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| 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 03/12/2026 |
| 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) |
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| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on interview and record review the facility failed to obtain weight upon admission according to professional standards of practice for one of three sampled residents,(Resident 2).This deficient practice caused the Registered Dietician (RD) to use the most recent general acute care hospital (GACH) weight. This led to an inaccurate baseline weight causing Resident 2 to trigger a weight variance for weight loss and placed Resident 2 at risk for unnecessary weight gain.On 2/27/2026 The California Department of Public Health (CDPH) received a complaint alleging the facility neglects residents nutritional needs. A review of Resident 2's face sheet indicated the facility re-admitted Resident 2 on 1/27/2026 with diagnoses including sepsis (infection in the blood), osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage) of the hip and knee, cognitive communication deficit, hypokalemia (low potassium), hypothyroidism (low thyroid), hyperlipidemia (fat in the blood), thrombocytopenia, vitamin D deficiency, gastroesophageal reflux disease (GERD-heartburn), hypertension (high blood pressure) and disorder of phosphorus metabolism. A review of Resident 2's Minimum Data Set (MDS-a resident assessment tool) dated 2/3/2026 indicated Resident 2's cognition (mental ability to make decisions for daily living) was intact. The MDS indicated Resident 2 required supervision or touch assistance with eating (helper provides verbal cues and or touching to complete activity). Resident 2 required moderate assistance (helper does less than half the effort) with toileting and transferring in between surfaces. A review of Resident 2's physician order dated 1/27/2026 indicated RD consultation to evaluate and treat as needed. A review of Resident 2's dietary profile dated 2/3/2026 indicated no weights recorded. A review of Resident 2's physician order dated 2/13/2026 indicated weekly weights x 4 weeks. A review of Resident 2's Interdisciplinary Team (IDT) note dated 2/20/2026 indicated reason for review: MDS triggered significant weight change: 30-day comparison weight (1/24/2026): 110lbsWeight loss noted: approximately 19-19.2 lbs.Percentage weight change range: 17.3% to 17. 5%The weight change is considered clinically significant and places the resident at risk for malnutrition, functional decline, dehydration, and increased morbidity. During a concurrent interview and record review on 3/12/2026 at 1:52 p.m. with the RD. Resident 2's Care Plan revised by RD on 2/11/2026 titled, Resident 2 has nutritional problem or potential nutritional problem, at risk for malnutrition and related complications was reviewed. The Care Plan indicatedMonthly weight change:90.5lbs (pounds, unit of measurement) (2/9/2026)89.4 lbs. (2/4/2026)110 lbs. (1/24/2026)Down 20.6 lbs./18.7% x 1 month.The RD stated, Resident 2 did not have a weight documented at time of admission, so I used the last weight from the hospital. Ideally the restorative nursing assistant (RNA) would get the weight at admission, and I would use that weight as a baseline. I just noticed it triggered weight loss, I should probably change that.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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