

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

HFEN 44891
Approved POC 8/8/2023

PRINTED: 07/29/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555726	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/24/2023
NAME OF PROVIDER OR SUPPLIER COUNTRY VILLA MAR VISTA NRS CT			STREET ADDRESS, CITY, STATE, ZIP CODE 3966 MARCASEL AVE LOS ANGELES, CA 90066		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated standard survey for two complaints. Complaint Numbers: CA00850287 and CA00850316. Representing the Department: Health Facilities Evaluator Nurse(s): 44891, HFEN. The inspection was limited to the specific complaints investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued for complaint CA00850316 (Refer to F689). No deficiency was issued for complaint number CA00850287.	F 000			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the facility failed to provide one (1) out of five (5) sampled residents (Resident 1) their physician-prescribed medication. This deficient practice had a potential to place Resident 1 at risk for further health decline.	F 658			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

myoung RN-DON

Director of Nursing

8/4/2023

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.

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F 658	<p>Continued From page 1</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated Resident 1 was admitted to the facility on 6/17/2023 and readmitted back to the facility on 6/26/2023 3/29/2021 with diagnosis including essential thrombocythemia (ET- a rare blood disorder that causes a high number of blood cells called platelets to form), hyperlipidemia (high levels of fat particles in the blood), peripheral vascular disease (narrowing or blockage of the vessels that carry blood from the heart to the legs).</p> <p>A review of Resident 1's Minimum Data Set (MDS-a standardized assessment and care screening tool), dated 7/12/2023, indicated Resident 1 had the capacity to understand and make decisions. Resident 1 required assistance from staff with transfers, dressing and personal hygiene.</p> <p>During an interview on 7/24/2023 at 9:32 AM with Resident 1, Resident 1 stated she has not received her hydroxyurea medication for about six (6) days. Resident 1 stated the facility was not able get her medication, so she had to call to multiple pharmacies to get her medications delivered to the facility.</p> <p>During a concurrent interview and record review on 7/24/2023 at 11:20 AM with Registered Nurse (RN 1), Resident 1's Medication Administration Record (MAR), dated 7/24/2023 and Progress Notes, dated 7/16/2023, 7/17/2023, 7/19/2023 and 7/20/2023 was reviewed. The MAR indicated Resident 1 did not receive hydroxyurea on dated 7/16/2023, 7/17/2023, 7/19/2023 and 7/20/2023</p>	F 658			

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F 658	<p>Continued From page 2</p> <p>scheduled at 9:00 AM. RN 1 stated, according to the MAR and Progress Notes, the facility failed to give the resident her medications for four days and placed Resident 1 at risk and was prone to having complications regarding her blood.</p> <p>During an interview on 7/24/2023 at 1:06 PM with Director of Nursing (DON), DON stated if Resident 1 did not receive her hydroxyurea medication, as prescribed by the physician, it placed a risk to Resident 1's health.</p> <p>During a review of Resident 1's "Order Summary Report," dated 7/24/2023, the "Order Summary Report" indicated a physician order of hydroxyurea 500 milligrams (mg) capsule, by mouth two times a day for ET.</p> <p>During a review of Resident 1's MAR dated 7/24/2023, the MAR indicated Resident 1 did not receive a hydroxyurea (medication used for ET) on: 7/16/2023 at 9:00 AM 7/17/2023 at 9:00 AM 7/19/2023 at 9:00 AM 7/20/2023 at 9:00 AM.</p> <p>During a review of Resident 1's progress notes, indicated: On 7/16/2023 at 9:44 AM, hydroxyurea medication "not on hand, awaiting on pharmacy to fill." On 7/17/2023 at 9:50 AM, hydroxyurea medication "medication not on hand, followed up with pharmacy and medication is being filled and will be sent out on the next run." On 7/17/2023 at 11:04 AM, hydroxyurea medication "being processed from pharmacy." On 7/19/2023 at 8:47 AM, hydroxyurea</p>	F 658			

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F 658	<p>Continued From page 3</p> <p>medication "pending delivery, will follow up." On 7/20/2023 at 9:34 AM, hydroxyurea medication "medication not on hand, medication ordered by pharmacy and have yet to receive, following up w (with) pharmacy." On 7/20/2023 at 10:57 AM, hydroxyurea medication "will be delivered on the next run."</p> <p>A review of the facility's policy and procedures (P&P) titled, "Medication - Administration," dated 1/1/12, indicated, Medications and treatments will be administered as prescribed to ensure compliance with dose guidelines." In addition, P&P indicated a nursing staff will keep in mind the seven "rights" of medications when administering medications. The "rights" of medication administration include: the right medication, the right amount, the right resident, the right time, and the right route.</p> <p>A review of the facility's P&P titled, "Pharmacy Services Committee Composition & (and) Duties," dated 1/1/12, indicated, "the Facility has a Pharmacy Services (PSC) to oversee pharmacy services in the delivery of resident care at the Facility." The same P&P indicated duties and responsibilities include: Conduct ongoing drug usage review; Review changes in the drug laws and prepared recommendations for methods of compliance; Review events which have occurred since the last review, such as errors of medication procurement, distribution use, and disposal, and Review the status of ongoing drug usage review.</p> <p>A review of the facility's P&P titled, "Resident Rights- Quality of Life," dated 3/2017, indicated, the facility will "ensure that each resident receives the necessary care and services to attain or</p>	F 658			

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F 658	Continued From page 4 maintain the highest practicable physical, mental and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care."	F 658			

Country Villa Mar Vista Healthcare Center
Plan of Correction
Submitted on August 4,2023
Submitted by : Mae Young RN-DON

Country Villa Mar Vista Healthcare Center submits this response and plan of Correction as part of the requirements under the state and federal law. The Plan of Correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this plan of correction with the intention that it is inadmissible by any third party in any civil, criminal action or proceedings against the provider or its employee, agents, officers, director, or shareholders. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party. The facility desires that this plan of correction be considered the facility's allegation of compliance. "Preparation, submission and/or execution of this Plan of Correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction is prepared, submitted and/or executed solely because it is required by the provision of federal and state law".

F 658 Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)

Based on observation, interview, and record review, the facility failed to provide one (1) out of five (5) sampled residents (Resident 1) their physician -prescribed medication.

How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:

On 7/17/2023 Resident 1 Primary Physician was notified regarding medication is not available and is currently being processed from Premier pharmacy.

On 7/18/20223, Resident 1 was seen by the the Primary Physician , no new orders were issued.

On 7/25/2023 Resident 1 was seen again by the Primary Physician with no new order.

On 8/1/2023 Relayed CBC with DIFF (platelet of 428) Normal Range 150-400. Relayed to PCP with no new order.

Addendum: 8/8/23

On 7/31/23 the Director of Nursing and Staff Development conducted a Medication Administraton Competency Validation and Med Cart audit . No other residents affected by the same deficient practice and all medications are available as prescribed. The Charge Nurses are

responsible for medication administration, certify medication availability for compliance. The RN supervisor is responsible to place a call to Premier Pharmacy for follow ups.

How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:

On 7/31/2023 the Director of Nursing and Staff Development (DSD) visually observed licensed nurses during medication administration – All medication are available during medication administration. No other concerns identified. The Staff Development (DSD) will continue to conduct Medication Administration Competency Validation.

On 7/31/2023-8/4/2023 Morning Clinical Meetings was conducted by the Director of Nursing and ID Team to ensure all medications are administered as prescribed by the primary physician. No other resident were found to be affected. The Medical records ran the Medication Administration Audit Report. No other resident were affected.

Addendum: 8/7/2023

The Medical Record Director will audit the EMAR daily (Monday to Friday) and run the medication Administration Audit report to ensure all medication are given as prescribed by the primary physician. Findings will be reported to the Director of Nursing for immediate corrective action.

On 8/7/2023, SSD interviewed alert residents to ensure that each resident receives the necessary care and maintain the highest practicable physical, mental and psychosocial well-being. No other resident affected by the same deficient.

What measures will be put into place or what systemic changes the facility will make sure to ensure that the deficient practice does not recur:

The pharmacy consultant nurse from Premier will continue to monitor Licensed Nurse during Medication administration every month to ensure all medication are available and oversee pharmacy services in the delivery of resident care at the facility.

During morning clinical meetings the ADON will review all physician orders for the last 24 hours and all medications to be received. Any identified non-compliance will be reported to the Director of Nursing for immediate follow up and correction.

On 7/31/2023, the Staff Development (DSD) provided in-services to Licensed nursing staff regarding Policy No.-NP-76 "Medication - Administration," revised on 1/1/2012, indicated, medication and treatments will be administered as prescribed to ensure compliance with dose guidelines. The same P&P indicated, whenever a medication is held for any reason, the hour it

was held must be initialed and circled in the (EMAR) by the responsible Licensed Nurse. The Licensed Nurse will document on the back of the MAR, noting the time and reason the medication was held. In addition to policy and procedure, nursing staff will keep in mind the seven (7) rights of medications when administering medication : the right medication, the right amount, the right resident, the right time ,the right route , the right reason and the right documentation. The policy and procedure of "Resident Rights- Quality of Life," dated 3/2017, indicated, the facility will "ensure that each resident receives the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care."was included in the in-service provided by the DSD.

Addendum 8/7/2023

The Pharmacy Consultant Nurse from Premier will conduct a Medication Administration Competency checks every month (Approximately 8 hours per visit) to Licensed nurses randomly since on June 2023 and ongoing. Finding will be communicated to the Director of Nursing for corrective actions.

The Director of Nursing and Assistant Director of Nursing will observe medication administration weekly, may provide on-the-spot in-service if deficient action is observed.

During morning Clinical Meetings Time: 10:00AM to 10:30 AM (Monday to Friday) the ADON will review all physician orders with RN Supervisor on duty for the last 24 hours, to ensure compliance with dose guidelines and medications are administered as prescribed.

The DSD will conduct monthly in-service to all Lisenced Nurses regarding : Policy No.-NP-76 "Medication - Administration," revised on 1/1/2012, indicated, medication and treatments will be administered as prescribed to ensure compliance with dose guidelines and "Resident Rights- Quality of Life," dated 3/2017, indicated, the facility will "ensure that each resident receives the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care."

SSD will conduct room visits daily (Monday to Friday) to ensure that each residents receives the necessary care and maintain the highest practicable physical, mental and psychosocial well-being. All findinds will be discussed during Clinical meetings for follow up.

How the facility plans to monitor its performance to make sure the solutions are sustained and to ensure deficient practice will not recur:

The Director of Nursing and Staff Development (DSD) will track any trends or concerns related to Policy No.-NP-76 "Medication - Administration," indicated, Medication and Treatments will be administered as prescribed to ensure compliance with dose guidelines. The same P&P indicated, whenever a medication is held for any reason, the hour it was held must be initialed and circled in the (EMAR) by the responsible Licensed Nurse. The Licensed Nurse will document

on the back of the MAR, noting the time and reason the medication was held. In addition to policy and procedure, nursing staff will keep in mind the seven (7) rights of medications when administering medication : the right medication, the right amount, the right resident, the right time ,the right route , the right reason and the right documentation. The policy and procedure of "Resident Rights- Quality of Life," dated 3/2017, indicated, the facility will "ensure that each resident receives the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care." This will be communicated to the QA committee for further evaluation and recommendations monthly. If it is determined that we have accomplished the objectives in the POC above and the results are successful, the facility will consider the matter resolved. The QA committee will continue to review until such time the deficiency has been proven resolved for 3 months and/or advised by the QA committee.

Addendum:8/7/2023

The Quality Assurance Committee will continue to review such time that the deficiency has been proven resolved by the QA committee. Monthly meeting conducted every 3rd Wednesday of the month. Quality Assurance committee includes : Medical Director, Director of Nursing ,Social Servises , MDS Nurses, IP Nurse, Medical Records Director and Staff Development.

Responsible: The Director of Nursing , Staff Development (DSD) and Social Services Director are responsible for monitoring & sustaining compliance.

Completion Date: 8/4/2023