

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555726	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2024
NAME OF PROVIDER OR SUPPLIER Mar Vista Country Villa Healthcare & Wellness		STREET ADDRESS, CITY, STATE, ZIP CODE 3966 Marcasele Ave Los Angeles, CA 90066	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43454</p> <p>Based on observation, interview and record review, the facility failed to provide care in a manner that maintained or enhanced a resident's dignity and respect in full recognition of her individuality for one of four sampled residents (Resident 1) by failing to provide a timely lunch tray as indicated on the facility ' s meal schedule.</p> <p>The deficient practice resulted in Resident 1 feeling irritable and uncomfortable due to hunger.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Admission Record indicated the resident was originally admitted to the facility on [DATE], with diagnoses that included, type two diabetes mellitus (DM-a chronic condition that affects the way the body processes blood sugar [glucose]), chronic kidney disease (CKD-a longstanding disease of the kidneys leading to renal failure), and major depressive disorder (a mental health condition that causes a persistently low or depressed mood and a loss of interest in activities that once brought joy).</p> <p>A review of Resident 1's Minimum Data Set (MDS - a comprehensive standardized assessment and care-screening tool), dated 6/26/2024, indicated Resident 1 had moderately impaired cognition (mental action or process of acquiring knowledge and understanding) for daily decision-making and required supervision from staff with eating.</p> <p>During an observation of the facility on 7/29/2024 at 12:35 p.m., there were no meal carts observed in the hallway or lunch trays in residents ' rooms.</p> <p>During an observation of Resident 1 on 7/29/2024 at 12:37 p.m., Resident 1 was observed by the door of his room waiting for his lunch tray. Resident 1 was observed talking to a staff and stated, Where is my food?. Resident 1 was pacing back and forth inside his room, waiting for his lunch tray.</p> <p>During an interview with Resident 1 on 7/29/2024 at 12:40 p.m., Resident 1 stated, They always bring the food late. Resident 1 stated, by the time the lunch trays are brought in the room, it ' s already almost 1 p.m. and it makes him irritated because he is hungry.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Licensed Vocational Nurse (LVN 1) on 7/29/2024 at 12:41 p.m., LVN 1 stated, the food trays sometimes come in late because the certified nursing assistants (CNAs) have to bring the carts from the kitchen, in the basement, to the facility via foot. LVN 1 stated, the elevator in the building does not work and it has been out of service for a long time, therefore, the CNAs have to take the carts from the kitchen to the first floor which takes time.</p> <p>During an interview with Certified Nursing Assistant 1 (CNA1) on 7/29/2024 at 12:49 p.m., CNA1 stated, since the elevator in the facility has been out of service, they have to push the carts from the basement, to the first floor via the parking lot area, to a steep ramp and on to the first floor. CNA1 stated, sometimes they have to walk to the kitchen in the basement multiple times a day if they need anything in the basement. CNA1 stated, pushing the carts takes time and they sometimes cannot pick up the carts on time if they are in the middle of assisting residents, etc.</p> <p>During an interview with Certified Nursing Assistant 4 (CNA4) on 7/29/2024 at 12:58 p.m., CNA4 stated, they have to push heavy and large carts from the basement to the first floor to bring the meal trays for the residents and because of that, it takes away their time from assisting residents.</p> <p>A review of the facility ' s undated Meal Schedule, indicated the first cart of lunch trays must be on the floor for lunch at 12:15 p.m.</p> <p>A review of the facility ' s policy and procedure (P&P) titled, Resident Rights, revised 1/1/2012 indicated, employees are to treat all residents with kindness, respect, and dignity and honor the exercise of residents ' rights . Each resident is allowed to choose activities, schedules and health care that are consistent with his or her interest, assessments and plans of care, including: sleeping, eating, exercise and bathing schedules.</p> <p>A review of the facility ' s P&P titled, Meal Service Times, revised 7/1/2014 indicated, Meals are served at regularly scheduled hours . Meal times are typically at 7 a.m., 12 p.m. and 5 p.m.</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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>43454</p> <p>Based on interview, and record review, the facility failed to ensure the Director of Staff and Development (DSD) had the specific competencies and skill sets necessary to plan, implement, direct, and evaluate the facility ' s educational programs for all employees by failing to acquire the continuing education course required to be a DSD.</p> <p>This deficient practice placed all employees in the facility at risk for not receiving educational provisions that a DSD is generally responsible for.</p> <p>Findings:</p> <p>A review of the facility ' s Director of Staff Development Application Form, indicated the DSD application was approved on 6/8/2023.</p> <p>During an interview with the DSD on 7/29/2024 at 1:37 p.m., the DSD stated, she started performing the DSD duties and responsibilities in 3/2023. The DSD stated, she transitioned from Infection Preventionist Nurse (IPN) to DSD without finishing the required continuing education to perform the task of a DSD. The DSD stated, she did not have any choice because the previous DSD had resigned. The DSD further stated, she had to do all the required paper works herself, such as the continuing education so that she could submit the application and obtain her certificates.</p> <p>During an interview with Assistant Director of Nursing (ADON), the ADON stated the DSD was transitioned from IPN to DSD in 3/2023 because the previous DSD had resigned.</p> <p>A review of the facility ' s undated, job description titled, Director of Staff Development, indicated the DSD is responsible for planning, implementation, direction and evaluation of the facility ' s educational programs for all employees and quality assurance and improvement in the facility . Qualifications: has a 24-hours continuing education course in planning, implementing and evaluating educational programs in nursing.</p>		

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<p>F 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p>43454</p> <p>Based on interviews, and record review the facility ' s governing body (individuals such as facility owner(s), Chief Executive Officer(s), or other individuals who are legally responsible to establish and implement policies regarding the management and operations of the facility) failed to ensure the Administrator (ADM) who was responsible for managing and overseeing the implementation of policies and procedures reported the change in Administrator as required by State and Federal regulations.</p> <p>This deficient practice had the potential to affect the safety and over all well-being of 56 out of 56 residents and had the potential to result in poor management of the facility.</p> <p>Findings:</p> <p>A review of the Electronic Licensing Management System (ELMS - a State Department of Public Health data system created to manage state licensing-related data which lists the services that are associated to a healthcare facilities) indicated, as of 7/29/2024, the ADM of Skilled Nursing Facility 1 (SNF 1) had a different name from the current ADM of the facility.</p> <p>During an interview with the Assistant Director of Nursing (ADON) on 7/29/2024 at 11:31 a.m., the ADON stated, the ADM started on 10/2023, and was also an ADM at another facility.</p> <p>During an interview with the ADM on 7/29/2024 at 3:05 p.m., the ADM stated, he started in the facility on 10/2023. The ADM stated, he applied to the State Department for the Change of Ownership (CHOW - form that must be completed for disclosure purposes when changes are reported. For example, changes in an administrator, general partner, trustee or trust applicant, sole proprietor, executor, corporate officer or director, shareholders, parents or subsidiaries, facility agents, managers, and limited liability company members, as required by law, even though no change in legal ownership is occurring) in 10/2023. When asked for a copy of the application sent to the State Department, the ADM was unable to provide a document to the Surveyor. The ADM further stated, he does not have a copy of the application and that it is not a regulation to keep a copy.</p> <p>A review of the facility ' s policy and procedure (P&P) titled, Governing Body, revised 5/23/2019, the P&P indicated, The Governing Body appoints a qualified Administrator, who is licensed by the State of California, responsible for the management of the Facility and accountable to the Governing Body . The facility submits a new application package to the California Department of Public Health whenever a change in ownership occurs . All other changes are ported the Licensing and Certification District Office in writing within ten (10) days of the change.</p>		