

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  01/30/2026
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure a resident's written notice of proposed transfer and discharge provided to the resident's responsible party and a copy sent to the office of the state long-term care ombudsman (a representative who assist residents in long-term care facilities with issues related to day-to-day care, health, safety, and personal preferences) at least thirty days prior to proposed discharge date for one of three sampled residents, Resident 1. This deficient practice had resulted in Resident 1 and Resident 1's responsible party feeling harassed and forced to sign a notice of proposed transfer and discharge document on 1/29/2026 for a proposed discharge date on 1/31/2026. Findings: A review of Resident 1's admission Record indicated, the resident was initially admitted to the facility on [DATE] and readmitted on [DATE] with a diagnoses including type 2 diabetes mellitus (a disease that result in too much sugar in the blood), end stage kidney disease (ESRD-- The stage of renal impairment that appears irreversible and permanent, and requires a regular course of dialysis or kidney transplantation to maintain life).A review of Resident 1's history and physical (H&amp;P) dated 11/25/2025 indicated Resident 1 has the capacity to understand and make decisions. A review of Resident 1's minimum data set (MDS- a resident assessment tool) dated 12/5/2025 the MDS indicated, Resident 1 had no cognitive (ability to acquire and understand knowledge) impairment, the MDS also indicated Resident 1 is independent to eating, oral hygiene, toileting hygiene, personal hygiene, upper body dressing. Requires setup or clean-up assistance for shower/bath self, putting on or taking off footwear. A review of Resident 1's Notice of Proposed Transfer and Discharge with notification date 1/2/2026, the record indicated, reason for discharge, The discharge is appropriate because your health has improved sufficiently so that you no longer require services provide by this facility. Resident/Representative signature and date were not completed. Facility representative signature is completed on 1/29/2026. A review of Resident 1's Physician's Order Summary dated 1/31/2026 at 6:13 PM indicated, discharge Resident 1 on 1/31/2026 with HH (home health) and DME (durable medical equipment), bed, and mattress. During an interview on 1/30/2026 at 10:44 AM with Resident 1, Resident 1 does not recall the notice of proposed discharge documents were provided to her or her responsible party within the last four weeks, felt rushed and harassed by the facility staff to sign a document and on the same day to discharge. During an interview on 1/30/2026 at 11:20 AM with the ombudsman, the ombudsman stated, the facility did not fax the notice of proposed discharge record until 1/30/2026, ombudsman had reminded the social services about the 30-day notice and keeping records. During an interview on 1/30/2026 at 12:45 PM with licensed vocational nurse (LVN) 2, LVN2 stated, part of his responsibility is planning and coordinating during resident discharges. LVN 2 stated I usually get a notification at least a week before a resident is discharged , it helps for a smooth and safe process. LVN 2 was provided Resident 1's discharge plan and notification on 1/29/2026 at 1:30 PM. LVN 2 stated, when I asked why the last-minute notice, I was told the</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  555726	Facility ID:  555726  If continuation sheet Page 1 of 2

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  01/30/2026
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>discharge is moved up and details were not provided. During an interview on 1/30/2026 at 1:05 PM with the social services director (SS), the SS stated once a notice of proposed discharge document is signed by a resident or responsible party, it will be faxed to the Ombudsman within 72 hours. In cases when a resident refuses to sign, reason why the resident did not sign will be noted and faxed to the Ombudsman. Resident 1 was informed the discharge plan on 1/2/2026 but declined to sign the document, the document was not faxed to the ombudsman. During an interview on 1/30/2026 with the facility administrator (ADM), the ADM stated, notice of proposed discharge didn't need to be faxed to the Ombudsman because it was not a facility initiated or involuntary discharge. A review of the facility's policy and procedure (P&amp;P) titled Notice of Transfer/Discharge revised on 2/7/2025 indicated, Prior to discharge, the facility will provide the resident/resident representative with Notice of Proposed Transfer and Discharge document. A copy of the notice of Proposed Transfer and Discharge will be placed in the Resident's medical Record and a copy faxed to the ombudsman. A review of the P&amp;P titled Notice of Transfer/Discharge revised on 7/19/2025 indicated, When a transfer or discharge is initiated by the facility, the facility will provide the resident, responsible party, and the Ombudsman with a Notice of Transfer and Discharge 30 days prior to the transfer or discharge unless the following exceptions apply: A. The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; B. The resident's health has improved to allow a more immediate transfer or discharge; C. The resident's urgent medical needs that cannot be met in the facility and requires immediate transfer; and D. The health of individuals in the facility would otherwise be endangered; In these cases, the notice will be given as soon as practicable.</p>