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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Accopted 02:47:34 p.m.

10-26-2017

9/13

PRINTED: 10/26/2017 FORM APPROVED

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			/ * * * * * * * * * * * * * * * * * * *	MB NO	<u>). 0938-0391</u>
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
						·	С
555397		B. WING			10	/25/2017	
NAME OF	PROVIDER OR SUPPLIER	•			STREET ADDRESS, CITY, STATE, ZIP CODE		
COUNT	RY VILLA REHABILITA	ATION CENTER '		'	340 SOUTH ALVARADO STREET		
				L	LOS ANGELES, CA 90057		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID. PREFI TAG	X	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 000	California Departme investigation of two	cts the findings of the ent of Public Health during the complaints.	FO	000	plan of correction does not cons admission or agreement by provider of the truth of the alleged or the conclusions set fo this statement of deficiencies.	titute the facts rth in This	
	Representing the D Health Facilities Even The inspection was complaints investigathe findings of a full	epartment of Public Health: eluator Nurse 38487 limited to the specific ated and does not represent inspection of the facility. written as a result of			plan of correction is prepared a executed solely because it is req by the provisions of Health and S code section 1280 and 42CFR et This plan of correction constitute facilities credible allegation compliance	uired afety seq.	
SS=E	complaint 551109 at 483.10(I)(6) COMFC TEMPERATURE LE (I)(6) Comfortable at Facilities initially cer must maintain a tendegrees F. This REQUIREMEN by: Based on observation review, the facility fattemperature range of (F) in the following a floor day room, (b) the 120-127 and 417-42 11 randomly selected, 5, & 7) to ensure denvironment. This deficient practication the residents to have	nd 551161. DRTABLE & SAFE EVELS Ind safe temperature levels. Itified after October 1, 1990 Inperature range of 71 to 81 T is not met as evidenced In interview, and record	F 24		F 257 483.10(i)(6) COMFORTABLE SAFE TEMPERATURE LEVELS 1. Residents who were identified to offered room changes to a cooler of the facility, however none of the identified residents wanted to relet to other areas of the facility where temperatures where within acceptange. 2. As a result of the extreme temperatures in Los Angeles staff already been checking on resident make sure residents were comfort and to ensure that residents were hydrated and that no resident's he were at risk. Residents were given fluids and many residents indicate that we were in an unusual heat win Los Angeles and that most felt to	were part e cate e the table had s to able well ealth	
	overheating).				staff was acting properly.		

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

DM NISKLE

10-26-2017

10/13

DEPA	RTMENT OF HEALTH	AND HUMAN DERVICE	S			PRINTE	D: 10/26/201			
CENTERS FOR MEDICARE & MEDICAID & ERVICES					FORMAPPROV OMB NO. 0938-03					
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SL PPLIER/GLU IDENTIFICATION NUMBER:	A (202) MIL		IPLE CONSTRUCTION	(X3) D	O. 0938-039 ATE SURVEY OMPLETED			
		555: 97	B. WING	3			C			
NAMEOF	PROVIDER OR SUPPLIER			F	STREET ADDRESS, CITY, STATE, ZIP CODE	1 1	<u>0/25/2017</u>			
COUNT	RY VILLA REHABILITA	TION CENTER			340 SOUTH ALVARADO STREEY LOS ANGELES, CA 80057	•				
(X4) ID PREFIX TAG	LEACH DEFICIENCY	TEMENT OF L'EFICIE VICIES MUST BE PRECEDE 3 BY FULL IC IDENTIFYING INF.)RMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	n ar	COMPLETION DATE			
F 257	Continued From pag	ge 1	F2	257						
	Findings:				Residents were asked if they wa	inted	١,			
					to change rooms to a cooler par	tof	┨ .			
	On 9/1/17, at 12 p.m	. a tour of the facility was	}	l	the facility and many residents	vere				
	conducted with the n	18intenance sur ervisor /N	121		unwilling to relocate. There wer	e				
,	During the tour, the t	emperatures of randomly		ſ	some resident who were moved	to the				
	Selected rooms were	obtained. The MS used	the · ·		first floor as temperatures were	in the	[]			
	measurements cher	mometer and ol tained the	e ·		middle to upper 70's. In that loc As a result of the facility respons	ation.	1.			
•	arm at chest level. T	e floor level, extending his	3	1	this situation there were no resi	eto				
. }	temperatures should	he betveen 71-81 dagree		ı	discharged to the acute.	ients				
.	Fahrenheit. The folio	Wing temperatures (degree	PAC	ļ	discussinged to the acute.	ĺ				
	in fanfenheit) were of	otained (8 of 14 rooms ha	d	ı	3. At approximately 10:30Am on	tha				
.]	temperate higher that	n 81 degrees):	_		morning of September 1, 2017 o	no of	. .			
ļ	Adam t	• • • • • • • • • • • • • • • • • • • •	ł		two valves that circulates air coo	led				
	Hallway between room	ms 120 to 127 - 83	ł		water throughout the chiller syst					
l	First floor dining and Room 105 - 79	oay room • 79.			broke. A call was made to our se	vice	Í.,. '			
	Rcom 122 - 78				vendor, however they were airea	dv on				
	Room 123 - 78			П	several emergency calls to other	.,				
	Room 125 - 79	•		Н	Skilled Nursing Facilities. Several	other				
	Room 128 - 80				vendors were called and we got i	he	·			
I	Third floor day room -	85		П	same response. The facility had		·			
	Room 318 - 83	· ·		$\ \ $	already implemented our proced	ure				
	Fourth floor day room	-85	.		for monitoring residents when					
	Hallway between roon Room 418 - 90	ns 417 to 422 - 37	•	$\ $	temperatures reach abnormal					
	Room 419 - 85	•	' • •	Н	conditions. This was done by extr					
	Room 422 - 82	•	ļ	Ц	rounds being made by facility stat	fas	ł			
J	•		•	П	well as additional hydration. Staff	was	ľ			
- 19	On 9/1/17, at 12:15 p.	m., Resident 1 vas		.	also passing out ice pops and ice		ſ			
	observed lying on his	back in his bed. His		Ш	cream to residents.					
	orenego and nose we	re glistening. Fe appear	ed	Ш	Residents were asked if they wan	ed				
[;	to be naked with the e	xception of a sheet ea. During a concurrent		Ш	to move to other parts of the facil	ity i	. [
lì	nterview. Resident t	ea. During a ct neument stated, "It is so I ct in here		Iŀ	that were not affected by the air-	İ	. 1			
· i	Resident 1 instructed	the staff to take his clothe	F		conditioning system.	ļ	[
10	off He stated, "They :	sald the AC (air	·	\parallel		j				
	conditioning) is not wo	rking well."	\ ·.`	$\ $	· •		'			

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DEPAR	RTMENT OF HEALTH	AND HUJJAN	SERVICES				P	RINTED): 10/2 8/ 20	17
CENTE	RS FOR MEDICARE	& MEDICAID	EDVICES			•		FORM	1 APPROVE	D
I STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/S	PELEDIOLIA	Over and	<u> </u>		<u>O</u>	MB NO	. 0938-039	<u>)</u>
AND PLAN	OF CORRECTION	(DENTIFICATION)	IN NUMBER:			PLE CONSTRUCTION			E SURVEY	
1				A. BUIL	סאנם 	· · · · · · · · · · · · · · · · · · ·		LUN	PLETED .	
1	•	855	107	B. WING	Į٠	·	·		C ·	
NAME OF	PROVIDER OR SUPPLIER	800	191	In. Agreer				10/	25/2017	•
						STREET ADDRESS, CITY, STATE, ZIP C	DDE	•		٦
COUNTI	RY VILLA REHABILITA	TION CENTER				340 SCUTH ALVARADO STREET,			•	
<u> </u>						Los angeles, ca 20057			•	
(X4) ID PRÉFIX	GUMMARY STAT (EACH DEFICIENCY	FEMENT OF DEFICI	NCIES	(D		PROVIDER'S FLAN OF COR	RECTION		OXED	┨
TAG	REGULATORY OR LS	Cidentifying inf	D BY FULL DRMATION	PREF		(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A	ות נותאפ		(XE) COMPLETION DATE	۱ ا
				1/1/2]∙	DEFICIENCY)	אייטאיא	ia: E	LANIE	1
			•		Η-					┩
F 257	Continued From pag	re 2	•		57				-	i
		,		[4	101	There were some residents	who	ero I		١
	On 9/1/17, at 12:20 ;	n m Resident) wee	•		moved to the first floor wh		,eie		۱
	observed to have mo	pisture dri mina	helween hie		l	temperatures were in the r] [ł
	eyes. During a concurrent interview. Resident 2's			}	ļ .	upper 70's, but many reside		. į	:	I
	grandson (Family 1) stated the room temperature is usually "hotter" and "today it is tol grable.					decided to stay in their rooms with no				Ī
						negative outcomes noted.	IIIS WILL	1110		ĺ
	Resident 2 feels it is	hot in the room	for two		Ι.	4. As recently as July 2017 t	ha fasii			1
i	weeks, but "deals" w	ith it. Resident	2 stated his			had an overhaul and repairs	ne iacii	Ly		1
	only relief is a fan facing his bad. Rusident also				۱. ا	the air-conditioning system	oone i	10		l
	stated, he 'would like	s it not lo lie thi		•		maintenance staff checks a	, Facille '	y ji		ı
·	temperature,"	•						. '		ł
İ	O= 06647 40-00					monitors on the cooling sys		iiy	•	Į
	On 9/1/17, at 12:25 p	ım., Kıskilent i	Was		ŀ	and during extreme temper		- 1		l
1	interviewed. Resider hot" for four days and	ii 3 512088 ii na:	oeen really		Н	checks more frequently and	report	5		l
	addressed the issue	niipeischiy nas	only			any system issues to the				ļ
ŀ		Will a lait.	•			Administrator. Facility had a		. 1		ı
	On 9/1/17, at 12:35 p	.m Resident 4	Was		П	purchased 15 portable AC u	nits ear	lier		l
ľ	Interviewed, Resider	it 4 was o ven s	fan because			in the year. Facility had pure		ŀ	•	l
. [she complained it wa	s "too hot" Sh	stated it		П	many fans to help circulate				l
I	has been hot for the	whale month of	August.	•	$ \ $	facility was able to purchase		onal		I
		•			•	units when they became ava				I
.]	On 9/1/17, at 12:45 p	.m., Resident 5	was			later in September. Facility v		1		
1	interviewed. Residen	it 5 staled ™Mui	the calor!			purchase additional portable	≥ AC as			1
Į	(very hot)" Resident	5's family (Fam	iy 2) at		Н	they become available.		1		l
Ĭ.	bedside stated, "It's n	ot working," wh	le she points			The AC chiller was repaired v	when th	ie		
	ra raa Marka Laamiis *	7	-a er illiand					•		

nurse (LVN 1) was observed eating an orange, popsicle at 2nd floor nurses' station. She stated, "It's so hot!"

On 9/1/17, at 1:15 p.m., a licensed vicational

to the vents. Family 2 states Reside at 5 "just

On 9/1/17, at 1:20 p.m., Resident 6 v as Interviewed. Resident 6 stated the r. om was "hot" and it "would be nicer. If it were cooler.". It has been hot for about a month. Resident 6 stated, "All I have is a little fan."

later in September. Facility will also purchase additional portable AC as they become available. The AC chiller was repaired when the part became available on September 14, 2017.

In our September QAA meeting this area of concerned was discussed and there were no additional comment or recommendations from the QAA panel

5. Corrective action completion is September 14, 2017

sweats."

10-26-2017

12/13

DEPA CENT	RTMENT OF HEALTH ERS FOR MEDICARI	AND HUMAN DERVICES & MEDICAID & ERVICES				· F	NTED: 10/26/201 FORM APPROVE		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDERS PPLIER/CLIA IDENTIFICATION IDENTIFICATION NUMBER:			(X2) MU A. BUILI		E CONSTRUCTION		OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED		
		555: 97	B. WING			1	C		
NAMEO	F PROVIDER OR SUFFLIER			S 1	REET ADDRESS, CITY, STATE, ZIP	CODE	10/25/2017	-	
COUNT	TRY VILLA REHABILITA	TION CENTER	j	34	IO SÕUTH ALVARADO STREET OS ANGELES, CA 90057	•			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF L'EFICIE NOIES MUST BE PRECEDE D BY FULL SC IDENTIFYING INF)RMATION)	ID PREFI TAG	*	PROVIDER'S FLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFIDIENCY)	N SHOULD BE EAPPROPRIAT	COMPLETION DATE		
F 25	Continued From pa	ge 3	. F2	57				•	
· · · ·	. eating a popsicle at	.m., à LVN 2 wa s'observed the 3rd flour nui ses' station tion for earing the popsicle	L I						
•	assistant (CNA 1) was populated in the halfw	o.m., a cerlified I urse as observed eat ng an oran ay by the case I lanagers It helps you coo down!"	ge						
•	in his wheel chair ne his body and lifted or	m., Resident 7 vas observ xt to his bed will whis shirt o ver and arcund 1 is neck. Plenche mucho (alori" CN/ it is veny hot."	ff				,		
· · ·	and has been "on an brought the concern	m., CNA3 state s, "It's hot" doff" for a year. CNA3 ha to the maintena ice staff an care of. According to CNA orking on It."	s d						
	On 9/1/17, at 2:13 p. She admitted, reside the heat.	m., LVN 3 statet , "it's hot." nts have compleined about				•			
	(Family 3) was intervi "hot on and off" for th to Family 3, "The hea	m., Resident 8's husband lewad. He state I it has bee ree to four yean. Accordin It is not acceptal le. He provided Resid int 8 with a	9			,			
;	On 9/1/17, at 2:45 p.r interviewed. Residen stated a small fan wo	t'stated, "l's toc hot." He uld "be nic∋" sei ing as how	, .			·			

CENTE	RS FOR MEDICARE	AND HUMAN (ERVICES & MEDICAID (ERVICES				FOR	13/13 D: 10/26/201 MAPPROVEI D. 0938-039
AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SL PLIER/CLIA IDEI/TIFICATIC V NUMBER:	(X2) МИ А. ВІЛІ <i>С</i>		LE CONSTRUCTION	(XS) DA	ATE SURVEY
		555: 97	B. WING	<u>:</u>			U . 1/26/2017
COUNT	PROVIDER OR SUPPLIER RY VILLA REHABILITA			3	STREET ADDRESS, CITY, STATE, ZIP CODE 40 SOUTH ALVARADO STREET .OS ANGELES, CA 90057		
(X4) ID PREFIX TAG		TEMENT OF CEFICIE (CIES MUST BE PRECEDE) BY FULL ECIDENTIFY (IGINF) (RMATION)	ID PREFI TAG	X .	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DAE.	(X5) COMPLETION DATE
- F257	interviewed. Accord addressed the temp	ge 4 .m., Resident 10 was ling to Res dent 10, the MS erature three tin es, but it is ent 10 despites the heat s	. إيو	57			

On 9/1/17, at 3:06 p.m., Resident 11 was observed to be in his bed. Fe appeared to be naked with the exception of a sneet covering his privates.

"unbearable." The facility provided f in "barely

helps."

A review of the "Resident Council Mil utes" dated 8/4/17, Indicated 1 of 6 residents stated "no air comes out of his ventilation". The milintenance department response to Resident Council record indicated "installed a new blower mot x for the AC, provided a portable AC for the re itdents..."

On 9/1/17, at 3:30 p.m., the MS was I sterviewed. The MS admitted, "It's a little ho: " He attributed the high temperature was due to a briken compressor. The MS stated the AC reeded be fixed today.