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	06/23/2025

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to revise fall interventions to prevent repeated falls for one of four residents (Resident 1). Resident 1 was at risk for fall. As a result, Resident 1 suffered an unwitnessed fall on 6/07/2025 and was transferred to a general acute care hospital (GACH - a health facility having professional responsibility and an organized medical staff that provides 24-hour inpatient care) for further evaluation and care. The deficient practice also had the potential for Resident 1 to sustain serious injury and death. Findings: During a record review, the admission Record indicated Resident 1 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including unspecified dementia (a condition in which a person loses the ability to think, remember, learn, make decisions, and solve problems), displaced fracture of the neck of the femur (thigh bone), lack of coordination, and difficulty walking. During a record review, Resident 1's Care Plan (CP- a guideline for nurses to help them create and achieve a solid plan of action in the treatment of a patient)) on decline functional mobility and difficulty walking was created on 11/14/2024. The CP had a revision date of 6/06/2025. There CP goals and interventions did not reflect Resident 1 fell again on 6/07/2025. During a record review, Resident 1's Fall Risk Assessment (evaluates a person's likelihood of falling and identifies factors that increase their risks) dated 2/12/2025 indicated, Resident 1's fall risk score was three (a score of 10 or above represents high risk for falls). During a record review, Resident1's CP on actual fall incident initiated on 2/12/2025 and revised on 6/08/2025, indicated Resident 1 had a fall on 6/07/2025. The CP goal indicated Resident 1 will not sustain any injury from actual fall for a month. The CP interventions included to attend to Resident 1's needs immediately, to remind the resident to use the call light (a communication device that allows patients to request assistance from nurses or other healthcare staff), call light within reach, instruct Resident 1 to get up slowly and sit at the edge of the bed then stand up, and all items necessary that Resident 1 needed must be reachable. The CP goals and interventions did not reflect that Resident 1 fell again on 6/07/2025. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a record review, Resident 1's CP on non-compliant with safety initiated on 2/18/2025. The CP goal indicated Resident 1 will have no further fall or injury from fall daily in the next 90 days. The CP did not reflect revised goals and interventions in how the facility would prevent repeated falls. During a record review, Resident 1's Fall Risk assessment dated [DATE] indicated Resident 1's fall risk score was 10. During a record review, Resident 1's Situation-Background-Assessment-Recommendation (SBAR - a communication tool used by healthcare workers when there is a change of condition among the residents) dated 6/07/2025, indicated, Resident 1 was found lying on the floor on her right side with head up .around 5:45 PM. The SBAR indicated Resident 1 was able to move all four extremities (both arms and both legs), denied any pain. A medical doctor (MD) was notified who ordered to transfer Resident 1 to a GACH for further evaluation and treatment related to the unwitnessed fall. Resident 1's family member was also notified. During a record review, Resident 1's GACH's computer tomography (CT - a medical imaging technique that uses x-rays and computer technology to create detailed images of the body) of the neck and spine dated 6/07/2025, indicated no evidence of compression fracture or traumatic subluxation (partial dislocation) of the cervical spine. During a record review, Resident 1's GACH's x-ray of the right forearm (from elbow to the wrist) dated 6/07/2025, indicated no evidence of acute displaced fracture (bone break that has moved out of their normal alignment) or dislocation (a disruption of the normal position of the ends of two or more bones where they meet at a joint). During a record review, Resident 1's GACH's x-ray of the right knee dated 6/07/2025, indicated no evidence of acute displaced fracture or dislocation. During a record review, Resident 1's GACH's x-ray of the tibia (shin bone of the lower leg) and fibula (calf bone of the lower leg) dated 6/07/2025, indicated no evidence of acute displaced fracture or dislocation. During a record review, Resident 1's GACH's CT of the brain dated 6/07/2025, indicated no intracranial hemorrhage (bleeding between the brain and the skull) During a record review, Resident 1's GACH's Inter-Facility Transfer Report dated 6/07/2025, indicated, Resident 1 had precautions in place: high fall risk patient and potential age-related cognitive decline patient. The report also indicated, Resident 1's account of the fall seems to change on repeat questioning. During a record review, Resident 1's GACH's Hospital Classification Declaration, dated 6/07/2025, indicated, Resident 1 was at high risk for additional falls due to Resident 1's age ([AGE] years old), diagnoses including and mild dementia. During a record review of Resident 1's Fall Risk assessment dated [DATE] indicated, Resident 1's fall risk score was 12 (a score of 10 or above represents high risk for falls). (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation and interview on 6/18/2025 with Resident 1 in the resident's room, Resident 1 was observed to be confused. Resident 1 stated Resident 1 was at home with her children and the current date was September. During an interview on 6/18/2025 at 2 PM with Certified Nurse's Aide (CNA) 1, CNA 1 stated Resident 1's dementia is getting worse. During a concurrent interview and record review on 6/23/2025 at 2:17 PM with Licensed Vocational Nurse (LVN) 1, Resident 1's CP for actual fall incident on 6/07/2025 was reviewed. LVN 1 stated the CP did not indicate any revisions done for the fall of 6/07/2025. LVN 1 stated, the CP does not tell me it was or wasn't done. LVN 1 stated whenever a resident has another fall incident, LVN 1 creates a new care plan rather than revise the initial CP to address a new/repeated fall incident. LVN 1 stated for every fall, there should be another care plan. LVN 1 stated the initial CP interventions of placing the call light within reach and reminding the resident not to get up without assistance were not effective regardless of how many times we educate. LVN 1 stated Resident 1 may continue to have multiple fractures. During a concurrent interview and record review on 6/23/2025 at 2:43 PM with Registered Nurse Supervisor (RNS) 1, Resident 1's CP for actual fall incident on 6/07/2025. RNS 1 stated the interventions of the call light being within reach and reminding the resident not to get up without assistance, were not appropriate given Resident 1 has dementia and forgetfulness. RNS 1 stated I don't' think it's helping [Resident 1] .if we come up with a safety .a better way for [Resident 1] .such as every now and then, visual check. When asked if the stated interventions helped prevent Resident 1 from falling again, RNS 1 no, because 9Resident 1] fell again. RNS 1 stated a new CP should be written for each fall incident. RNS 1 stated only the revision date of 6/07/2025 was updated in the resident's CP and that the CP's goals and interventions were not revised to reflect Resident 1's most recent fall incident. During a concurrent interview and record review on 6/23/2025 at 3:32 PM with Director of Nursing (DON), Resident 1's CP on actual fall incident on 6/07/2025 was reviewed. DON acknowledged and stated that the CP indicated revision date was changed, but the CP goals and interventions were not changed/revised/updated to reflect Resident 1's most recent fall incident. DON stated that the facility expects the licensed nurses to follow the documentation and fall P&P, the in-services on fall risk/management. DON stated, this is what our problem is, they are not listening. During a record review, the facility 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 Plans, Comprehensive Person-Centered reviewed date of 12/2016 indicated, Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' condition changes. During a record review, the facility P&P titled Dementia - Clinical Protocol reviewed date of 3/2015 indicated, The IDT (Interdisciplinary Team - a group of different healthcare professionals working together towards a common goal for a resident) will identify and document the resident's condition and level of support needed during care planning and review changing needs as they arise. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a record review, the facility P&P titled Fall and Fall Risk, Managing reviewed date of 12/2007 indicated, The staff will monitor and document each resident's response to interventions intended to reduce falling or the risks of falling. The P&P also indicated, If the resident continues to fall, staff will re-evaluate the situation and whether it is appropriate to continue or change current interventions.