

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 12/19/2024
NAME OF PROVIDER OR SUPPLIER Mar Vista Country Villa Healthcare & Wellness		STREET ADDRESS, CITY, STATE, ZIP CODE 3966 Marcasel 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 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>42342</p> <p>Based on observation, interview, and record review the facility failed to investigate a residents complaint allegation and make prompt efforts to resolve the resident ' s grievance for one of three sampled residents, Resident 1.</p> <p>This deficient practice resulted in inadequate available incontinent briefs in Resident 1 ' s size which the facility does not carry/stock.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Admission Record indicated the facility admitted Resident 1 on 7/22/2024 with diagnoses including chronic obstructive pulmonary disease(COPD-a chronic/ongoing lung disease causing difficulty in breathing), palliative care (compassionate care for people who are near the end of life provided at the person ' s home or within a health care facility), chronic respiratory failure with hypoxia (the lungs cannot remove enough oxygen from the blood), Morbid Obesity (disorder that involves too much body fat), heart failure (heart does not pump properly), GOUT (severe joint swelling), major depressive disorder (long term low mood), gastro-esophageal reflux disease (heartburn), glaucoma (long term eye condition), cardiac pacemaker and dependence on supplemental oxygen.</p> <p>A review of Resident 1 Minimum Data Set (MDS-resident assessment tool) dated 10/28/2024 indicated Resident 1 ' s cognition (mental ability to make decisions for daily living) was intact. The MDS indicated Resident 1 was dependent (helper does all the effort. Resident 1 does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity) with toileting, personal hygiene, and transfers (moving between surfaces) from bed to chair.</p> <p>On 12/06/2024 The California Department of Public Health received a complaint alleging Resident 1 ' s diapers were being stolen and the facility had not done anything to address the allegation.</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 12/19/2024 at 12:15 p.m. with Resident 1 inside Resident 1 ' s room, 1 pack of diapers with 2 incontinent briefs inside was noted on the bed with Resident 1. 1 incontinent brief was found inside Resident 1 ' s closet. Resident 1 stated, My hospice company orders my diapers from Amazon because I wear size 5 and the facility does not carry my size. I had 2 packs of diapers in my closet just the other day and now they are gone someone keeps taking them. I called the hospice company today and they said they were working on getting another vendor but who knows how long that will take. I told the social worker about it some time ago and again recently and they said they would put a lock on my closet but that has not happened yet.</p> <p>During a concurrent interview and record review on 12/19/2024 at 12:31 p.m. with the Director of Social Services (DSS), Resident 1 ' s Grievance/Complaint Investigation Report dated 12/17/2024 was reviewed. Resident 1 ' s Grievance/Complaint Investigation Report indicated Resident 1 reported concerns about missing incontinent briefs and that Resident 1 claimed staff were taking her incontinent briefs. Immediate action taken indicated informed department heads right away and asked maintenance to install lock on Resident 1 ' s closet. The DSS stated, I just talked to Resident 1 yesterday and Resident 1 informed the DSS about the missing (incontinent briefs). The DSS stated, I did check her closet on 12/18/2024 and saw two packs of (incontinent briefs), both were open, one pack was very full and the other had about three (incontinent briefs) left. I asked her if she wanted me to call hospice and she declined stating she would call. I did ask maintenance yesterday to put a lock on Resident 1 ' s closet door but I have to follow up because when I checked this morning, and it has not been done. I have 5 days follow up on grievances.</p> <p>During an interview on 12/19/2024 at 12:53 p.m. the Director of Nursing (DON) stated the DSS informed the DON of Resident 1 ' s allegation that someone was stealing Resident 1 ' s (incontinent briefs). The DON stated the facility was planning to put a lock on Resident 1 ' s closet in response to Resident 1 ' s allegation. The DON stated, We don ' t call hospice about the (incontinent briefs) they order them and have them delivered here we just receive them and put them in her closet when they arrive. Resident 1 cannot fit the (incontinent briefs) we have here that is why she gets them from hospice. I guess we can call the hospice to follow up on the diapers and if we can ' t get the (incontinent briefs) we will order them from . today. The DON stated, no we did not offer to order [Resident 1] more (incontinent briefs) when Resident 1 reported the allegation. The DON stated, no we did not investigate (Resident 1 ' s) allegation staff taking the diapers.</p> <p>During an interview on 12/19/2024 at 1:36 p.m. the Director of Central Supply (DCS) stated, we received 1 box with two packs of (incontinent briefs) on 12/16/2024 from . and I took them to (Resident 1 ' s) room and placed them in the closet and informed Resident 1.</p> <p>A review of the facility's policy and procedures titled, Grievances and Complaints revised (12/2017) indicated:</p> <p>Duties and Obligations of Staff</p> <p>A. When a Facility Staff member overhears or receives a grievance/ complaint from a resident, a resident ' s representative, or another interested family member of a resident concerning the resident ' s medical care, treatment, food, clothing, or behavior of other residents, etc., the Facility Staff member is encouraged to advise the resident that the resident may file a complaint or grievance without fear of reprisal or discrimination, and will assist the resident, or person acting on the resident ' s behalf, in filing a written complaint with the Facility.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>B. Facility Staff will inform the resident or the person acting on the resident ' s behalf that he or she may file a grievance/complaint with the Facility, the Ombudsman or the Department of Public Health, and/or Quality Improvement without fear of threat or any other form of reprisal.</p> <p>C. Staff members inform the resident or the person acting on the resident ' s behalf where to obtain a Resident Grievance/Complaint Investigation Report (See RR-11-Form C) and where to locate the procedures for filing a grievance or complaint (e.g., consumer board). All alleged abuse, mistreatment, neglect, injuries of unknown source, and misappropriation of property will be reported and investigated as indicated in policy AN-07 Reporting and Investigating Abuse.</p> <p>D. As necessary, the facility staff will take immediate action to prevent further potential violation of resident right while the alleged violation is being investigated.</p> <p>Grievance Investigation</p> <p>A. Upon receiving a grievance/complaint report, the Grievance Official or designee provides a copy of the grievance/complaint report to the appropriate department manager to begin the investigation, and subsequent resolution.</p> <p>B. The investigation and report includes, as applicable:</p> <ul style="list-style-type: none"> i. The date and time of the alleged grievance/complaint; ii. The circumstances surrounding the alleged grievance/complaint; iii. The location of the alleged grievance/complaint; iv. The names of any witnesses and their accounts of the alleged grievance/complaint; v. The resident ' s account of the alleged grievance/complaint; vi. The employee ' s account of the alleged grievance/complaint; vii. Accounts of any other individuals involved (i.e., employee ' s supervisor, etc.); and viii. Statement as to if the grievance/complaint was confirmed and corrective actions taken. <p>C. The Grievance Official will be provided with a completed Resident Grievance/Complaint Investigation Report within five (5) business days of the start of the investigation. (See RR - 11 - Form C - Resident Grievance/Complaint Investigation Report).</p> <p>D. If follow-up is required, the Grievance Official is responsible for ensuring that the follow-up action is taken in a timely manner.</p> <p>E. Social Services department will maintain copies of resident grievance/complaint reports for 3 years from the date of grievance decision.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>F. The Facility will inform the resident or his/ her representative of the findings of the investigation and any corrective actions recommended in a timely manner. The Facility may provide the resident or his/her representative with a copy of the Investigation Report.</p> <p>G. If the resident is not satisfied with the result of the investigation, or the recommended actions, he or she may file a written complaint to the local Long Term Care Ombudsman ' s office or to the California Department of Public Health. Addresses and telephone numbers of these agencies are posted on the facility consumer board.</p>		

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<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>42342</p> <p>Based on observation, interview and record review the facility failed to keep Hospice (compassionate care for people who are near the end of life provided at the person ' s home or within a health care facility) visit records for one of two sampled residents on Hospice, Resident 1.</p> <p>This deficient practice was not in line with the facility's policy and had the potential for nursing staff not be informed of any changes recommended by the hospice staff for Resident 1.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Admission Record indicated the facility admitted Resident 1 on 7/22/2024 with diagnoses including chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), Palliative care (compassionate care for people who are near the end of life provided at the person ' s home or within a health care facility), chronic respiratory failure with hypoxia (the lungs cannot remove enough oxygen from the blood), Morbid Obesity (disorder that involves too much body fat), heart failure (heart does not pump properly), GOUT (severe joint swelling), major depressive disorder (long term low mood), gastro-esophageal reflux disease (heartburn), glaucoma (long term eye condition), cardiac pacemaker and dependence on supplemental Oxygen.</p> <p>A review of Resident 1 Minimum Data Set (MDS- a resident assessment tool) dated 10/28/2024 indicated Resident 1 ' s cognition (mental ability to make decisions for daily living) was intact. The MDS indicated Resident 1 was dependent (helper does all the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity) with toileting, personal hygiene, and transfers (moving between surfaces) from bed to chair.</p> <p>During an observation on 12/19/2024 at 11:34 a.m. the facility Hospice binder was reviewed, Resident 1 ' s Hospice visit calendar dated 7/2024, Hospice orders dated 7/2024 and hospice consent dated 7/2024 were reviewed. The binder did not contain Resident 1 ' s hospice nursing visit notes nor hospice doctor visit notes.</p> <p>During an interview on 12/19/2024 at 12:53 p.m. the Director of Nursing (DON) stated, We don ' t have any of the hospice notes here for (Resident 1). I know we are supposed to have them but honestly I have not followed up with them to get the notes and I don ' t attend the hospice meetings.</p> <p>During an interview on 12/19/2024 at 1:38 p.m. with the Director of Medical Records (DMR) stated, Resident 1 was admitted to the facility on hospice in 7/2024, I do not have any progress notes in the electronic medical system (EMR) from hospice let me call them to request.</p> <p>A review of the facility's policy and procedures titled, Hospice Care of Residents revised 1/2012 indicated:</p> <p>V. Documentation</p> <p>(continued on next page)</p>		

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<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A. A Minimum Data Set (MDS) will be completed per RAI guidelines for a change in condition and/or when hospice care is discontinued for a resident.</p> <p>B. Hospice notes will be included in the Facility Progress Notes.</p> <p>i. Nursing Staff will be informed of any changes recommended by the hospice staff.</p> <p>C. All documentation concerning hospice services will be maintained in the resident's medical record.</p>