

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 11/21/2024
NAME OF PROVIDER OR SUPPLIER Mar Vista Country Villa Healthcare & Wellness		STREET ADDRESS, CITY, STATE, ZIP CODE 3966 Marcaseel 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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42342</p> <p>Based on observation, interview, and record review the Licensed Vocational Nurse (LVN) 1 failed to replace missing Lidocaine patch (medication applied to skin for pain) for one of three sampled residents, Resident 1</p> <p>Failed to replace missing Florastor (probiotic supplement for the gut) for one of three sampled residents, Resident 3.</p> <p>These deficient practices caused LVN 1 to borrow the Lidocaine patch from Resident 2 which placed Resident 2 at risk of not having enough Lidocaine patches available when needed and caused Resident 3 to miss a scheduled dose.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated the facility originally admitted this [AGE] year-old female on 9/12/2022 and most recently on 6/3/2024 with diagnoses including Cirrhosis of the liver (chronic liver disease), Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), Essential Hypertension (HTN-high blood pressure), Chronic Obstructive Pulmonary Disease (COPD-a chronic lung disease causing difficulty in breathing) and End stage Renal Disease (ESRD- (End Stage Renal Disease-irreversible kidney failure) on Hemodialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed).</p> <p>A review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 8/22/2024 indicated Resident 1's cognition (mental ability to make decisions for daily living) was intact. Resident 1 required supervision (helper provided verbal cues and or touching/steadying and/or contact guard assistance as resident completes activity) with toileting, personal hygiene, and transfers (moving between surfaces) from bed to wheelchair.</p> <p>A review of Resident 1's physician order dated 9/17/2024 indicated Lidocaine External Patch 5% (Lidocaine) Apply to left forearm topically one time a day every Tuesday, Thursday, Saturday for pain, remove patches after 12 hours leave on for 12 hours only within a 24-hour period and remove per schedule.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 1's physician order dated 9/17/2024 indicated Hemodialysis every Tuesday, Thursday, and Saturday at 1:15 p.m.</p> <p>A review of the facility consolidated delivery sheet signed on 11/6/2024 indicated the facility received 12 Lidocaine patches for Resident 1.</p> <p>A review of Resident 2's Admission Record indicated the facility admitted this [AGE] year-old female on 8/29/2024 with diagnoses including diarrhea, Osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage), Nicotine Dependence (cigarette use), chronic kidney disease (CKD-chronic kidney failure) and Anemia (a condition where the body does not have enough healthy red blood cells).</p> <p>A review of Resident 2' Minimum Data Set, dated dated [DATE] indicated Resident 2's cognition (mental ability to make decisions for daily living) was intact. Resident 2 required moderate assistance (helper does less than half the effort) with toileting, personal hygiene, and transfers (moving between surfaces) from bed to wheelchair.</p> <p>A review of Resident 2's physician order dated 10/15/2024 indicated Lidocaine External Patch 5% Apply to back topically one time a day for pain management and remove per schedule.</p> <p>A review of Resident 3's Admission Record indicated the facility admitted this [AGE] year old male pm 7/2/2024 with diagnoses including left lower leg fracture, DM, CKD, Benign Prostatic Hypertrophy (BPH-enlarged prostate), Gout (inflammatory joint swelling), and unspecified protein calorie malnutrition.</p> <p>A review of Resident 3's Minimum Data Set, dated dated [DATE] indicated Resident 3's cognition (mental ability to make decisions for daily living) was intact. Resident 3 required supervision (helper provided verbal cues and or touching/steadying and/or contact guard assistance as resident completes activity) with toileting, personal hygiene, and transfers (moving between surfaces) from bed to wheelchair.</p> <p>A review of Resident 3's physician order dated 7/2/2024 indicated Florastor Oral Capsule 250mg (Saccharomyces boulardil) give 1 capsule by mouth two times a day for supplement.</p> <p>A review of Resident 3's Medication Administration Record (MAR) entry for Florastor dated 11/21/2024 indicated see progress note.</p> <p>On 11/7/2024 The California Department of Public Health (CDPH) received an anonymous complaint alleging the facility multiple resident's medications were missing from the medication carts.</p> <p>During a concurrent observation and interview on 11/21/2024 at 9:14 a.m. the Licensed Vocational Nurse (LVN) 1 during medication pass LVN 1 noted the bubble pack for Florastor was not inside of Resident 3's drawer. LVN 1 called the registered Nurse Supervisor (RNS) to the cart and handwritten note to the RNS then continued with medication pass. Florastor was not given. LVN 1 stated, I wrote down the Resident's name and the medication so the RNS can re-order the Florastor.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 11/21/2024 at 9:43 a.m. the Licensed Vocational Nurse (LVN) 1 at the medication cart in front of Resident 1's room, Resident 1's bag that contained Lidocaine patches was empty; LVN 1 left cart and returned with a Lidocaine Patch. LVN 1 stated, Resident 1 does not have any more patches, looks like they were re-ordered on 11/14/2024 but have not arrived . LVN 1 further stated LVN 1 went to the other medication cart and borrowed the Lidocaine patch from Resident 2's drawer.</p> <p>During a concurrent observation and interview on 11/21/2024 at 10:14 a.m. with LVN 2 at medication cart #3, Resident 2's bag of Lidocaine patched indicated quantity 10 and contained three patches inside of the bag. LVN 2 stated, These should be reordered .</p> <p>During an interview on 11/21/2024 at 10:17 a.m. the RNS stated LVN 1 asked to reorder Florastor for Resident 3. The RNS stated pharmacy was called and the medication should be delivered by 1:00 p.m. The RNS stated when the bubble pack of any medication is between 5-7 pills the medication should be re-ordered from the pharmacy. The RNS stated the LVN should follow up on receipt of the medication if not delivered, call pharmacy and endorse to next shift until the medication arrives. Lastly, The RNS stated borrowing medication from another resident is not permitted.</p> <p>During an interview on 11/21/2024 at 10:26 a.m. Resident 1 stated, There were times when they did not have my lidocaine patch for my dialysis access, but it was just a couple of times . Resident 1 went on to add it is very painful when they poke my access with a needle when Resident 1 goes to dialysis that is why they put the Lidocaine patch and cream on before dialysis to numb it, so it doesn't hurt. Lastly, Resident 1 added the times they did not have my patches happened last year.</p> <p>A review of the facility policy and procedure titled, Medication Administration revised 1/2012 indicated:</p> <p>I. Medication will be administered directed by a Licensed Nurse and upon the order of a physician or licensed independent practitioner.</p> <p>II. No medication will be used for any patient other than the patient for whom it was prescribed.</p> <p>I. Administration Of Medications</p> <p>A. Medication and biological orders will be received by a Licensed Nurse prior to administration.</p> <p>i. Orders will be reviewed for allergies, food/drug interaction.</p> <p>ii. Medications and treatments will be administered as prescribed to ensure compliance with dose guidelines.</p> <p>B The Licensed Nurse will prepare medications within one hour of administration.</p> <p>i. Medications may be administered one hour before or after the scheduled medication administration time.</p> <p>C. Tests and taking of vital signs, upon which administration of medications or treatments are conditioned, will be performed as required and the results recorded.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>i. When administration of the drug is dependent upon vital signs or testing, the vital signs/testing will be completed prior to administration of the medication and recorded in the medical record i.e. BP, pulse, finger stick blood glucose monitoring etc.</p> <p>Di Medications must be given to the resident by the Licensed Nurse preparing the medication.</p> <p>i. The Licensed Nurse will verify the resident's identity before administering the medication.</p> <p>E. The Licensed Nurse will chart the drug, time administered and initial his/her name with each medication administration and sign full name and title on each page of the Medication Administration Record (MAR).</p> <p>i. If the medication is given by injection, the site will be noted on the MAR.</p> <p>ii. Preparation of doses for more than one scheduled administration time will not be permitted.</p> <p>F. If the Attending Physician increases or changes a medication order, this is an automatic stop or discontinue order for the original order.</p> <p>G. If the resident has difficulty swallowing pills, the Licensed Nurse will notify the physician to discuss the possibility of a different form of the medication i.e. crushed, liquid or suspension. If the medication is to be crushed, a physician order is required.</p> <p>IP. Administration By Unlicensed Personnel</p> <p>A. Medications and treatments will be administered only by Licensed Medical or Licensed Nursing Staff with the following exceptions:</p> <p>i. Students in the healing arts professions may administer medications and treatments only when the administration or medications and treatments is incidental to their course of study as approved by the professional board or organization legally authorized to give such approval under supervision of their instructor.</p> <p>A. Whenever a medication is held for any reason, the hour it was held must be initialed and circled in the Medication Administration Record (MAR) by the responsible Licensed Nurse.</p> <p>B. The Licensed Nurse will document on the back of the MAR, noting the time and reason the medication was held.</p> <p>IVD PRN Medication Documentation</p> <p>A. When a PRN medication is given, it will be charted on the Medication Administration Record. The Nurse will document the reason given, reason for drug, route of administration, date, and time.</p> <p>B. The result of the PRN medication will be charted by the responsible Nurse on the back of the MAR.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A. If resident is refusing to take medication, time of refusal must be circled in the Medication Administration Record (MAR) and initialed by the Licensed Nurse who is passing meds and documentation will be entered on the back of the MAR stating the reason for the refusal. The Licensed Nurse will attempt to give the medications several times, but if resident continues to refuse after one hour, the refused medications will be destroyed. Licensed Nurse will notify M.D. and document in the medical record.</p> <p>IX. Documentation</p> <p>The time and dose of the drug or treatment administered to the patient will be recorded in</p> <p>B. Recording will include the date, the time and the dosage of the medication or type of the treatment.</p> <p>C. Initials may be used, provided that the signature of the person administering the medication or treatment is also recorded on the medication or treatment record.</p> <p>A review of the facility policy and procedure titled, Medication Ordering and Receiving From Pharmacy revised 1/2018 indicated:</p> <p>A. Couriers/Drivers) wear identifiable uniforms or nametags so they are easily recognized when in the facility.</p> <p>B. After the contents are verified, the tote/ bag is secured by the pharmacy and given to the courier/driver].</p> <p>C. The dispensing pharmacy provides documentation of contents of the delivery to the courier/driver.</p> <p>D. The medications are transported in accordance with manufacturer's specifications and according to state and federal laws.</p> <p>1) The delivery is not exposed to extreme temperatures.</p> <p>2) The delivery is not left unsecured.</p> <p>3) The delivery is not exposed to contamination and is separated from medications being returned to the pharmacy.</p> <p>E. Upon arrival at the facility, the courier/driver] delivers the medication directly to a licensed nurse, facility representative or to an Automated Dispensing System (ADS).</p> <p>F. The pharmacy provides a method, such as a manifest, for both parties to confirm delivery and receipt of all items.</p> <p>G. The nurse receiving the delivery provides a written or electronic signature to the (courier/driver] as proof of delivery, or in the case of delivery to an ADS, an electronic receipt is generated.</p>		