

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 11/01/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45528</p> <p>Based on observation, interview, and record review, the facility failed to ensure that the catheter drainage (a bag that collects urine that drains from a catheter) bag for two of 26 sampled residents (Resident 46 and Resident 50) were placed inside a dignity bag.</p> <p>This deficient practice resulted in violation of Resident 46 and Resident 50's right to have dignity.</p> <p>Findings:</p> <p>During a review of Resident 50's Admission Record indicated Resident 50 was initially admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses including Acute Kidney Failure (AKI - a condition where the kidney's suddenly stop working properly, causing waste to build up in the blood), history of falling, and personal history transient ischemic attack (TIA - a temporary blockage of blood flow to the brain).</p> <p>During a review of Resident 50's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 10/8/2024, indicated Resident 2 is cognitive impairment (when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS indicated Resident 2 was dependent on staff for toileting, shower, chair to bed transfer and personal hygiene.</p> <p>During a concurrent observation and interview on 10/29/2024, at 8:49 A.M., with the Director of Nursing (DON), in Resident 50's room, DON was observed placing Resident 50's catheter drainage bag in a dignity bag. The DON stated she placed the catheter bag in the dignity bag for Resident 50's dignity.</p> <p>During a review of Resident 46's Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses that included, Dementia (decline in mental ability severe enough to interfere with daily functioning/life), mild cognitive impairment (an early stage of memory loss or other cognitive ability loss), muscle wasting and atrophy (Decrease in size of a body part or tissue), benign prostate hypertrophy (A condition in which the prostate gland(A gland in the male reproductive system) is larger than normal) and obstructive and reflux uropathy (a disorder of the urinary tract that occurs due to obstructed urinary flow).</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 46's history and physical (H&P) dated 07/16/2023, indicated Resident 46 had the capacity to understand and make decisions.</p> <p>During a review of Resident 46's MDS dated [DATE], indicated Resident 46 had moderately impaired cognition. The MDS also indicated Resident 46 required setup and clean-up with eating, supervision or touching assistance upper body dressing, substantial/maximal assistance with toileting, personal hygiene, and toilet transfer.</p> <p>During a tour on 10/29/24 at 11:11 am, Resident 46 was observed in the facility hallway seated in a wheelchair and using his legs to wheel himself around the facility. Resident 46 was also observed to have a urinary catheter (device that drains urine (pee) from the urinary bladder into a collection bag). Resident 46's drainage bag was observed to be hoisted and tucked in the back pocket located behind the resident's wheelchair. The urine bag was in open view with clear yellow fluid draining into the bag and no privacy cover.</p> <p>During a review of the facility's policy and procedures (P&P) dated 3/2017 title Resident Rights-Quality of Life, indicated, Policy Each resident shall be cared for in a manner that promotes and enhances the quality of life, dignity, respect, individuality and receives services in a person-centered manner, as well as those that support the resident in attaining or maintaining his/her highest practicable well-being .</p> <p>A. Helping the resident to keep urinary catheter bag covered.</p>		