STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555849	A. Building B. Wing	10/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vista Del Sol Care Center	11620 West Washington Blvd 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)
F 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop, implement, and/or maintain an effective training program for all new and existing staff members. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45528 Based on interview and record review, the facility failed to ensure that the kitchen staff met the annual Inservice training sessions and evaluation requirements on fire prevention for 8 out of 8 Kitchen staff. This deficient practice had the potential for a knowledge, and training deficit among the kitchen staff, leading to inadequate or delayed response to the fire safety of the Residents. Findings: During an interview on 10/9/2024, at 10:18 A.M., with the dietary cook (DC), the DC stated he has been working at the facility for [AGE] years. The DC stated he received Inservice on fire and safety upon hire and recently on the day of the fire incident that happened on 9/24/2024. The DC stated he does not recall receiving fire and safety training from the dietary supervisor (DS) any other time. During a concurrent interview and record review, on 10/9/2024, at 12:25 P.M., with the DS, the DC employee record and dietary Inservice binder were reviewed. The DS stated DC was trained on fire and safety upon hire, the day of the incident on 9/24/2024 and that there is no documented evidence of any other training in the employee file or Inservice dietary binder. The DS stated there is no other place where DC ' s inservices on fire safety can be found, to be honest, they (Kitchen staff) have not been trained on fire and safety since they got hired. I never did any training for anyone in the kitchen after the training they (Kitchen staff) received when they (kitchen staff) first got hired. I have not done a fire and safety class for the kitchen staff since I have been here, [AGE] years. During an interview on 10/9/2024, at 2:45 P.M., with the Facility Administrator (FA), the FA stated, competencies for fire and safety in the kitchen should be done at least annually by the department heads to ensure that the staff are capable and knowledgeable to be able to perform their job duties. If not done, we don ' t know they have the training and or if staff are suitable for the position that they are in. A review of facility ' s policy and procedures dated 1/1/2017 title Fire Prevention -Dietary Staff, indicated, All dietary employees will be instructed and work in a manner to reduce the possibility of a fire . 1. Employees attend the annual Inservice sessions of fire prevention.

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