

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555368	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2024
NAME OF PROVIDER OR SUPPLIER Century Villa, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 301 Centinela Ave Inglewood, CA 90302	

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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>48712</p> <p>Based on observation, interview, and record review, the facility failed to ensure the Infection Preventionist (IP), Licensed Vocational Nurse (LVN) 1, LVN2, and Certified Nursing Assistant (CNA) 2 had an annual competency checklist (yearly nursing skills assessment) performed.</p> <p>This deficient practice had the potential to result in staff providing substandard quality of care to residents due to lack of training/assessment.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 8/13/2024 at 3:36 p.m. with the Director of Staff Development (DSD), random employee files were reviewed. The DSD was unable to show annual competencies were completed for three Licensed Vocational Nurses (LVN1, LVN2, the IP) and for one CNA2. The DSD stated staff completes a competency checklist upon hire, then an annual competency. The DSD stated the purpose of the annual competency was to check the nursing skills of the staff and how well they (staff) can do their jobs.</p> <p>During an interview on 8/13/2024 at 4:15 p.m. with the Director of Nursing (DON), the DON stated the staff complete a competency checklist upon hire, then an annual competency will be conducted. The checklists are completed to ensure staff are competent in their job and if they need additional training, it will be done. If this was not completed annually, the facility would not know if staffs are competent to provide quality care.</p> <p>During a review of the facility ' s undated policy and procedure (P&P) titled, Competency Evaluation, the P&P indicated checklists are used to document training and competency evaluations. The P&P indicated employee competency forms are maintained in the Staff Development office for the current training year. The P&P indicated the facility will evaluate each employee to assure appropriate competencies and skills for performing his or her job and to meet the needs of facility residents.</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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