 37 stated she was not sure if she had an AD and would like more information. A review of Resident 37's admission Record indicated Resident 37 was admitted to the facility on [DATE], with diagnoses which included dysphasia (difficulty to speak or understand speech) following cerebral infarction (stroke). A review of Resident 37's Advance Directive/POLST Acknowledgment Form, dated November 6, 2024, indicated, .I have not executed an Advance Directive for Health Care .I do not wish to do so at this time . A review of Resident 37's POLST, dated November 6, 2024, did not indicate Resident 37 had an AD. A review of the Social Services Assessment, dated May 6, 2025, indicated Resident 37 did not have an AD. A review of Resident 37's IDT Care conference, dated May 9, 2025, indicated Resident 37 did not have an AD. A review of Resident 37's MDS, dated May 12, 2025, indicated Resident 37 had a BIMS score of 13 (intact cognitive response). There was no documented evidence Resident 37 or RP were provided follow up information or education about the right to formulate an AD. On June 12, 2025, at 2:10 p.m., a concurrent interview and record review of Resident 37's Social Services Assessment and Care Conference forms was conducted with the SSD. The SSD stated residents in the facility were provided an acknowledgement form upon admission and if they had an AD, they would request a copy to be available in the facility. The SSD stated if they did not have one, they would provide a handout with information and provide education on how to formulate one. SSD stated if the resident did not wish to have an AD, a follow up with the resident or RP about AD would be conducted quarterly during a resident's care conference. The SSD stated there was no documentation which indicated Resident 37 and/or RP were provided follow up information during the care conference on May 9, 2025. The SSD stated if there was no AD on file there was a potential for the facility to not be able to honor their wishes for care. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the facility's policy and procedure titled, Advance Directives, revised January 2023, indicated, . the resident will be provided with written information concerning the right to refuse or accept .and to formulate an advance directive if he or she chooses to do so .prior to or upon admission of a resident, the social services director or designee will inquire of the resident, his/her family members and /or his or her legal representative, about the existence of any written advance directives .information about whether or not the resident has executed an advance directive shall be displayed prominently in the medical record .if the resident indicates that he or she has not established advance directive, the facility will offer assistance in establishing advance directives . Based on interview and record review, the facility failed to ensure, five of seven residents reviewed for Advance Directive (AD - written statement of a person's wishes regarding medical treatment) (Residents 26, 30, 34, 35, and 37) a copy of the AD was available and the resident or their resident representative (RP) had been provided follow up information regarding the formulation of an AD. These failures had the potential to result in the ADs for Residents 26, 30, 34, 35, and 37 not being readily accessible to staff and physicians, which could lead to the residents' wishes regarding medical treatment being unknown and ultimately not honored. Findings: 1. Resident 26's admission record was reviewed. Resident 26 was admitted to the facility on [DATE], with diagnosis which included chronic obstructive pulmonary disease (progressive lung disease that causes obstructed airflow making it hard to breath) and diabetes mellitus (abnormal blood glucose level). A review of the Advance Directive / Physician Orders for Life-Sustaining Treatment (POLST) Acknowledgment Form, dated April 14, 2023, indicated, .I have not executed an Advance Directive for Health Care .I do not wish to do so at this time . A review of Resident 26's Minimum Data Set (MDS - an assessment tool), dated April 26, 2025, indicated Resident 26 had Brief Interview of Mental Status (BIMS - a tool to assess cognitive function of an individual) score of 11 (moderate cognitive response). A review of Resident 26's IDT (Interdisciplinary Team - MDS Licensed Vocational Nurse, Social Service Director, Director of Rehab, Activities Director, and Certified Nurse Assistant) Care Conference, dated April 28, 2025, indicated, Resident 26 did not have an AD. There was no documented evidence Resident 26 or RP were provided follow up on the right to formulate an AD. (continued on next page)

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On June 12, 2025, at 2 p.m., a concurrent interview and record review of Resident 26's IDT Care Conference form was conducted with the Social Services Director (SSD). The SSD stated residents in the facility were provided an acknowledgement form upon admission and if they had an AD, they would request a copy to be available in the facility. The SSD stated if they did not have one, they would provide a handout with information and provide education on how to formulate one. The SSD stated if the resident did not wish to have an AD, a follow up with the resident or RP about AD would be conducted quarterly during a resident's care conference. The SSD stated there was no documentation which indicated Resident 26 and/or RP were provided follow up information during the care conference on April 28, 2025. The SSD stated if there was no AD on file there was a potential for the facility to not be able to honor their wishes for care. 2. On June 9, 2025, at 9:59 a.m., an interview was conducted with Resident 30. Resident 30 stated she was unsure if she has an AD. Resident 30's admission record was reviewed. Resident 30 was admitted to the facility on [DATE], with diagnoses which included cerebral infarction (a type of stroke) without residual effects and dysphagia (difficulty in swallowing). A review of the Advance Directive / POLST Acknowledgment Form, dated October 16, 2024, indicated, .I have not executed an Advance Directive for Health Care .I do not wish to do so at this time . A review of Resident 30's POLST, dated October 16, 2024, did not indicate Resident 30 had an AD. A review of Resident 30's IDT (Interdisciplinary Team - MDS Licensed Vocational Nurse, Social Service Director, Director of Rehab, Activities Director and Certified Nurse Assistant) Care Conference, dated May 9, 2025, indicated, Resident 30 did not have an AD. A review of Resident 30's MDS, dated May 10, 2025, indicated Resident 30 had BIMS score of 11 (moderate cognitive response). There was no documented evidence Resident 30 or RP were provided follow up on the right to formulate an AD. On June 12, 2025, at 2:02 p.m., a concurrent interview and record review of Resident 30's IDT Care Conference form was conducted with the SSD. The SSD stated residents in the facility were provided an acknowledgement form upon admission and if they had an AD, they would request a copy to be available in the facility. The SSD stated if they did not have one, they would provide a handout with information and provide education on how to formulate one. The SSD stated if the resident did not wish to have an AD, a follow up with the resident or RP about AD would be conducted quarterly during a resident's care conference. The SSD stated there was no documentation which indicated Resident 30 and/or RP were provided follow up information during the care conference on May 9, 2025. The SSD stated if there was no AD on file there was a potential for the facility to not be able to honor their wishes for care. 3. On June 9, 2025, at 10:41 a.m., an interview was conducted with Resident 34. Resident 34 stated he was unsure if he has an AD. (continued on next page)

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident 34's admission record was reviewed. Resident 34 was admitted to the facility on [DATE], with diagnoses which included hypertensive heart disease (heart problem caused by high blood pressure that's been going on for a long time) and major depressive disorder (persistent and intense feeling of sadness or loss of interest). A review of the Advance Directive / POLST Acknowledgment Form, dated June 30, 2024, indicated, .I have not executed an Advance Directive for Health Care .I would like more information .7/1/24 discussed and resources given . A review of Resident 34's POLST, dated June 30, 2024, did not indicate Resident 34 had an AD. A review of Resident 34's MDS, dated April 13, 2025, indicated Resident 34 had BIMS score of 13 (intact cognitive response). A review of the Social Services Assessment, dated April 14, 2025, indicated Resident 34 did not have an Advance Directive. A review of Resident 34's IDT (Interdisciplinary Team - MDS Licensed Vocational Nurse, Social Service Director, Director of Rehab, activities Director and Certified Nurse Assistant) Care Conference, dated April 15, 2025, indicated, Resident 34 did not have an AD. There was no documented evidence Resident 34 or RP were provided follow up on the right to formulate an AD. On June 12, 2025, at 2:04 p.m., a concurrent interview and record review of Resident 34's IDT Care Conference form was conducted with the SSD. The SSD stated residents in the facility were provided an acknowledgement form upon admission and if they had an AD, they would request a copy to be available in the facility. The SSD stated if they did not have one, they would provide a handout with information and provide education on how to formulate one. The SSD stated if the resident did not wish to have an AD, a follow up with the resident or RP about AD would be conducted quarterly during a resident's care conference. The SSD stated there was no documentation which indicated Resident 34 and/or RP were provided follow up information during the care conference on April 15, 2025. The SSD stated if there was no AD on file there was a potential for the facility to not be able to honor their wishes for care. 4. On June 9, 2025, at 11:10 a.m., an interview was conducted with Resident 35. Resident 35 stated was unsure if he has an AD. Resident 35's admission record was reviewed. Resident 35 was admitted to the facility on [DATE], with diagnoses which included hypertensive chronic kidney disease (high blood pressure has been damaging the kidneys over a long period of time) and moderate protein-calorie malnutrition (the body is not geeing enough protein and calories). A review of the Advance Directive / POLST Acknowledgment Form, dated September 27, 2024, indicated, .I have not executed an Advance Directive for Health Care .I do not wish to do so at this time . A review of Resident 35's POLST, dated November 15, 2024, did not indicate Resident 35 had an AD. (continued on next page)

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of Resident 35's IDT (Interdisciplinary Team - MDS Licensed Vocational Nurse, Social Service Director, Director of Rehab, activities Director and Certified Nurse Assistant) Care Conference, dated April 15, 2025, indicated, Resident 35 did not have an AD. A review of Resident 35's MDS, dated April 17, 2025, indicated Resident 35 had BIMS score of 13 (intact cognitive response). A review of the Social Services Assessment, dated May 23, 2025, indicated Resident 35 did not have an Advance Directive. There was no documented evidence Resident 35 or RP were provided follow up on the right to formulate an AD. On June 12, 2025, at 2:06 p.m., a concurrent interview and record review of Resident 35's IDT Care Conference form was conducted with the SSD. The SSD stated residents in the facility were provided an acknowledgement form upon admission and if they had an AD, they would request a copy to be available in the facility. The SSD stated if they did not have one, they would provide a handout with information and provide education on how to formulate one. The SSD stated if the resident did not wish to have an AD, a follow up with the resident or RP about AD would be conducted quarterly during a resident's care conference. The SSD stated there was no documentation which indicated Resident 35 and/or RP were provided follow up information during the care conference on April 15, 2025. The SSD stated if there was no AD on file there was a potential for the facility to not be able to honor their wishes for care.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. Based on observations, interviews, and record review, the facility failed to ensure proper medication administration practices were followed when the licensed nurse did not observe the resident take the medication and left the medication at bedside for one of five residents (Resident 26). This failure had the potential for the resident to not consume the medication as ordered and experience adverse effects as a result of not consuming the medication. Findings: During a concurrent observation and interview on June 9, 2025, at 9:45 a.m. with Resident 26 in her room, one clear medication cup filled halfway with orange liquid was observed on top of Resident 26's bedside table. Resident 26 acknowledged the liquid was her medication. During a concurrent observation and interview on June 9, 2025, at 9:46 a.m. with Licensed Vocational Nurse (LVN) 1 inside Resident 26's room, LVN 1 verified the orange liquid medication at Resident 26's bedside was potassium chloride which was Resident 26's scheduled 9 a.m. medication. LVN 1 stated the medication should not have been left at the bedside and stated she should have observed Resident 26 take the medication. LVN 1 stated it was important to observe the resident take the medication to ensure the effectiveness of the medication for their health and safety. During an interview on June 12, 2025, at 10:21 a.m. with the Director of Nursing (DON), the DON stated nursing staff were expected to observe residents take their medications and medications should not be left at the bedside. The DON stated it was important to make sure the resident received the medication as ordered and to prevent any adverse effects related to not receiving the medication. A review of the facility's policy and procedure titled, Administering Oral Medications, dated September 2023, indicated, .remain with the resident until all medications have been taken .

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, the facility failed to store, prepare, and distribute food in accordance with professional standards for food service safety when five large plastic basins used for ice and food items were stacked and stored wet. This failure had the potential to cause foodborne illnesses in 52 medically vulnerable resident population who consumed food in the facility. Findings: During the initial tour in the kitchen, an observation and concurrent interview with the Dietary Services Supervisor (DSS) on June 9, 2025, at 9:05 a.m. was conducted. Five large plastic basins were observed stacked wet and stored on a metal storage shelf. The DSS stated the plastic basins were wet and stacked on top of each other. He stated that all dishes, pots, and pans should be air-dried and completely dried before stored away in their designated area. During an interview on June 11, 2021, at 3:15 p.m., the Registered Dietitian (RD) stated all dishes, pots, pans, and utensils needed to be air-dried before stored away. She stated the moisture environment could induce bacteria or mold growth. According to FDA Federal Food Code 2022, Section 4-901.11 Equipment and Utensils, Air-Drying Required, after cleaning and sanitizing, equipment, and utensils .shall be air-dried .before contact with food .

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to ensure infection control practices were implemented when nursing staff did not clean and disinfect a shared blood pressure cuff and stethoscope according to the disposable wipe manufacturer's specified contact time (the time the resident equipment was to remain wet to kill micro-organisms [germs]) for one of four residents reviewed for medication administration (Resident 31). This failure had the potential to expose vulnerable residents to cross-contamination and increased the risk of infection. Findings: During a medication pass observation on June 11, 2025, at 8:04 a.m., LVN 2 was observed wiping a shared manual blood pressure cuff and stethoscope with a germicidal disposable wipe. LVN 2 did not leave the blood pressure cuff and stethoscope visibly wet for at least two minutes, as required. In a concurrent interview with LVN 2, LVN 2 stated the equipment needed to remain wet for one minute. LVN 2 stated, the manufacturer's instructions from germicidal disposable wipe container indicated to leave wet for two minutes. LVN 2 stated she should have kept the equipment wet for two minutes. LVN 2 stated it was important to follow the manufacturer's instructions to effectively kill bacteria and prevent the spread of infection. During an interview on June 11, 2025, at 12:25 p.m. with the Infection Preventionist (IP), the IP stated the staff are expected to disinfect shared equipment, such as blood pressure cuffs and stethoscopes, after each use. The IP stated nursing staff should have followed the manufacturer's instructions and the resident shared equipment should have remained visibly wet for two minutes. The IP stated it was important to follow manufacturer's instructions to prevent the spread of infection. During an interview on June 12, 2025, at 10:14 a.m. with the Director of Nursing (DON), the DON stated the expectation was for nursing staff to follow the germicidal disposable wipe manufacturer's instructions regarding the recommended contact time. The DON stated it was important to follow the manufacturer's instructions to properly disinfect and prevent the spread of infection. A review of the facility's policy and procedure titled, Cleaning and Disinfection of Resident-Care Items and Equipment, dated September 2024, indicated, .reusable resident care equipment is decontaminated and/or sterilized between residents according to manufacturer's instructions . A review of the manufacturer's instructions for disinfecting time for the [brand name] Germicidal Disposable Wipes provided by the facility, indicated, .to disinfect .thoroughly wet surface .allow surface to remain wet for two (2) minutes .

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure multi-resident bedrooms provided the required minimum of 80 sq ft (square feet - unit of measurement) per resident in 16 out of 22 rooms (Rooms 2, 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 21, 22, 23, 24, and 25). This failure had the potential to negatively affect the residents' quality of life. Findings: A review of facility document titled, SQUARE FOOTAGE STATISTICS FOR RESIDENT ROOMS, dated July 5, 2012, indicated a list of rooms with less than 80 sq ft per resident. The document indicated the room measurements, square footage, and the approved maximum capacity for each room: - room [ROOM NUMBER] (three-bed) - total of 220 sq ft (73.3 sq ft per resident) - room [ROOM NUMBER] (three-bed) - total of 216 sq ft (72 sq ft per resident) - room [ROOM NUMBER] (three-bed) - total of 218 sq ft (72.7 sq ft per resident) - room [ROOM NUMBER] (three-bed) - total of 218 sq ft (72.7 sq ft per resident) - room [ROOM NUMBER] (three-bed) - total of 216 sq ft (72 sq ft per resident) - room [ROOM NUMBER] (three-bed) - total of 218 sq ft (72.7 sq ft per resident) - room [ROOM NUMBER] (three-bed) - total of 216 sq ft (72 sq ft per resident) - room [ROOM NUMBER] (three-bed) - total of 216 sq ft (72 sq ft per resident) - room [ROOM NUMBER] (three-bed) - total of 218 sq ft (72.7 sq ft per resident) - room [ROOM NUMBER] (two-bed) - total of 144 sq ft (72 sq ft per resident) - room [ROOM NUMBER] (three-bed) - total of 218 sq ft (72.7 sq ft per resident) - room [ROOM NUMBER] (three-bed) - total of 215 sq ft (71.7 sq ft per resident) - room [ROOM NUMBER] (three-bed) - total of 215 sq ft (71.7 sq ft per resident) - room [ROOM NUMBER] (three-bed) - total of 218 sq ft (72.7 sq ft per resident) - room [ROOM NUMBER] (three-bed) - total of 216 sq ft (72 sq ft per resident) - room [ROOM NUMBER] (three-bed) - total of 221 sq ft (73.7 sq ft per resident) (continued on next page)

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F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	During the survey days from June 9, 2025, to June 12, 2025, observations were made of care provided in rooms with less than 80 sq ft per resident. The room sizes did not appear to limit the provision of care. No negative impacts on the health, safety, and comfort of the residents were observed. Residents interviewed stated they were comfortable in their rooms and had no concerns related to space or privacy. On June 12, 2025, at 12:55 p.m., an interview was conducted with the Director of Nursing (DON). The DON stated some facility rooms were smaller than than the required 80 sq ft per resident. The DON stated there have been no complaints or concerns from staff and residents regarding space and privacy. The DON further stated staff kept the rooms clutter free and did not leave any equipment in residents' rooms. On June 12, 2025, at 1:15 p.m., an interview was conducted with the Administrator (ADM). The ADM stated, per policy, the facility was required to provide at least 80 square feet per resident in multi-resident rooms. The ADM stated there had been no complaints regarding room size or barriers to care provision and that the facility was requesting a continued room waiver for Rooms 2, 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 21, 22, 23, 24, and 25. A review of facility's policy and procedure titled, Room Measurement, dated July 2023, indicated, . it is the policy of this facility to ensure that resident is comfortable with the living space in his/her room .the required room measurement is [sic] least 80 square feet per resident in multiple resident bedrooms and at least 100 square feet in single resident rooms .facility will assess an adverse effect on the resident's health and safety or if it impedes the ability of any resident in that room to attain his or her highest practicable well-being . resident will be offered for [sic] room change if the room size affects resident's comfort level .