

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555849	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2025
NAME OF PROVIDER OR SUPPLIER Vista Del Sol Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on interview and record review the facility failed to implement its abuse prevention program policy and procedure by failing to verify potential candidate's background check for a history of abuse, neglect, or mistreatment prior to the employee start working in the facility for one Certified Nursing Assistant (CNA 1). This failure had the potential for mistreatment, neglect, misappropriation of property, and abuse of residents. Findings:During a concurrent interview and record review on 9/16/2025 at 2:01 p.m. with the Director of Staff Development (DSD) of CNA 1 file, it indicated CNA 1 was hired on 1/7 2025. CNA 1 had been working with a registered sex offender background record and that did not match the CNA's name or date of birth matching with their California identification card. The DSD stated that the pre-employment verification process should have accurate and stated the CNA's name and date of birth before the employee's start date. The DSD stated, she was unsure how the document indicating a registered sex offender ended up in the CNA's employee file. During an interview with the Director of Nurses (DON) 9/16/2025, at 2:43 PM, DON stated that when there is no employee background check done this puts the residents at risk of abuse, and is a safety concern. The DON stated she did not see the registered sex offender record in the chart and stated she did not recognize the individual's picture on the record. During a review of the facility's policy and procedure (P and P) titled, Abuse Prevention Program, dated 08/2006, the P and P indicated that the facility is committed to conducting thorough employee background checks to ensure the safety and well-being of its residents. The policy clearly states, The facility conducts employee background checks and will not knowingly employ any individual who has been convicted of abusing, neglecting, or mistreating individuals. Furthermore, the policy prohibits the employment of individuals found guilty of exploitation, mistreatment of residents, and misappropriation of their property.</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 555849	If continuation sheet Page 1 of 3

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>(continued on next page)</p>

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to investigate allegations of sexual abuse (non-consensual sexual contact of any type or sexual harassment), for one of three sampled residents (Resident 3) and report to California Department of Public Health (CDPH), Ombudsman (a representative that helps families and residents in long-term care facilities by investigating and resolving complaints and serving as an advocate), and to the local law enforcement within 2 hours, failed to suspend the individual involved in the abuse allegations. This deficient practice had the potential to place other facility residents at risk for abuse, and delay required onsite inspection by CDPH. A review of Resident 3's admission record indicated Resident 3 was admitted to the facility on [DATE] with a diagnosis including reduced mobility (having difficulty moving around easily or freely, affecting your ability to perform daily tasks like walking, standing), unspecified altered mental status (thinking, awareness, or behavior has changed from their normal state), essential primary hypertension (when the pressure in your blood vessels is too high). A review of Resident 3's Minimum Data Set (MDS- a resident assessment tool) dated 9/10/2025 indicated, the resident is cognitively intact (ability to acquire and understand knowledge), does not have change in behavior, dependent on toileting hygiene, (Helper does all of the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity. Requires substantial/maximal assistance for shower/bath self (Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.) During an interview on 9/16/2025 at 10:59 AM with Certified Nursing Assistant (CNA) 1, CNA 1 stated, I have worked with Resident 3 once or twice, he is dependent on staff to transfer and feeding. Resident 3 is alert and oriented, able to express his needs, and recognizes staff. During an interview on 9/16/2025 at 11:56 AM with the social services director (SS), SS stated, a day after Resident 3 was transferred from the facility, I was contacted by a General Acute Care Hospital (GACH) social worker about abuse allegations against Resident 3. SS stated, the facility has not started investigation of the abuse allegations and have not reported to the appropriate agencies. SS stated, abuse allegations should be reported within 2 hours to CDPH, ombudsman, law enforcement, family, and physician. During an interview on 9/16/2025 at 1:40 PM with MDS coordinator, MDS stated, it is known Resident 3 has been aggressive to staff, the care plan and MDS assessment is in progress. Resident 3 did not exhibit signs of abuse. During an interview on 9/16/2025 at 2 PM with the Director of Staffing Development (DSD), the DSD stated, any abuse allegations should be reported to the abuse coordinator. The process for abuse allegations is, report the allegations within 2 hours and follow the facility abuse investigation protocol. During an interview on 9/16/2025 at 2:44 PM with the Director of Nursing (DON), the DON stated, we have a process for abuse allegations. We must report the allegations within 2 hours, suspend involved staff, and update care plans. Report to CDPH, ombudsman, law enforcement, physician and family members, and start investigations. The DON stated, a couple of days ago the facility SS informed me, she has received a call from GACH staff. GACH staff has informed the facility SS, department of health services (DHS) will be called for abuse allegations. DON stated, I told staff to document what took place, I did not start investigation. The employee involved in the abuse allegations is not suspended. During an interview on 9/17/2025 at 10:28 AM with the facility Administrator (ADM), the ADM stated, staff should have followed the abuse allegation protocol. The process for any abuse allegation is for the facility to initiate investigation by calling CDPH, reporting to ombudsman, isolating the victim, calling law enforcement, education, and suspend if the alleged abuser is staff. The ADM stated, the employee involved in the abuse allegations is suspended as of today 9/17/2025, reporting the abuse allegation to the appropriate agencies and investigation has started. A review of the facility's Policies and Procedure (P&P) titled Abuse Investigate/Prevent/Report Alleged Violation reviewed on January 2025 indicated, To ensure resident safety, employees accused of participating in the alleged abuse will be suspended until the findings of the investigation have been reviewed by the administrator. Ensures that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made.</p>		