

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555917	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/06/2024
NAME OF PROVIDER OR SUPPLIER Veterans Home of California - West Los Angeles		STREET ADDRESS, CITY, STATE, ZIP CODE 11500 Nimitz Avenue Los Angeles, CA 90049	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50148</p> <p>Based on interview, and record review, the facility failed to ensure an accurate Minimum Data Set (MDS, federally mandated assessment tool used to evaluate the health of nursing home residents) was completed for one of 29 sampled residents (Resident 119). This failure had the potential to result in negative outcomes for Resident 119 due to missed specialized services.</p> <p>Findings:</p> <p>During a review of Resident 119's Face Sheet (demographic), the Face Sheet indicated Resident 119 was admitted on [DATE] with diagnoses including schizotypal disorder (severe mental health condition), obsessive-compulsive personality disorder (mental disorder that can cause harmful thoughts and behaviors) and anxiety disorder.</p> <p>During a review of Resident 119's Preadmission Screening and Resident Review II (PASRR II, federally mandated review process that screens individuals seeking admission to Medicaid-certified nursing facilities for mental illness or intellectual and developmental disability), dated 2/24/23, the PASRR II indicated Resident 119 required specialized services due to a medical and/or mental health condition .</p> <p>During a review of the CMS's RAI Version 3.0 Manual (RAI manual, a tool used by skilled nursing facilities to gather information about a resident's needs), dated October 2024, the CMS's RAI Version 3.0 Manual indicated that code 0 meant that a resident does not have serious mental illness or a referral for PASSR II screening. The CMS's RAI Version 3.0 Manual indicated that code 1 meant that a resident had a serious mental illness.</p> <p>During a concurrent interview and record review on 12/5/24 at 12:00 p.m. with Registered Nurse (RN) 2, Resident 119's MDS, dated [DATE], was reviewed. The MDS indicated that item A1500 was coded 0 and that Resident 119 was not currently considered to have a serious mental illness or serious mental disability. RN 2 stated, I coded 0 [no mental illness].</p> <p>During an interview on 12/5/24 at 2:03 p.m. with the Director of Nursing (DON), the DON stated RN 2 misinterpreted the PASSR II results and coded MDS item A1500 incorrectly. The DON stated A1500 should have been coded 1 by RN 2.</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
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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/6/24 at 10:00 a.m. with the Social Worker (SW), the SW stated that Resident 119 did not receive three out of seven PASSR II recommended specialized services. The SW confirmed Resident 119 did not receive mental health rehabilitation, activities of daily living training, and psychotherapy (a treatment to manage unhealthy thoughts, emotions, and behaviors) or counseling as recommended by the PASSR II Individualized Determination Report.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49936</p> <p>Based on observation, interview, and record review, the facility failed to implement the Safe Smoking Care Plans for two of 29 sampled residents (Resident 89 and Resident 142) when:</p> <ol style="list-style-type: none"> 1. a. Resident 89 was smoking in a non-smoking area without supervision. 1. b. Resident 89 was escorted by staff to smoke in a non-smoking area. 2. Resident 142 was not offered a smoking apron (protective apron to prevent burns and injuries from cigarettes and ash). <p>These failures had the potential to cause severe injuries from fires and burns to Resident 89, Resident 142, other residents, staff, and visitors.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. a. During a review of Resident 89's Face Sheet (demographics), the Face Sheet indicated Resident 89 was admitted on [DATE] with diagnoses including nicotine dependence and mild cognitive impairment (condition that causes memory or thinking difficulties). <p>During a review of the facility provided document titled, SNF (skilled nursing facility) Resident Smokers-2024, current as of 12/2/24, the document indicated Resident 89 could smoke in designated smoking locations . under supervision.</p> <p>During a concurrent observation and interview on 12/2/24 at 1:17 p.m. with Resident 89 by the Main Entrance , Resident 89 was smoking in a non-smoking area with no supervision. Resident 89 stated that he smoked by himself and denied being told that he had to be with a staff member.</p> <p>During an interview on 12/2/24 at 2:41 p.m. with Registered Nurse (RN) 1, RN 1 stated Resident 89 had to be supervised when he smoked for safety reasons because he needed to be directed where to smoke and needed to be reminded where to throw away his cigarette.</p> <p>During a concurrent interview and record review on 12/5/24 at 1:50 p.m. with Supervising Registered Nurse (SRN) 1, Resident 89's Safe Smoking Care Plan, effective 11/11/23 to present, was reviewed. The care plan indicated for staff to escort [Resident 89] to designated smoking area . SRN 1 stated Resident 89 should be taken to the designated smoking area by a supervising staff per Resident 89's Care Plan.</p> <p>During a review of Resident 89's Interdisciplinary Meeting (IDT) Notes, dated 8/13/24, the IDT notes indicated Resident 89 was not using designated area for smoking instead doing it in front of the building, not using smoking apron/jacket, burned part of the wheelchair cushion .</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure (P&P) titled, Care Plans, dated 2/13/24, the P&P indicated, The (name of the facility) will develop and implement a person-centered care plan for each Resident.</p> <p>1. b. During a concurrent observation and interview on 12/5/24 at 1:14 p.m. with Certified Nursing Assistant (CNA) 3 by the entrance to E building, Resident 89 was smoking in a non-smoking area with staff supervision. CNA 3 confirmed Resident 89 was smoking in a non-smoking area. CNA 3 stated she should not have given Resident 89 the cigarette and lighter until he was in the designated smoking area.</p> <p>During a concurrent interview and record review on 12/5/24 at 1:50 p.m. with Supervising Registered Nurse (SRN) 1, Resident 89's Safe Smoking Care Plan, effective 11/11/23 to present, was reviewed. The care plan indicated for staff to escort [Resident 89] to designated smoking area . SRN 1 stated Resident 89 should be taken to the designated smoking area by a supervising staff per Resident 89's Care Plan.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Care Plans, dated 2/13/24, the P&P indicated, The (name of the facility) will develop and implement a person-centered care plan for each Resident.</p> <p>35030</p> <p>2. During a review of Resident 142's Face Sheet (demographics), the Face Sheet indicated Resident 142 was admitted on [DATE] with diagnoses of high blood pressure, chronic kidney disease, and tobacco use.</p> <p>During an observation on 12/2/24 at 3:41 p.m. in the patio, Resident 142 was smoking a cigarette with staff present. Resident 142 was not wearing a smoking apron.</p> <p>During an interview with Resident 142 on 12/3/24 at 8:36 a.m., Resident 142 stated he was not offered a smoking apron.</p> <p>During an interview on 12/3/24 at 10:03 a.m. with the Charge Registered Nurse (CN), the CN stated Resident 142 should have been offered a smoking apron while smoking.</p> <p>During a review of Resident 142's Smoking Care Plan, effective 10/17/24 to present, the Care Plan Indicated, Offer apron while smoking to prevent injury.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Care Plans, dated 2/13/24, the P&P indicated, The (name of the facility) will develop and implement a person-centered care plan for each Resident.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49936</p> <p>Based on observation, interview, and record review, the facility failed to ensure measures to prevent smoking accidents were implemented for two of 29 sampled residents (Resident 89 and Resident 142) when:</p> <ol style="list-style-type: none"> 1.a. Resident 89 was smoking in a non-smoking area without supervision. 1.b. Resident 89 was escorted by staff to smoke in a non-smoking area. 2. Resident 142 was not offered a smoking apron (protective apron to prevent burns and injuries from cigarettes and ash). <p>These failures had the potential to cause fires and burns, endangering the health and safety of Resident 89, Resident 142, other residents, staff, and visitors.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1.a. During a review of Resident 89's Face Sheet (demographics), the Face Sheet indicated Resident 89 was admitted on [DATE] with diagnoses including nicotine dependence and mild cognitive impairment (condition that causes memory or thinking difficulties). <p>During a concurrent observation and interview on 12/2/24 at 1:17 p.m. by the Main Entrance with Resident 89, Resident 89 was smoking in a non-smoking area with no supervision. Resident 89 stated that he smoked by himself and denied being told that he had to be with a staff member.</p> <p>During an interview on 12/2/24 at 2:41 p.m. with Registered Nurse (RN) 1, RN 1 stated Resident 89 had to be supervised when he smoked for safety because he needed to be directed where to smoke and needed to be reminded where to throw away his cigarette.</p> <p>During an observation on 12/5/24 at 1:31 p.m. at Area E Designated Smoking Area by the entrance to E building, there was a partly enclosed space with a bench, chairs, fire extinguisher, and red trash bins. The space was labeled with signage indicating, DESIGNATED SMOKING AREA . PLEASE USE CIGARETTE BINS.</p> <p>During a concurrent interview and record review on 12/5/24 at 1:50 p.m. with Supervising Registered Nurse (SRN) 1, Resident 89's Safe Smoking Care Plan, effective 11/11/23 to present, was reviewed. The care plan indicated for staff to escort [Resident 89] to designated smoking area . SRN 1 stated Resident 89 should be taken to a designated smoking area by a supervising staff per Resident 89's Care Plan.</p> <p>During a review of Resident 89's Interdisciplinary Meeting (IDT) Notes, dated 8/13/24, the IDT notes indicated Resident 89 was not using designated area for smoking instead doing it in front of the building, not using smoking apron/jacket, burned part of the wheelchair cushion .</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility provided document titled, SNF (skilled nursing facility) Resident Smokers-2024, current as of 12/2/24, the document indicated Resident 89 could smoke in designated smoking locations . under supervision.</p> <p>During a review of Resident 89's Safe Smoking Assessment, dated 10/1/24, the assessment indicated Resident 89 should not be allowed to smoke independently.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Safe Smoking & Tobacco Use, dated 10/1/24, the P&P indicated, The (name of the facility) will . promote safe smoking practices and monitor for unsafe smoking for the protection of residents, staff, and visitors. The P&P indicated, Smoking is prohibited in the following areas: . in areas on the grounds not identified as an authorized smoking area .</p> <p>1.b. During a concurrent observation and interview on 12/5/24 at 1:14 p.m. with Certified Nursing Assistant (CNA) 3 by the entrance to E building, Resident 89 was smoking in a non-smoking area with staff supervision. CNA 3 confirmed Resident 89 was smoking in a non-smoking area. CNA 3 stated she should not have given Resident 89 the cigarette and lighter until he was in the designated smoking area.</p> <p>During an observation on 12/5/24 at 1:31 p.m. at Area E Designated Smoking Area by the entrance to E building, there was a partly enclosed space with a bench, chairs, fire extinguisher, and red trash bins. The space was labeled with signage indicating, DESIGNATED SMOKING AREA . PLEASE USE CIGARETTE BINS.</p> <p>During a concurrent interview and record review on 12/5/24 at 1:50 p.m. with Supervising Registered Nurse (SRN) 1, Resident 89's Safe Smoking Care Plan, effective 11/11/23 to present, was reviewed. The care plan indicated for staff to escort [Resident 89] to designated smoking area . SRN 1 stated Resident 89 should be taken to a designated smoking area by a supervising staff per Resident 89's Care Plan.</p> <p>During a review of Resident 89's Interdisciplinary Meeting (IDT) Notes, dated 8/13/24, the IDT notes indicated Resident 89 was not using designated area for smoking instead doing it in front of the building, not using smoking apron/jacket, burned part of the wheelchair cushion .</p> <p>During a review of the facility provided document titled, SNF (skilled nursing facility) Resident Smokers-2024, current as of 12/2/24, the document indicated Resident 89 could smoke in designated smoking locations . under supervision.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Safe Smoking & Tobacco Use, dated 10/1/24, the P&P indicated, The (name of the facility) will . promote safe smoking practices and monitor for unsafe smoking for the protection of residents, staff, and visitors. The P&P indicated, Smoking is prohibited in the following areas: . in areas on the grounds not identified as an authorized smoking area .</p> <p>35030</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. During a review of Resident 142's Face Sheet (demographics), the Face Sheet indicated Resident 142 was admitted on [DATE] with diagnoses of high blood pressure, chronic kidney disease, and tobacco use.</p> <p>During an observation on 12/2/24 at 3:41 p.m. in the patio, Resident 142 was smoking a cigarette with staff present. Resident 142 was not wearing a smoking apron.</p> <p>During an interview with Resident 142 on 12/3/24 at 8:36 a.m., Resident 142 stated he was not offered a smoking apron.</p> <p>During an interview on 12/3/24 at 10:03 a.m. with the Charge Registered Nurse (CN), the CN stated Resident 142 should have been offered a smoking apron while smoking.</p> <p>During a review of Resident 142's Smoking Care Plan, effective 10/17/24 to present, the Care Plan Indicated, Offer apron while smoking to prevent injury.</p> <p>The facility's policy and procedure (P&P) titled, Safe Smoking & Tobacco Use, dated 10/1/24, the P&P indicated, The (name of the facility) will follow applicable health and safety laws, promote safe smoking practices, and monitor for unsafe smoking for the protection of residents, staff and visitors.</p>

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>50669</p> <p>Based on observation, interview, and record review, the facility failed to ensure kitchen staff were routinely trained and evaluated for competency skills when kitchen staff were unable to effectively operate the dishwasher in the satellite kitchens, B207-Food Prep and B307-Food Prep. This failure had the potential for residents to be served food on unclean dishes and result in food borne illnesses (a sickness caused by consuming food, or drinks contaminated with harmful substances) in a medically fragile population of 118 residents.</p> <p>Findings:</p> <p>During an observation on 12/2/24 at 11:39 a.m. in the B307-Food Prep satellite kitchen, the highest temperature the [brand name] dishwasher, a high temperature dishwasher (dishwasher that used high temperatures to clean and sanitize), reached during wash cycle was 148 degrees Fahrenheit (unit of measurement).</p> <p>During an interview on 12/2/24 at 11:41 a.m. with Food Service Technician (FST) 1, FST 1 stated he did not know if the dishwasher needed to maintain a minimum temperature of 150 degrees Fahrenheit during the wash cycle.</p> <p>During an interview on 12/2/24 at 11:46 a.m. with the Food Service Supervisor (FSS), the FSS stated it was normal for the dishwasher to not stay at 150 degrees Fahrenheit during the wash cycle, and it did not need to.</p> <p>During a concurrent observation and interview on 12/3/24 at 10:04 a.m. with FST 2 in the B207-Food Prep satellite kitchen, the [brand name] dishwasher completed a wash cycle and temperature read below 150 degrees Fahrenheit. FST 2 confirmed the wash cycle temperature read below 150 degrees Fahrenheit and stated he was unsure if the wash temperature needed to maintain 150 degrees Fahrenheit the entire time.</p> <p>During an interview on 12/3/24 at 2:35 p.m. with the Chief of Plant Operations (CPO), the CPO confirmed the Plant Operation Department was responsible for maintenance of [brand name] dishwashers and stated it was not normal for the [brand name] dishwasher to not maintain a temperature of 150 degrees Fahrenheit during the entire wash cycle. The CPO stated staff needed to give one minute between wash cycles to ensure dishwasher temperature had enough time to rise after each wash cycle.</p> <p>During an interview on 12/5/24 at 4:18 p.m. with the FSS, the FSS stated she did not get any formal training on the dishwashers. The FSS stated she observed others operating the dishwasher. The FSS stated that staff could go back-to-back washing multiple loads of dishes.</p> <p>During an interview on 12/5/24 at 1:38 p.m. with the Food Manager (FM), the FM stated he did not know if kitchen staff were trained on how to use the [brand name] dishwashers.</p> <p>(continued on next page)</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/5/24 at 2:34 p.m. with the Assistant Director of Dietetics (ADD), the ADD stated she never received training on how to use the [brand name] dishwashers and the Food Service Supervisors were responsible for training staff. The ADD further stated she did not oversee the Food Services Department which referred kitchen staff. The ADD stated she only oversaw the Dietetic Department which referred only to the Registered Dieticians.</p> <p>During a review of FST 1's Duty Statement, dated 4/8/24, the Duty Statement indicated, ESSENTIAL FUNCTIONS . operate dish washing machines .</p> <p>During a review of FST4's Food and Nutrition Services: Competency Checklist, dated 5/14/24, the Food and Nutrition Services: Competency Checklist indicated FST 4 was not evaluated on the ability to state proper procedure of testing dish machine.</p> <p>During a review of FST3's Food and Nutrition Services: Competency Checklist, dated 5/14/24, the Food and Nutrition Services: Competency Checklist indicated, FST 3 was evaluated on the ability to state proper procedure of testing dish machine and Not Met was checked.</p> <p>During a review of the FSS's Duty Statement, dated 5/1/24, the Duty Statement indicated, ESSENTIAL FUNCTIONS . organize, supervise, and lead . proper maintenance of equipment . identify training needs of employees and conduct in-service training .</p> <p>During a review of the facility's policy and procedure (P&P) titled, Food & Nutrition Services- Warewashing Manual & Mechanical, dated 6/14/24, the P&P indicated, The Food & Nutrition Services Director or designee is responsible for the training of employees in procedures . DISH MACHINES . Wash temperature will be between 150-160 degree Fahrenheit .</p>

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50669</p> <p>Based on observation, interview, and record review, the facility failed to ensure the therapeutic diet was served in accordance with the diet order for three residents (Resident 61, 102, and 139). This failure had the potential for choking in medically fragile residents which can lead to aspiration (when secretions, food material or gastric secretions descend into the lungs) and death.</p> <p>Findings:</p> <p>1a. During a review of Resident 102's Face Sheet (demographics), the Face Sheet indicated Resident 102 was admitted on [DATE] with a diagnosis of cerebral infarct (type of stroke that can cause brain injury).</p> <p>During a review of Resident 102's Diet Order dated 9/10/24, the Diet Order indicated, Resident 102 had an active order for mechanical soft, finely chopped diet (textured/modified diet that consists of moist and soft foods that were easier to chew and swallow).</p> <p>During an observation on 12/3/24 at 11:30 a.m. on Unit C3, a meal tray delivery cart, with a hot and cold side was parked by the nurse's station. Staff were pulling trays out to serve residents lunch in their rooms.</p> <p>During a concurrent observation and interview on 12/3/24 at 11:38 a.m. with Registered Nurse (RN) 3 on Unit C3, a snickerdoodle cookie, approximately 3-4 inches across, on the meal tray on the cold side of the delivery cart for Resident 102 was hard to touch and was cut in four unequal pieces, approximately 2 inches each piece, and labeled 'FS' (finely chopped-mechanical soft). RN 3 stated she reviewed all meal trays in the delivery cart against the meal tray ticket (printed out ticket with resident's name, diet order and food on tray), and the trays were approved to be delivered by nursing staff to the residents. RN 3 confirmed the meal tray ticket for Resident 102 stated mechanical soft, finely chopped diet. RN 3 confirmed the cookie did not follow the ordered texture modification.</p> <p>During an interview on 12/3/24 at 11:40 a.m. with Registered Dietitian (RD), the RD confirmed the cookie looked hard and not finely chopped per ordered diet. The RD removed cookie from meal tray.</p> <p>During an interview on 12/3/24 at 11:55 a.m. with the Assistant Director of Dietetics (ADD), the ADD confirmed cookie was not finely chopped per ordered diet. The ADD stated staff were working on getting a different cookie and providing better substitutions.</p> <p>During an interview on 12/4/24 at 9:38 a.m. with the ADD, the ADD confirmed all Residents with a mechanical soft diet, received a snickerdoodle cookie.</p> <p>During an interview on 12/4/24 at 1:27 p.m. with Food Service Technician (FST) 5, FST 5 stated the chopped cookie pieces were big, and she would have followed the pictures posted in the kitchen when cutting the cookie per the ordered diet. FST 5 described the two pictures in the kitchen, the chopped example of 1/4 inch and the finely chopped example of 1/8 inch.</p> <p>(continued on next page)</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/5/24 at 2:34 p.m. with the ADD, the ADD stated the resources that were used for creating the Diet Manual included: the American Dietetic Association, the Nutritional Care Manual and the International Dysphagia (difficulty swallowing) Diet Standardization Initiative (IDDSI).</p> <p>During a review of 11 other Residents (14, 28, 51, 67, 71, 76, 99, 117, 125, 133, and 398) medical records and diet orders, the Face Sheets and diet orders all indicated mechanical soft- chopped was ordered due to diagnoses related to dysphagia.</p> <p>During a review of 13 other Residents (41, 43, 46, 54, 56, 61, 62, 73, 82, 102, 114, 127, and 139) medical records and diet orders, the Face Sheets and diet orders all indicated mechanical soft- finely chopped was ordered related to diagnoses related to dysphagia.</p> <p>During a review of the American Dietetic Association publication titled, Level 2 Dysphagia Mechanically Altered, dated 2002, the publication indicated, Avoid . dry cookies . Recommended . Slurried cookies or soft moist cookies that have been 'dunked' in milk, coffee or other liquid .</p> <p>During a review of facility's Diet Manual, dated 3/7/24, the Diet Manual indicated, 'Finely Chopped' Texture Modification . In general, hard, sticky and crunchy foods are allowed unless the finely chopped texture modification is used in conjunction with a mechanical soft diet order. When combined with a mechanical soft order, foods should be soft and moist .</p> <p>During a review of the facility's policy and procedure (P&P) titled, Food & Nutrition Services- Food Preparation Guidelines, dated 8/7/24, the P&P indicated, Food will be served . in a form to meet individual needs .</p> <p>1b. During a review of Resident 61's Face Sheet (demographics), the Face Sheet indicated Resident 61 was admitted on [DATE] with diagnoses of Parkinson's Disease (degenerative condition effecting the nervous system that worsens over time), dysphagia (difficulty swallowing), disturbance of salivary secretions (excessive salivation or dry mouth) and hemiplegia following cerebral infarct (type of stroke that can cause brain injury).</p> <p>During a review of Resident 61's Diet Order dated 12/3/24, the Diet Order indicated, Resident 61 had an active order for mechanical soft, finely chopped diet (textured/modified diet that consists of moist and soft foods that were easier to chew and swallow), aspiration precautions, and to eat small amounts.</p> <p>During a concurrent observation and interview on 12/3/24 at 11:49 a.m. with the Food Service Supervisor (FSS) in the B307-Food Prep satellite kitchen, there was a meal tray on a delivery cart with a snickerdoodle cookie, approximately 3-4 inches across was cut in four, 2-3 pieces for Resident 61. The meal tray ticket (printed out ticket with resident's name, diet order and food on tray) indicated diet as mechanical soft- finely chopped. The FSS stated the snickerdoodle cookie did not follow the finely chopped diet order.</p> <p>During an interview on 12/3/24 at 11:55 a.m. with the Assistant Director of Dietetics (ADD), the ADD confirmed cookie was not finely chopped per ordered diet. The ADD stated staff were working on getting a different cookie and providing better substitutions.</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/4/24 at 9:38 a.m. with the ADD, the ADD confirmed all Residents with a mechanical soft diet, received a snickerdoodle cookie.</p> <p>During an interview on 12/4/24 at 1:27 p.m. with Food Service Technician (FST) 5, FST 5 stated the chopped cookie pieces were big, and she would have followed the pictures posted in the kitchen when cutting the cookie per the ordered diet. FST 5 described the two pictures in the kitchen, the chopped example of 1/4 inch and the finely chopped example of 1/8 inch.</p> <p>During an interview on 12/5/24 at 2:34 p.m. with the ADD, the ADD stated the resources that were used for creating the Diet Manual included: the American Dietetic Association, the Nutritional Care Manual and the International Dysphagia (difficulty swallowing) Diet Standardization Initiative (IDDSI).</p> <p>During a review of 11 other Residents (14, 28, 51, 67, 71, 76, 99, 117, 125, 133, and 398) medical records and diet orders, the Face Sheets and diet orders all indicated mechanical soft- chopped was ordered due to diagnoses related to dysphagia.</p> <p>During a review of 13 other Residents (41, 43, 46, 54, 56, 61, 62, 73, 82, 102, 114, 127, and 139) medical records and diet orders, the Face Sheets and diet orders all indicated mechanical soft- finely chopped was ordered related to diagnoses related to dysphagia.</p> <p>During a review of the American Dietetic Association publication titled, Level 2 Dysphagia Mechanically Altered, dated 2002, the publication indicated, Avoid . dry cookies . Recommended . Slurried cookies or soft moist cookies that have been 'dunked' in milk, coffee or other liquid .</p> <p>During a review of facility's Diet Manual, dated 3/7/24, the Diet Manual indicated, 'Finely Chopped' Texture Modification . In general, hard, sticky and crunchy foods are allowed unless the finely chopped texture modification is used in conjunction with a mechanical soft diet order. When combined with a mechanical soft order, foods should be soft and moist .</p> <p>During a review of the facility's policy and procedure (P&P) titled, Food & Nutrition Services- Food Preparation Guidelines, dated 8/7/24, the P&P indicated, Food will be served . in a form to meet individual needs .</p> <p>1c. During a review of Resident 139's Face Sheet (demographics), the Face Sheet indicated Resident 139 was admitted on [DATE] with diagnoses of Esophageal obstruction (blocked or narrowed esophagus- preventing food or liquids from passing through to the stomach) and esophagitis (inflammation of the tube running from the throat to the stomach).</p> <p>During a review of Resident 139's Diet Order dated 11/22/24, the Diet Order indicated Resident 139 had an active order for mechanical soft, finely chopped diet (textured/modified diet that consists of moist and soft foods that were easier to chew and swallow).</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 12/3/24 at 11:49 a.m. with the Food Service Supervisor (FSS) in the B307-Food Prep satellite kitchen, there was a meal tray on a delivery cart with a snickerdoodle cookie, approximately 3-4 inches across was cut in four, 2-3 pieces for Resident 139. The meal tray ticket (printed out ticket with resident's name, diet order and food on tray) indicated diet-mechanical soft- finely chopped. The FSS stated the snickerdoodle cookie did not follow the finely chopped diet order.</p> <p>During an interview on 12/3/24 at 11:55 a.m. with the Assistant Director of Dietetics (ADD), the ADD confirmed cookie was not finely chopped per ordered diet. The ADD stated staff were working on getting a different cookie and providing better substitutions.</p> <p>During an interview on 12/4/24 at 9:38 a.m. with the ADD, the ADD confirmed all Residents with a mechanical soft diet, received a snickerdoodle cookie.</p> <p>During an interview on 12/4/24 at 1:27 p.m. with Food Service Technician (FST) 5, FST 5 stated the chopped cookie pieces were big, and she would have followed the pictures posted in the kitchen when cutting the cookie per the ordered diet. FST 5 described the two pictures in the kitchen, the chopped example of 1/4 inch and the finely chopped example of 1/8 inch.</p> <p>During an interview on 12/5/24 at 2:34 p.m. with the ADD, the ADD stated the resources that were used for creating the Diet Manual included: the American Dietetic Association, the Nutritional Care Manual and the International Dysphagia (difficulty swallowing) Diet Standardization Initiative (IDDSI).</p> <p>During a review of 11 other Residents (14, 28, 51, 67, 71, 76, 99, 117, 125, 133, and 398) medical records and diet orders, the Face Sheets and diet orders all indicated mechanical soft- chopped was ordered due to diagnoses related to dysphagia.</p> <p>During a review of 13 other Residents (41, 43, 46, 54, 56, 61, 62, 73, 82, 102, 114, 127, and 139) medical records and diet orders, the Face Sheets and diet orders all indicated mechanical soft- finely chopped was ordered related to diagnoses related to dysphagia.</p> <p>During a review of the American Dietetic Association publication titled, Level 2 Dysphagia Mechanically Altered, dated 2002, the publication indicated, Avoid . dry cookies . Recommended . Slurried cookies or soft moist cookies that have been 'dunked' in milk, coffee or other liquid .</p> <p>During a review of facility's Diet Manual, dated 3/7/24, the Diet Manual indicated, 'Finely Chopped' Texture Modification . In general, hard, sticky and crunchy foods are allowed unless the finely chopped texture modification is used in conjunction with a mechanical soft diet order. When combined with a mechanical soft order, foods should be soft and moist .</p> <p>During a review of the facility's policy and procedure (P&P) titled, Food & Nutrition Services- Food Preparation Guidelines, dated 8/7/24, the P&P indicated, Food will be served . in a form to meet individual needs .</p>		

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<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** 39856</p> <p>50669</p> <p>Based on observation, interview, and record review, the facility failed to ensure food safety and sanitation guidelines were followed when:</p> <ol style="list-style-type: none"> 1. Two kitchen staffs did not wear hair restraints while in the kitchen. 2. Two of three ice machines were dirty. 3. Three of three water filters for the ice machine were expired. 4. Two of three dishwashers did not reach minimum temperature for wash cycle. 5. One bottle of expired rice wine vinegar in dry storage. 6. One kitchen staff did not wash hands between handling dirty to clean dishes <p>These failures posed the risk for food borne illness (a sickness caused by consuming food, or drinks contaminated with harmful substances) in a medically fragile resident population of 144 facility residents who received food prepared in the kitchen.</p> <p>Findings:</p> <p>1a. During an observation on [DATE] at 11:26 a.m. in the Main Kitchen, Food Service Technician (FST) 6 entered kitchen without hair net and took prepared meal trays from the [brand name] food warmer labeled SNF (skilled nursing facility) C2.</p> <p>During an interview on [DATE] at 11:46 a.m. with the Food Service Supervisor (FSS), the FSS stated hairnets are to be worn at all times in the kitchen.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Dietary Services, Infection Control, dated [DATE], the P&P indicated, . Hairnets shall be worn before entering the kitchen to prevent food contamination from falling hair .</p> <p>1b. During a concurrent observation and interview on [DATE] at 11:46 a.m. with the Food Service Supervisor (FSS) in the B307-Food Prep satellite kitchen, Food Service Technician (FST) 7 was not wearing a hair restraint. The FSS stated beard covers are necessary and yes he needs one.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Dietary Services, Infection Control, dated [DATE], the P&P indicated, Hairnets shall be worn before entering the kitchen to prevent food contamination from falling hair .</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>2a. During a concurrent observation and interview on [DATE] at 9:22 a.m. with the Chief Engineer (CE) in Unit C3-common area, the CE instructed the Maintenance Engineer (ME) to take apart the [brand name] ice machine to visualize cleanliness. Observed ice shoot with thick white build up, metal grill and drain pan were visually dirty with unknown brown substance, and when the inside of the water dispenser tubing was wiped with paper towel there was an unknown pink and brown residue. The CE confirmed [brand name] ice machine was dirty and instructed the ME to notify nursing staff, the ice machine was out of use until it was properly cleaned.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Ice Machine Cleaning, Sanitation and Maintenance Policy, dated [DATE], the P&P indicated, The [facility name] is responsible for cleaning, sanitizing and maintaining all ice machines in the licensed care area and in the kitchens every 3 months, and as needed .</p> <p>2b. During a concurrent observation and interview on [DATE] at 9:53 a.m. with the Maintenance Engineer (ME) in Unit C2-common area, the ME took apart the [brand name] ice machine to visualize cleanliness. Observed ice shoot with thick white build up, and when the inside of the water dispenser tubing was wiped with paper towel there was an unknown pink and brown residue. The ME stated that is dirty.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Ice Machine Cleaning, Sanitation and Maintenance Policy, dated [DATE], the P&P indicated, The [facility name] is responsible for cleaning, sanitizing and maintaining all ice machines in the licensed care area and in the kitchens every 3 months, and as needed .</p> <p>3. During an observation on [DATE] at 10:02 a.m. in the Main Kitchen, three [brand name] water filters for the ice machine had an expiration date of [DATE].</p> <p>During an interview on [DATE] at 3:29 p.m. with the Maintenance Engineer (ME), the ME stated the maintenance for the water filters were annual and it was a hiccup. It got missed.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Ice Machine Cleaning, Sanitation and Maintenance Policy, dated [DATE], the P&P indicated, The water filters will be changed annually or as needed .</p> <p>4. During an observation on [DATE] at 11:39 a.m. in the B307-Food Prep satellite kitchen, the [brand name] dishwasher highest temperature, during wash cycle, was 147 degrees Fahrenheit.</p> <p>During a concurrent observation and interview on [DATE] at 10:04 a.m. with FST 2 in the B207-Food Prep satellite kitchen, [brand name] dishwasher completed a wash cycle and temperature read below 150 degrees Fahrenheit. FST 2 confirmed wash cycle temperature read below 150 degrees Fahrenheit and stated he was unsure if the wash temperature needed to maintain 150 degrees Fahrenheit.</p> <p>During an interview on [DATE] at 2:35 p.m. with the Chief of Plant Operations (CPO), the CPO confirmed plant operation department is responsible for maintenance of [brand name] dishwashers and stated, No, that's not normal. The CPO stated staff need to give one minute between wash cycles to ensure dishwasher temperature has enough time to rise after each cycle.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During a review of the facility's policy and procedure (P&P) titled, Food & Nutrition Services- Warewashing Manual & Mechanical, dated [DATE], the P&P indicated, DISH MACHINES . Wash temperature will be between ,d+[DATE] degree Fahrenheit .</p> <p>5. During an observation on [DATE] at 11:09 a.m. in the Main Kitchen, there was one bottle of rice wine vinegar with a use by date of [DATE].</p> <p>During an interview on [DATE] at 11:11 a.m. the [NAME] Specialist (CS) 2, the CS 2 confirmed rice wine vinegar was expired and stated, No, we need to throw this away.</p> <p>During a review U.S [United States] Food and Drug Administration (FDA) Food Code dated 2022, the U.S FDA Food Code indicated, . foods that exceed the use-by date . must be disposed of .</p> <p>6. During a concurrent observation and interview on [DATE] at 10:33 a.m. with Food Service Technician (FST) 8 in the Main Kitchen, FST 8 was washing dishes with yellow rubber gloves overtop of blue disposable gloves. FST 8 removed the yellow rubber gloves and kept the blue disposable gloves on and picked up clean dishes. FST 8 stated she did not need to wash her hands because she wore two pairs of gloves.</p> <p>During an interview on [DATE] at 8:44 a.m. the Assistant Director of Dietetic (ADD), the ADD stated the expectation is for staff to take off both pairs of gloves and wash their hands between handling dirty and clean dishes.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Dietary Services, Infection Control, dated [DATE], the P&P indicated, Proper hand washing shall be done . after removing gloves .</p>

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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39856</p> <p>50669</p> <p>Based on observation, interview, and record review, the facility failed to follow safe food handling protocol for resident personal food when:</p> <ol style="list-style-type: none"> 1. Food was not labeled or dated. 2. Expired food was not disposed of and left in the refrigerator. <p>This failure had the potential to result in residents consuming food that did not follow their dietary restrictions or allergies, and had gone past safe consumption window, leading to the increased risk of food borne illness (a sickness caused by consuming food, or drinks contaminated with harmful substances) .</p> <p>Findings:</p> <p>1a. During a concurrent observation and interview on [DATE] at 4:01 p.m. with Registered Nurse (RN) 4 on Unit C2, there was an opened jar of pickles undated in the Residents' communal refrigerator. RN 4 stated, it should have an expiration date. RN 4 further stated if a food was found in the Residents' communal refrigerator without a name or date, then the food item should have been thrown away.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Food & Nutrition Service- Outside Food for Residents, dated [DATE], the P&P indicated, . All prepared/perishable foods or beverages brought by resident, family or visitors for resident's use will be store in the unit refrigerator; labeled with the resident's name and date the item was stored . Any food or beverage that is not labeled with resident name and dated will be discarded immediately .</p> <p>1b. During a concurrent observation and interview on [DATE] at 3:46 p.m. with Registered Nurse (RN) 5 on Unit C2, in the Residents' communal refrigerator there was an opened container of dairy free lemon ice cream unlabeled and undated. RN 5 stated it should have been thrown away.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Food & Nutrition Service- Outside Food for Residents, dated [DATE], the P&P indicated, . All prepared/perishable foods or beverages brought by resident, family or visitors for resident's use will be store in the unit refrigerator; labeled with the resident's name and date the item was stored . Any food or beverage that is not labeled with resident name and dated will be discarded immediately .</p> <p>2a. During a concurrent observation and interview on [DATE] at 3:53 p.m. with the Assistant Director of Nursing (ADON) in Unit C2, the ADON confirmed a container wrapped in plastic bag with date of ,d+[DATE], in the Residents' communal refrigerator, should have been thrown out.</p> <p>(continued on next page)</p>		

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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure (P&P) titled, Food & Nutrition Service- Outside Food for Residents, dated [DATE], the P&P indicated, . All prepared/perishable foods or beverages brought by resident, family or visitors for resident's use will be store in the unit refrigerator; labeled with the resident's name and date the item was stored . Any food or beverage that is not labeled with resident name and dated will be discarded immediately .</p> <p>2b. During a concurrent observation and interview on [DATE] at 4:03 p.m. with Registered Nurse (RN) 1 on Unit C2, in the Residents' communal refrigerator there were two brown plastic bags duct-taped closed with a date of [DATE]. RN 1 stated she did not know what it was but staff should have thrown it away because it's very old.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Food & Nutrition Service- Outside Food for Residents, dated [DATE], the P&P indicated, . All prepared/perishable foods or beverages brought by resident, family or visitors for resident's use will be store in the unit refrigerator; labeled with the resident's name and date the item was stored . Any food or beverage that is not labeled with resident name and dated will be discarded immediately .</p>

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>39856</p> <p>50669</p> <p>Based on observation, interview, and record review, the facility failed to ensure two of four outside dumpsters' lids were closed. This failure had the potential to attract pests and/or rodents that carried diseases and could result in food borne illness (a sickness caused by consuming food, or drinks contaminated with harmful substances) in a medically fragile population of 144 residents.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 12/3/24 at 10:21 a.m. with the Chief Engineer (CE) in the loading dock area, two of four large dumpsters did not have a lid to cover the garbage. The CE confirmed there were no lids for the dumpsters.</p> <p>During an interview on 12/4/24 at 3:22 p.m. with the Chief of Plant Operations (CPO), the CPO stated, I have never heard I need a lid for the dumpsters.</p> <p>During a review of the U.S [United States] Food and Drug Administration's (FDA) Food Code, dated 2022, the FDA Food Code indicated in Section 5-501.15 Outside Receptacles, (A) Receptacles and waste handling units for REFUSE, recyclables, and returnables used with materials containing FOOD residue and used outside the FOOD ESTABLISHMENT shall be designed and constructed to have tight-fitting lids, doors, or covers .</p> <p>During a review of the facility's policy and procedure (P&P) titled, Trash Removal, dated 3/7/24, the P&P indicated, Dumpster lids will remain closed .</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555917	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/06/2024
NAME OF PROVIDER OR SUPPLIER Veterans Home of California - West Los Angeles		STREET ADDRESS, CITY, STATE, ZIP CODE 11500 Nimitz Avenue Los Angeles, CA 90049	
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 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>49936</p> <p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>Based on interview and record review, the facility's Quality Assurance Performance Improvement (QAPI, data-driven approach to improving quality in healthcare facilities) committee failed to identify, prioritize, and address the staffing need for a Director of Dietetics to provide qualified oversight of all kitchen services.</p> <p>These failures resulted in compromising food safety and the potential to cause severe food borne illnesses and injuries in a medically fragile population of 144 residents. (Refer to F802, F805, F812)</p> <p>Findings:</p> <p>During a concurrent interview and record review on 12/6/24 at 10:00 a.m. with QAPI representatives including the Director of Nursing (DON) and the Standards and Compliance Manager (SCM), the QAPI Meeting Minutes, dated January to November 2024 were reviewed. The minutes indicated no focus on meeting the staffing need for a Director of Dietetics that would provide qualified oversight over dietary staff to deliver safe and sanitary food service and ensure kitchen staff was competent in performing their job duties safely and effectively. The DON and SCM confirmed the vacancy for a Director of Dietetics was not focused on as a staffing need during QAPI.</p> <p>During an interview on 12/6/24 at 10:44 a.m. with QAPI representatives including the DON, the SCM, and the Administrator (ADMIN), the ADMIN stated the current ADD was the defacto (default) person overseeing dietary services alongside two Food Service Managers.</p> <p>During a review of the QAPI Meeting Minutes, dated January to November 2024, the minutes indicated no mention of unmet kitchen staff competency evaluations being identified and addressed.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Quality Assurance and Performance Improvement (QAPI) Plan, undated, the P&P indicated, The purpose of QAPI in our organization is to ensure that residents of [facility name] are provided a high quality of care and services through multi-disciplinary oversight and that regulatory and corporate compliance is achieved through the application of a systematic and comprehensive quality management approach.</p>		