

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 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 0550</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 a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45455</p> <p>Based on observation, interview, and record review, the facility failed to ensure the resident's right to be treated with dignity was maintained by not providing a dignity bag cover (a bag used to maintain a person's mobility, dignity, and comfort) for one out 14 sampled residents (Resident 46)</p> <p>This deficient practice has the potential to affect resident's sense of self-worth and self-esteem for Resident 46.</p> <p>Findings:</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>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 Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 7/17/2024, indicated Resident 46 had moderately impaired cognition (the mental inability to make decisions of daily living). 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>(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
---	-------	-----------

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 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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/29/2024 at 11:14 am, Restorative Nurse Assistant 1 (RNA1) stated Resident 46 should have a privacy cover over the catheter drainage bag to maintain the resident's dignity. RNA1 further stated she did not know who assisted Resident 46 to the wheelchair and did not provide a dignity bag for the catheter. RNA 1 was observed wheeling Resident 46 back to the resident's room and placed a dignity bag over Resident 46's catheter drainage bag then wheeled the resident towards the nursing station.</p> <p>During an interview on 11/01/24 at 04:34 PM, Director of Nursing (DON) stated a resident with catheter drainage bag must be provided a dignity bag, for decency, and for privacy and dignity.</p> <p>During a review of the facility's policy and procedures (P&P) titled Resident Rights-Quality of Life dated 03/2017, indicated, Demeaning practices and standards of care that compromise dignity are prohibited. Facility will promote dignity and assist resident as needed by:</p> <p>A. Helping the resident to keep urinary catheter bags covered .</p>		

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 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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45455</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were not left with the resident who was not capable of self-administering oral medications for one of 14 sample residents (Resident 29).</p> <p>This deficient practice had the potential to result in unauthorized/unintended person accessing/using the medications with the potential for harm through drug interactions and/or allergic reactions resulting in unnecessary hospitalizations and even death.</p> <p>Findings:</p> <p>During a review of Resident 29's admission record indicated Resident 29 was admitted to the facility on [DATE], with diagnoses that included diabetes mellitus (high sugar in the blood), dysphagia oropharyngeal phase (swallowing problems occurring in the mouth and/or the throat), congestive heart failure (a condition that develops when your heart doesn't pump enough blood for your body's needs), atrial fibrillation (irregular heartbeat), malignant neoplasm of right female breast (breast cancer), hearing loss, and acute angle-closure glaucoma bilateral (a rapid or sudden increase in pressure inside the eye).</p> <p>During a review of Resident 29's History and Physical (H&P) dated 10/2/2024, indicated, Resident 29 had the capacity to understand and make medical decisions.</p> <p>During a review of Resident 29's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 9/28/2024, indicated Resident 29's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was intact. The MDS indicated Resident 29 required set-up or clean up assistance with eating and oral hygiene, partial/moderate assistance with upper body dressing, was dependent for lower body dressing.</p> <p>During a facility tour on 10/29/24 at 9:17 AM, Resident 29 was observed to be hard of hearing and had the following medications on top of Resident 29's bedside drawer:</p> <ol style="list-style-type: none"> 1. Children's Afrin Nasal Decongestant (Medication that makes breathing easier). 2. Icy Hot Max with Lidocaine 4% + Menthol 1% (Medication to treat minor aches and pains). 3. 2 tubes of Triple antibiotic ointment (Medication to treat/prevent infection) 4. Chocolated laxative (Medication to treat constipation) pieces 12-piece block. 5. Xlear Nasal Decongestant (Medication that makes breathing easier). <p>During an interview 10/29/24 at 9:21 AM, Resident 29 stated the medications belong to Resident 29. Resident 29 stated, the medications are not toxic and, (Resident 29) was cleared by emergency room (ER) doctor to have the medications at bedside. Resident 29 additionally stated she provides her own medication.</p> <p>(continued on next page)</p>		

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 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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/29/24 at 9:27 AM, Licensed Vocational Nurse 2 (LVN 2) stated, Residents cannot have medications at bedside, unless they have a doctor's order, and the resident has been cleared and has demonstrated she can safely self-administer the medication. LVN 2 further stated Resident 29, is legally blind and could inaccurately self-administer the medication which could result in her (Resident 29) developing side effects, and health complications.</p> <p>During an interview on 11/01/24 at 04:26 PM, Director of Nursing (DON) stated, Residents are only allowed to have Medications at the bedside if they have a physician's order and have been evaluated by demonstrating competence to safely self-administer the medication. DON further stated, taking medications not prescribed and without a physician's order, and/or having medications at bedside places Resident 29 and other wandering confused Resident at risk of incorrectly self-administering the medication which could cause side effects such as an allergic reaction, from drug interactions and/or accidental overdose.</p> <p>During a review of the facility's policy and procedures (P&P) titled Medication Self-Administration dated revised 01/01/2012, indicated, The facility will allow a Resident to self-administer medications when determined capable to do so by the interdisciplinary team (IDT-a group of healthcare professionals from different fields who work together to treat a patient's needs) and the Resident's attending physician. If a resident wants to self-administer medication, the IDT (Interdisciplinary team- a group of health care professionals with various areas of expertise who work together toward the goals of their clients) will assess the residents cognitive, physical, and visual ability to carry out this responsibility based on a review of an assessment by a licensed nurse .</p>		

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 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 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>Durring a review of Residents 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>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>(continued on next page)</p>		

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 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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>		

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 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 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46843</p> <p>Based on observation, and interview, the facility failed to ensure a quiet, comfortable, and homelike environment for two of six sampled residents. Residents 48 and 210.</p> <p>This failure resulted in residents not being able to fall asleep or remain asleep throughout the night. In addition to residents not being able to rest peacefully throughout the day in a homelike environment.</p> <p>Findings:</p> <p>During a review of Resident 210's Admission Record indicated Resident 210 was admitted to the facility on [DATE], with diagnoses that included: Hypertension (HTN- High or raised blood pressure, a condition in which the blood vessels have persistently raised pressure causing a high blood pressure reading), and muscle weakness (a lack of physical or muscle strength, throughout the body).</p> <p>During a review of Resident 210's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 9/29/2024, indicated Resident 210's cognition (the mental ability to make decisions of daily living) was intact. The MDs indicated Resident 210 could make decisions regarding daily care. Resident 210 requires some assistance from staff for toileting, hygiene, bathing, lower body dressing, and personal hygiene.</p> <p>During a review of Resident 48's Admission Record indicated Resident 48 was admitted to the facility on [DATE], with diagnoses that included: HTN, muscle weakness, hyperlipidemia (an abnormally high concentration of fats or lipids (any of a class of organic compounds that are fatty acids), in the blood).</p> <p>During a review of Resident 48's MDS dated [DATE], indicated Resident 48's cognition was intact, and could make decisions regarding daily care. The MDS indicated Resident 48 required some assistance from staff for toileting, hygiene, bathing, lower body dressing, and personal hygiene.</p> <p>During an interview on 10/29/2024 at 8:47 am, Resident 210 stated that she was unable to sleep due to noise at night and in the day time, and was uncomfortable because an unknown resident, is screaming often during the day and night time. Resident 210 stated she is worried for the resident that no one wants to help resident who screams. Resident 210 stated that she fears that one day she may need help, and no one will come to her aid. Resident 210 stated she would, like someone to go and help the poor lady.</p> <p>During an interview on 10/29/2024 at 8:59 am, Resident 48 stated that she is unable to sleep at night due to noise. Resident 48 stated, A resident screaming for help, no one attempting to help the resident. Resident 48 stated that resident, continues to scream for hours then she may stop for a short while then she will continue again for an extended period until the day shift comes into work, then someone goes to help her, or she stops screaming.</p> <p>(continued on next page)</p>		

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 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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During observation on 10/29/2024 at 8:52 am, during initial tour, a resident was heard continuously screaming and yelling. Staff were observed enter the resident's room, and the resident would calm down for a short time then would continue screaming for help until the next time a staff returned to the resident's room. The resident continued to scream on and off for 40 minutes and the stopped screaming/yelling.</p> <p>During an interview on 10/29/2024 at 9:30 am, Certified Nursing Assistant 6 (CNA 6) stated that the resident that is screaming does that all the time. CNA 6 stated that when someone goes to see what she needs then she stops screaming and once the staff member leaves the room she starts screaming again.</p> <p>During an interview on 10/30/24 at 09:37 am, Registered Nurse Supervisor (RNS) stated, there is a resident that yells for help, however, once we check on her she stops for a while and then starts to yell and call for help immediately after staff leave the room. RNS stated RNS was not sure if the resident yells at night, because she only works day shift.</p> <p>The facility did not have a policy and procedures on a quiet, comfortable, and homelike environment.</p>		

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 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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48026</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of four sampled residents' (Resident 27) Preadmission Screening and Resident Review (PASRR - a screening evaluation used to determine whether placement in a long term care facility is appropriate for the resident) Level II (a person-centered evaluation that helps determine placement and specialized services) assessment was completed as required by PASRR Level I (a tool that helps identify possible serious mental illness and/or intellectual/development disability) assessment.</p> <p>This deficient practice placed Resident 27 at risk for not receiving the necessary care and specialized services tailored to Resident 27's needs.</p> <p>Findings:</p> <p>During a review of Resident 27's care plans (a guideline for nurses to help them create and achieve a solid plan of action in the treatment of a resident) did not indicate any individualized rehabilitative treatments and services as required by PASRR Level II for Resident 27's mental health condition.</p> <p>During a review of Resident 27's face sheet (Admission Record- a document containing demographic and diagnostic information) indicated Resident 27 was admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses: metabolic encephalopathy, multiple sclerosis (a chronic, progressive disease involving damage to the nerve cells in the brain and spinal cord), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), bipolar disorder (mood swings that range from the lows of depression to elevated periods of emotional highs), paranoid personality disorder (a mental disorder characterized by lack of trust and is suspicious of others and the reasons for their actions), and schizophrenia (a mental illness that is characterized by disturbances in thought).</p> <p>During a review of Resident 27's PASRR Level 1 screening dated 11/30/2023, and 1/24/2024, indicated Resident 27 required a PASRR Level II mental health evaluation screening.</p> <p>During a review of Resident 27's nurse practitioner (NP - a registered nurse [RN] with advanced training and education who can diagnose and treat patients) progress notes dated 8/09/2024, indicated, Resident 27 had past medical history that included schizophrenia (a mental illness that is characterized by disturbances in thought), and depression (a common but serious mood disorder that causes a persistent feeling of sadness and loss of interest). The progress notes also indicated patient has the capacity to make medical decisions.</p> <p>During a review of Resident 27's history and physical (H&P - a physician's complete patient examination) dated 9/14/2024, indicated, Resident 27 had the capacity to make medical decisions.</p> <p>During a review of Resident 27's Minimum Data Set, (MDS - a federally mandated resident assessment tool) dated 9/20/2024, indicated, Resident 27 had the mental ability to make decisions on activities of daily living.</p> <p>(continued on next page)</p>		

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 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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 27's physician psychosocial note (a document that records a patient's mental health treatment, observations, and progress) dated 10/14/2024 at 4:01 pm, indicated, Resident 27's primary goal was to help Resident 27 develop coping strategies and engage in solution-focused and acceptance therapy. The physician psychosocial note also indicated a plan to continue with regular therapy sessions focused on acceptance and coping strategies.</p> <p>During a review of Resident 27's physician psychosocial note dated 10/28/2024 at 7:30 pm, indicated, Resident 27's primary goal was to address the ongoing depressive symptoms Resident 27 was experiencing. The physician psychosocial note also indicated a plan to continue providing emotional support to Resident 27 moving forward.</p> <p>During an interview with Minimum Data Set Coordinator (MDSC) on 11/01/2024 at 12:41 PM, when asked what happens if the resident was admitted to their facility with only PASRR Level I which indicated a PASRR Level II was required, MDSC stated the facility completes a PASRR Level I for accuracy and if the Level I required a Level II, MDSC is contacted by PASRR to visit the resident for a Level II assessment and evaluation.</p> <p>During an interview with MDSC on 11/01/2024 at 2:12 PM, MDSC stated the facility did not have a tracking log in place to track which residents require PASRR Level I and/or Level II. When MDSC was asked how MDSC would know which of the facility's residents require a PASRR Level II assessment when the facility was not keeping track of which residents require PASRR Level I and/or II, MDSC stated by checking if they have psychosis (a severe mental condition in which thought, and emotions are so affected that contact is lost with reality) or on psychotropic meds (medications that treat mental health disorders), will trigger Level II.</p> <p>During an interview with the Director of Nursing (DON - responsible for leading and supervising a nursing unit and ultimately responsible and accountable for the nursing care received by residents) on 11/01/2024 at 2:56 PM, the DON stated the facility don't have a tracking list to tell us which of our residents require or need PASRR II.</p> <p>During a review of the facility's policy and procedures (P&P - policy explains the rules and presents them in a logical framework while procedures outline the step-by-step implementation of various tasks) titled Comprehensive Person-Centered Care Planning revised on 11/2018, indicated, the baseline care plan summary will be developed an implemented within 48 hours of the resident's admission, which includes PASRR recommendations.</p> <p>During a review of the facility's P&P titled Admission Screening Resident Review (PASRR) revised on 9/01/2023, indicated, a PASRR Level II will be completed, when triggered.</p> <p>During a review of the facility's P&P titled Pre-Admission Screening Level II Resident Review revised on 9/2017, indicated, the Business Office Manager (BOM) or designee will log onto the PASRR portal daily to check for Level II determination and evaluator's reports. The P&P also indicated in the absence of the BOM or designee, the DON will review the PASRR portal for Level II determinations. The P&P also indicated the Interdisciplinary Team (IDT - a group of different healthcare professionals working together towards a common goal for a resident) will review Level II evaluation report to develop a care plan and arrange the specialized services recommended for the resident. The P&P indicated IDT will document reason(s) the Level II recommendations are not followed or implemented.</p>		

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 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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48026</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of two residents (Resident 15) by failing to:</p> <ol style="list-style-type: none"> 1) Identify Resident 15's indwelling catheter (a thin, hollow tube that's inserted into the bladder to drain urine) had yellow cloudy fluid with sediments. 2) Change Resident 15's indwelling catheter bag according to the physician's order and facility's policy and procedures titled Care of Catheter revised on 6/10/2021. <p>These deficient practices placed Resident 15 at increased risk for urinary tract infection (UTI-is an infection in any part of the urinary system).</p> <p>Findings:</p> <p>During a review of Resident 15's face sheet (Admission Record- a document containing demographic and diagnostic information) indicated Resident 15 was admitted on [DATE] and was readmitted on [DATE] with diagnoses including: hypertensive chronic kidney disease (elevated blood pressure), obstructive and reflux uropathy (a urinary tract condition that occurs when urine cannot drain properly causing the urine to back up into the kidneys), unspecified osteoarthritis (a progressive disorder of the joints caused by a gradual loss of cartilage), spinal stenosis (when the space inside the neck and chest bones are getting narrower causing pressure on the spinal cord), and fibromyalgia (ongoing disorder that causes pain and tenderness throughout the body, as well as fatigue and trouble sleeping).</p> <p>During a review of Resident 15's Physician Telephone Order dated 2/06/2024, indicated, Resident 15 to have an indwelling catheter for obstructive uropathy.</p> <p>During a review of Resident 15's Physician Telephone Order dated 2/06/2024 at 10:47 PM, indicated, to assess the urinary drainage (catheter bag) for signs and symptoms of infection, noting cloudiness, color, sediment .every shift. The ordering physician also ordered catheter care to be provided every shift for Resident 15.</p> <p>During a review of Resident 15's history and physical (H&P - a physician's complete patient examination) dated 2/07/2024, indicated, Resident 15 had the capacity to understand and make decisions.</p> <p>During a review of Resident 15's care plan titled indwelling catheter with date initiated on 4/24/2024, revision date on 10/15/2024, and a target date of 12/08/2024, indicated Resident 15's goal was to show no signs and symptoms of urinary infection. Care plan interventions indicated to monitor/record/report to the physician for signs and symptoms of UTI which included urine cloudiness.</p> <p>(continued on next page)</p>		

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 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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 15's Minimum Data Set, (MDS - a federally mandated resident assessment tool) dated 10/08/2024, indicated, Resident 15 had the mental ability to make decisions on activities of daily living. MDS indicated Resident 15 had an indwelling catheter and was completely dependent on staff with toileting hygiene (practice of minimizing the potential to spread germs in and around the toilet). MDS also indicated Resident 15 had a diagnosis of obstructive uropathy.</p> <p>During a review of a Physician Telephone Order dated 10/14/2024 at 1:06 PM, indicated, to change the catheter bag per schedule and as needed for Resident 15.</p> <p>During an observation of Resident 15's indwelling catheter on 10/29/2024 at 10:26 AM, Resident 15's catheter tubing was observed with yellow cloudy fluid with off white sediments. The indwelling catheter bag had a date of 10/21/2024 written on the bag.</p> <p>During a review of Resident 15's Long Term Care Evaluation notes dated 10/28/2024 at 00:53 AM, the long term care evaluation notes did not indicate indwelling catheter was changed for Resident 15.</p> <p>During a review of Resident 15's SBAR (Situation, Background, Assessment, Recommendation - a communication tool used by healthcare workers when there is a change of condition among the residents) dated 10/29/2024, indicated, Resident 15's indwelling catheter was noted with sediment in tubing.</p> <p>During a concurrent observation and interview with the Director of Nursing (DON - responsible for leading and supervising a nursing unit and ultimately responsible and accountable for the nursing care received by residents) on 10/29/2024 at 10:29 AM, DON was asked when Resident 15's indwelling catheter was last changed, DON was observed looking at the bag and stated 10/21/2024. When DON was asked when the bag was supposed to be changed, DON stated 10/27/2024 or on 10/28/2024 in the morning. DON was asked what was floating in the catheter tubing, DON stated that's sediment (bacteria and white blood cells are shed into the urine turning the urine cloudy). DON stated sediment may be due to infection. When asked what signs and symptoms resident may experience because of having sediment in the catheter tubing, DON stated resident may become confused, may have a fever, a tenderness in the lower abdomen, and increase pain. DON stated a physician should be called right away about the sediment in the catheter tubing.</p> <p>During a review of Resident 15's care plan titled catheter care with date initiated on 10/29/2024, indicated Resident 15's goal was to have no complications from cloudy urine with sediments. Care plan interventions indicated to render good pericare (practice of washing the genital and anal areas), flush catheter tubing, encourage resident to increase fluid intake, administer UTI-Stat (a ready to drink medical food that helps support urinary tract health) two times a day, and urinalysis and urine culture (urine tests using urine sample to help diagnose a urinary tract infection [UTI]).</p> <p>During a concurrent observation and interview with DSD on 10/29/2024 at 10:37 AM, Resident 15's indwelling catheter bag and tubing were observed. The indwelling catheter bag was dated 10/21/2024 and the catheter tubing had white sediments. When asked when was Resident 15's indwelling catheter bag changed, DSD looked at the indwelling catheter bag and stated, the date the bag was changed was written as 10/21/2024 . When asked what was floating in the indwelling catheter tubing, DSD stated sediment. When asked the meaning of sediments, DSD stated something is going on . because it (catheter tubing) was yellow, cloudy that means there's possible infection. DSD stated a physician should be called right away about the sediment in the catheter tubing.</p> <p>(continued on next page)</p>		

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 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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with RN Supervisor (RNS) on 10/31/2024 at 2:30 PM, RNS stated Resident 15's indwelling catheter bag was changed on 10/29/2024 by a treatment nurse because there were sediments in the catheter tubing. When asked what potential harm could cause Resident 15 for not changing the catheter bag per physician's order, RNS stated, bacterial (germs) may be growing in the bag, may [Resident] have an infection. RNS stated indwelling catheter bag should be changed every seven days.</p> <p>During a review of the facility's policy and procedures (P&P - policy explains the rules and presents them in a logical framework while procedures outline the step-by-step implementation of various tasks) titled Care of Catheter revised on 6/10/2021, indicated nursing staff will assess indwelling catheter for signs and symptoms of infection which included cloudiness and sediment in the urine. The P&P indicated a licensed nurse will notify the physician of any signs and symptoms of infection for clinical interventions.</p>

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 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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45455</p> <p>Based on observation, interview and record review, the facility failed to ensure two of 16 sampled residents (Residents 7 and 2) by failing to ensure:</p> <ol style="list-style-type: none"> 1. Resident 7 received the correct amount of prescribed (ordered) volume of oxygen (a colorless, odorless gas that is essential for life and the proper functioning of the body) as ordered by the physician. <p>This deficient practice resulted in Resident 7 receiving no oxygen per physician order and had the potential to negatively impact the Resident 7's health and well-being.</p> <ol style="list-style-type: none"> 2. Resident 2 received two liters (unit of measure) of continuous oxygen as ordered by the physician. <p>This deficient practice had the potential to cause complications associated with oxygen therapy.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a review of Resident 7's Admission Record indicated Resident 7 was admitted to the facility on [DATE] with diagnoses that included, encephalopathy (a change in your brain function due to injury or disease), diabetes mellitus (A disease in which the body does not control the amount of glucose (a type of sugar) in the blood), dysphagia, muscle wasting and atrophy (Decrease in size of a body part or tissue), protein calorie malnutrition (severe protein deficiency), and dementia (decline in mental ability severe enough to interfere with daily functioning/life). <p>During a review of Resident 1's history and physical (H&P) dated 09/01/2024, indicated Resident 7 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 7s Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 9/17/2024, indicated Resident 7 had severely impaired cognition (the mental ability to use mental processes to think, learn, remember, reason, pay attention, and solve problems). The MDS also indicated Resident 7 required partial to moderate assistance with eating, upper body dressing, and personal hygiene, for bed mobility sit to lying on side of the bed. The MDS also indicated the resident was non-ambulatory.</p> <p>During a review of Resident 7's Order Summary Report dated 11/1/2024 indicated a physician's order to administer oxygen at three (3) liters per minute via nasal cannula (a device used to deliver supplemental oxygen that should be placed directly on the resident's nostrils) continuously every shift for desaturation (low blood oxygen saturation).</p> <p>(continued on next page)</p>		

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 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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an initial tour on 10/29/2024 at 9:28 am, Resident 7 was observed asleep in bed, an oxygen concentrator machine (a medical device that concentrates oxygen from environmental air and delivers it to the resident in need of supplemental oxygen) was observed at bedside flowing at 3 liters per minute (L/min) flowing but the Resident's nasal cannula was not on Resident 7's nostrils. Upon further investigation, the nasal cannula was observed on Resident 7's chest and covered with the resident's linens.</p> <p>During an observation and a concurrent interview on 10/29/2024 at 9:34 am, Licensed Vocational Nurse 2 (LVN 2), stated Resident 7 has an order for continuous oxygen at 3L/min, a nasal cannula for desaturation, LVN 2 further stated, the nasal cannula is supposed to be placed on Resident 7's nostrils and not on [Resident 7's] chest. LVN 2 was also observed removing the nasal cannula from Resident 7's chest and placing the nasal cannula on the residents nostrils. Resident 7's oxygenation was assessed to be at 95%. LVN 2 stated, Resident 7 was at risk of desaturation (a decrease in the amount of oxygen in your blood, or a drop in blood oxygen levels), confusion from poor oxygenation to the brain and other vital organs and even death.</p> <p>During an interview on 11/001/2024 at 4:39 p.m., the Director of Nursing (DON) stated Resident 7 risked of not receiving oxygenation per doctor's order and could have suffered from desaturation which could lead to confusion and fatal outcomes.</p> <p>During a review of the facility's policy and procedures titled, Oxygen Therapy, dated 11/2017, indicated, The purpose of oxygen therapy is to ensure safe storage and administration of oxygen in the facility, Oxygen is administered under safe . conditions to meet resident needs. Licensed staff will administer oxygen per physician orders.</p> <p>45528</p> <p>2. During a review of Residents 2's Admission Record indicated the facility admitted Resident 2 on 7/22/2024 with diagnoses including chronic obstructive respiratory disease (COPD a common lung disease that makes it difficult to breath), Chronic respiratory failure with hypoxia (when the lung cannot get enough oxygen into the blood or remove enough carbon dioxide from the body), and heart failure (when the heart is unable to pump enough blood to meet the body's needs).</p> <p>During a review of Resident 2's MDS dated [DATE], indicated Resident 2 was cognitively intact. The MDS indicated Resident 2 was dependent on staff for toileting, shower, chair to bed transfer and personal hygiene. MDS further indicated Resident 2 had shortness of breath or trouble breathing when lying flat.</p> <p>During a concurrent observation and interview on 10/29/2024, at 12:49 pm., with Registered Nurse 1 (RNS 1), in Resident 2's room, Resident 2 was observed getting oxygen 3 liters via the nasal cannula. RNS 1 stated, Resident 2's oxygen flow rate was set at 3 liters.</p> <p>During a concurrent interview and record review, on 10/29/2024, at 12:53 pm., with RNS 1, Resident 2's physician orders, dated 7/23/2024 was reviewed. The physicians' orders indicated oxygen via nasal cannula at 2 liters. RNS 1 stated Resident 2's physician order stated 2 liter via nasal cannula and that Resident 2's oxygen concentrator should have been set at 2 liter per physicians orders. RNS 1 stated, oxygen is considered a medication and not following the physician's orders can lead to a medication error.</p> <p>(continued on next page)</p>		

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 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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/1/2024, at 3:36 P.M., with the Director of Nursing (DON), the DON stated oxygen needs to be given per physicians' orders, oxygen is a medication which when not given as ordered causes a medication error and not following the appropriate treatment for the resident if above or below the order. The DON stated Resident 2 has COPD and too much oxygen can cause the resident to have hypercapnia (a condition where there is too much carbon dioxide in the blood).</p> <p>During a review of facility's undated Job Description approved for Licensed Vocational Nurse, indicated . the following:</p> <ul style="list-style-type: none"> -Prepare/administer medication as ordered by the physician and within the legal scope of practice. -Identifies/assesses emergency medical situations. <p>During a review of facility's Policy and procedures dated 11/2017 title Oxygen Therapy, indicated, Oxygen is administered under safe and sanitary conditions to meet resident needs. Licensed nursing staff will administer oxygen as prescribed .</p> <p>D. Humidifier equipment will be maintained and/or changed per manufacturers guidelines or no more than every 7 days. They will be dated each time they are changed.</p>		

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 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 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>44253</p> <p>Based on interview and record review, the facility failed to complete performance evaluations annually for one out of five sampled staff.</p> <p>This deficient practice had the potential for residents to not receive the appropriate level of care needed affecting quality of care and potentially leading to resident harm.</p> <p>Findings:</p> <p>During a record review on 10/3/124 at 10:34 am., with the Director of Staff Development (DSD), the employee files of Certified Nursing Assistant 2 (CNA 2) was reviewed. CNA 2's employee file indicated CNA 2 was hired on 10/29/2001. The DSD stated there was no annual performance evaluation for the year 2023 or 2024 available for review in CNA 2's employee file. The DSD stated competencies are important to ensure staff are doing safe practices and are competent. The DSD stated, there is potential harm to residents if performance evaluations are not done.</p> <p>During an interview on 11/1/24 at 1:16 pm., the DON stated performance evaluations are annually and as needed. The DON stated competencies are evaluate to ensure staff have the proper skills to take care of the residents. The DON stated if performance evaluations are completed, the certified nursing assistants or licensed vocational nurse might give the proper care to residents.</p> <p>During a review of the facility's policy and procedures titled Staff Competency Assessment, revised 3/17/2022, indicated, The purpose of completing competency assessments is to determine knowledge and/ or performance of assigned responsibilities based on standard of practice, policy and procedure and regulatory requirement. Competency assessments will be performed upon higher during the employees 90-day employment, annually, or any time new equipment or procedures introduced and as needed.</p>		

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 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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46843</p> <p>Based on observation, interview, and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Remove expired Glucose Quality Control Solution from medication cart A. 2. Place expired Glucose Quality Control Solution in the correct original package/box. <p>These failures had the potential to cause confusion amongst staff and inaccurate blood sugar results to the residents in the facility.</p> <p>Findings:</p> <p>During a concurrent medication storage observation and interview on [DATE] at 2:13 pm, with License Vocational Nurse 5 (LVN 5), Medication Cart A was observed the Glucose Quality Control Solution box had an open date of [DATE] and a solution bottle was inside the box. The blood glucose solution bottle had a lot number was 030923A and the lot number on the box that the blood glucose solution was stored in, was 100625A. LVN 5 stated the Director of Nursing (DON) instructed staff that Glucose Quality Control Solution expires 28 days after opening the solution the blood glucose solution bottle. During a concurrent record review with LVN 5, the Glucose Meter Quality Control Results Log was reviewed. The Glucose Meter Quality Control Results Log indicated the blood glucose solution expires 28 days after opening and not the expiration date as indicated on the bottle.</p> <p>During the same interview, LVN 5 stated, if the nurses use expired Glucose Quality Control Solution it could give a false reading on the glucometer in which it could cause the nurses to administer unnecessary insulin to a patient and cause harm to the patients by lowering the blood sugar causing the resident to die or get very sick. LVN 5 stated she has never reviewed a policy for Glucose Meter Quality Control.</p> <p>During a concurrent observation, interview, and record on [DATE] at 2:33pm, with the DON, the Glucose Meter Quality Control Solution box had an open date of [DATE]. The DON stated she was not sure when the Glucose Quality Control Solution expires. The Glucose Meter Quality Control Results Log was also reviewed and the log indicated the glucose quality solution expires 28 days after opening, and not the expiration date on the bottle. The DON stated the nurses are to follow the instructions on the Blood Glucose Meter Quality Control Results Log and not the manufactures instructions. The DON stated the facility does not have a policy and procedures for the Glucometer or Glucose Quality Control Solution.</p> <p>During an interview on [DATE] at 8:56 am, the DON stated, If the staff uses expired Glucose Quality Control Solution it could give a false high or low blood glucose reading resulting in an inaccurate blood glucose reading. The DON stated, a false reading can cause the nurses to administer insulin or medication that could harm the residents by causing a resident to have a very low blood sugar that can cause them to go into a coma. The DON stated the facility do not have a policy and procedures for glucose meter or Glucose Quality Control Solution.</p>		

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 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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45455</p> <p>Based on observation, interview, and record review, the facility failed to ensure:</p> <ol style="list-style-type: none"> 1. Food was stored in a sanitary manner to prevent growth of microorganisms (germs) that could cause food borne illness (food poisoning: any illness resulting from the food spoilage of contaminated food, pathogenic bacteria, viruses, or parasites that contaminate food), as well as toxins for one of 14 residents (Resident 29). 2. Outside food brought in for the residents' stored in the residents' assigned refrigerator was discarded after 48 hours. 3. The residents' refrigertaor remained locked at all times. 4. Dented and expired canned food in the kitchen, are not stored in the same food storage room with and next to canned food ready to use for the residents. <p>These deficient practices placed the residents at increased risk to suffer foodborne illness and complications including upset stomach, stomach cramps, nausea, vomiting, diarrhea, and fever and unnecessary hospitalization .</p> <p>Findings:</p> <p>A. During a facility tour on [DATE] at 9:17 am., Resident 29 was observed to have a bottle of Tree Top 100% pure pressed Apple Juice on the floor by the left upper side of her bed. During a concurrent interview at same time, Resident 29 stated, I am hard of hearing, please speak loudly. Resident 29 stated a friend brought the bottle of apple juice a few days ago (unable to recall the date).</p> <p>During a review of Resident 29's admission record indicated Resident 29 was admitted to the facility on [DATE], with diagnoses that included diabetes mellitus (high sugar in the blood), dysphagia oropharyngeal phase (swallowing problems occurring in the mouth and/or the throat), congestive heart failure (a condition that develops when your heart doesn't pump enough blood for your body's needs), atrial fibrillation (irregular heartbeat) , malignant neoplasm of right female breast (breast cancer), hearing loss and acute angle-closure glaucoma bilateral (a rapid or sudden increase in pressure inside the eye).</p> <p>During a review of Resident 29's H&P dated [DATE] indicated, Resident 29 had the capacity to understand and make medical decisions.</p> <p>During a review of Resident 29's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated [DATE], indicated Resident 29's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was assessed to be intact. The MDS indicated Resident 29 required set-up or clean up assistance with eating and oral hygiene, partial/moderate assistance with upper body dressing, was dependent for lower body dressing.</p> <p>(continued on next page)</p>		

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 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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on [DATE] at 9:27 am., Licensed Vocational Nurse 2 (LVN 2) stated, the bottle of unopened apple juice on the floor by the left upper side of Resident 29's bed, should not be placed on the floor because it poses an infection control issue.</p> <p>During an interview on [DATE] at 11:10 am., Director of Nursing (DON) stated food brought in by visitors should be stored in Resident communal refrigerator and not on the floor. DON further stated environmental factors such as temperature fluctuations of excessive summer heat and/or cold due to poor storage could affect the potency and consistency of the food, the food can expire from prolonged poor storage and if consumed by a wandering resident and/or given to Resident 29 could lead to food poisoning due to poor storage.</p> <p>During a review of facility's policy and procedures titled Food Stored brought in by visitors dated, revised, and [DATE] indicated, The licensed staff will review the diet order with the Resident and provide education regarding ensuring safe food handling once the food is [NAME] to the facility.</p> <p>46843</p> <p>B. During observation in the walk-in food storage area in the kitchen on [DATE] at 7:14 am., the following were discovered stored together and next to canned food ready to use:</p> <ol style="list-style-type: none"> 1. One dented large can of A . Apple Sauce Sweetened 6lbs 10 oz had a label indicating received on [DATE]. However, there was no use by and or expire date posted on the can. 2. Unlabeled large can of K . Finest Irregular Diced Pears in Light Syrup 6 lbs 10 oz had a label indicating received on [DATE]. However, there was no use by and or expire date posted on the can. <p>During an interview, on [DATE] at 7:38 am., [NAME] 1 stated stored food should have an expiration and delivery date. [NAME] 1 stated labels with the delivery and expiration date should be placed on the food products to clearly alert staff when food will expire. [NAME] 1 also stated there should not be any dented canned food stored with the undented food ready to use for facility residents. [NAME] 1 stated dented cans containing food should be separated from the remaining food and returned to the manufacturer or discarded.</p> <p>During concurrent observation and interview, on [DATE] at 12:18 pm., Dietary Supervisor (DS) stated dented and or expired canned food must be separated and placed in the area labeled; do not use, return to manufacturer. DS stated, dented and or expired canned food can be used by mistake if left in the food storage area where non-expired food is kept. DS stated DS would discard the two cans of dented and or expired food immediately. DS stated nursing staff are responsible for food brought from outside the facility.</p> <p>During observation in the activity room on [DATE] at 1:50 pm., the unit refrigerator used to store food and snacks brought by for residents from outside the facility by family members was inspected. The unit refrigerator had four containers of food were dated [DATE]. The refrigerator was left unlocked allowing ambulatory residents frequent and easy access.</p> <p>(continued on next page)</p>		

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 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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview, on [DATE] at 1:54 pm., Infection Preventionist (IP) stated, food brought to residents from family members and friends are kept in the unit refrigerator. Food brought into the facility by family is kept in the refrigerator for 72 hours after the date it was brought into the facility. IP stated it is the responsibility of nursing staff to maintain the unit refrigerator and dispose of food stored in the refrigerator longer than 72 hours.</p> <p>During an interview on [DATE] at 1:58 pm., Director of Nursing (DON) stated, the Resident refrigerator is used to keep outside food. The food in the resident refrigerated is dated once it is placed in the unit refrigerator. The food is kept for 72 hours then it is discarded if not eaten within the 72 hours. DON stated the Activity Director (AD) is responsible for monitoring and discarding any expired food left in the refrigerator longer than 72 hours. The DON also stated that the refrigerator is to remain locked and only opened when a resident requests to eat the food they have stored in the refrigerator.</p> <p>During an interview on [DATE] at 3:06 pm., the Administrator (ADM) stated, the AD is responsible for discarding expired resident food, from outside sources. ADM stated that previously housekeeping and the nursing staff on the 11 pm to 7 am. shift, managed residents food brought from outside. However, the ADM stated outside food responsibility was shifted to the activity director about ten days ago and that there was a miscommunication about which staff was responsible for the residents food refrigerator. The ADM stated that due to miscommunication the staff were not aware of their responsibility to maintain the residents' refrigerator, so no one disposed of the expired food left in the refrigerator for residents to eat.</p> <p>During a review of the facility's policy and procedures (P&P) titled Food Storage dated revised ,d+[DATE], /2019, indicated Policy: Food items will be stored, thawed, and prepared in accordance with good sanitary practice. All items will be correctly labeled and dated. Procedure: VIII. Canned Fruit Storage Guidelines.</p> <p>A. Canned fruit should be stored in a dry, well-ventilated room at 50 F to 70 F.</p> <p>B. Cans should be stored with labels exposed for easy identification.</p> <p>C. Dented or bulging cans should be placed in separate storage area and returned for credit.</p> <p>D. Label and date all food items.</p> <p>E. Stock should be rotated with oldest cans in front.</p> <p>F. Recommended use is within 12 months.</p> <p>During a review of the facility's P&P titled Food Brought in by Visitors revised ,d+[DATE], indicated Policy: Food may be brought to a resident by visitors, if the food is compatible with the resident's plan of care. Procedure:</p> <p>I. The licensed staff will review the diet order with the resident/resident representative, and provide education regarding the diet orders as needed.</p> <p>(continued on next page)</p>		

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 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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A. The nurse assigned to the resident will also account for the resident's intake of food from sources outside the Facility. When food is brought into a nursing home prepared by others, the nursing home is responsible for Ensuring that the food container is clearly labeled with the resident's name and date received and stored in a refrigerator designated for this purpose. And provide resident and family with this policy about the use and storage of foods brought into by family or visitors as part of the admission packet. Ensure that staff is made aware of policy addressing food brought in by residents, family, or visitors by the DSD upon orientation and how to apply it.</p> <p>B. Ensuring safe food handling once the food is brought to the facility, including safe reheating and hot/cold holding, and handling of leftovers.</p> <p>II. Perishable food requiring refrigeration will be discarded after two (2) hours at bedside, and if refrigerated it will then be labeled, dated, and discarded after 48 hours.</p>		

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 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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>45528</p> <p>Based on observation, interview and record review, the facility failed to observe infection control measure for two of ten sampled residents (Resident 2 and Resident 50) by failing to ensure that:</p> <ol style="list-style-type: none"> 1. Resident 2's nasal cannula (a medical device that provides supplemental oxygen to the patient through two prongs that fit into the nostrils) tubing was not touching the floor. 2. Resident 2's oxygen (gas that is essential for life on earth) humidifier (a device that adds moisture to the air to prevent dryness) was changed after seven days per facility's policy. 3. Resident 50's supra pubic catheter (a thin tube that drains urine from the bladder through a small cut made in the lower abdomen [part of the body located between the chest and the hips]) drainage bag was not touching the floor. <p>These deficient practices had the potential to result in infections for Resident 2 and Resident 50.</p> <p>Finding:</p> <p>During a review of Residents 2's Admission Record indicated the facility admitted Resident 2 on 7/22/2024 with diagnoses including chronic obstructive respiratory disease (COPD a common lung disease that makes it difficult to breathe), Chronic respiratory failure with hypoxia (when the lung cannot get enough oxygen into the blood or remove enough carbon dioxide from the body), and heart failure (when the heart is unable to pump enough blood to meet the body's needs).</p> <p>During a review of Resident 2's physician orders dated 7/23/2024 indicated change humidifier, oxygen tubing and bag every Sunday. One time a day, every Sunday.</p> <p>During a review of Resident 2's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 7/29/2024, indicated Resident 2 was cognitively (the ability to use mental processes to think, learn, remember, reason, pay attention, and solve problems) intact. The MDS indicated Resident 2 was dependent on staff for toileting, shower, chair to bed transfer and personal hygiene. The MDS further indicated Resident 2 had shortness of breath or trouble breathing when lying flat.</p> <p>During an observation on 10/29/2024, at 12:49 pm., in Resident 2's room, oxygen tubing was observed on the floor under Resident 2's bed and oxygen humidifier was observed with a date of 10/13/2024.</p> <p>During a concurrent observation and interview on 10/29/2024, at 12:49 pm., with Registered Nurse 1 (RNS 1), in Resident 2's room, RNS 1 stated, the date on the humidifier was 10/13/2024. RNS 1 stated humidifiers should be changed as needed and when empty or consumed.</p> <p>During an interview on 11/1/2024, at 3:36 pm., with the Director of Nursing (DON), the DON stated oxygen tubing should not be on the floor because the dirt on the floor may cause an infection. The DON further stated oxygen humidifiers are changed weekly, dated for the day they have been changed to ensure that they are clean and for infection control reasons.</p> <p>(continued on next page)</p>		

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 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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Residents 50's Admission Record indicated the facility initially admitted Resident 50 on 4/24/2024 and readmitted Resident 50 on 10/1/2024 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 standard assessment and care screening 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 DON, in Resident 2's room, DON raised Resident 50's bed higher and the DON stated she was raising the bed so that the suprapubic catheter drainage bag was not touching the floor to prevent infection.</p> <p>During a review of facility's policy and procedures (P&P) dated 6/21/2022 title Infection Control, indicated, . to facilitate maintaining a safe, and sanitary, comfortable environment and to help prevent and manage transmission of diseases and infections . Purpose: To provide infection control policies and procedures required to a safe and sanitary environment.</p> <p>During a review of facility's P&P dated 11/2017 title Oxygen Therapy, indicated, Oxygen is administered under safe and sanitary conditions to meet resident needs. Licensed nursing staff will administer oxygen as prescribed .</p> <p>D. Humidifier equipment will be maintained and/or changed per manufacturers guidelines or no more than every 7 days. They will be dated each time they are changed.</p>		