

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

PRINTED: 04/06/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 04/06/2023
NAME OF PROVIDER OR SUPPLIER  COUNTRY VILLA BAY VISTA HCC			STREET ADDRESS, CITY, STATE, ZIP CODE 5901 DOWNEY AVE LONG BEACH, CA 90805		
(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 the investigation of one complaint.  Complaint number:CA00828931.  Representing the Department: HFEN 42506.  The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.  One deficiency issued for complaint number CA00828931. See Tag F657.		F000  Preparation and /or execution of this plan of correction does not constitute admissions of agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of the deficiencies. This plan of corrections is prepared and / or executed solely because required by the provisions of Health and Safety Code Section 1280 and C.F.R. 405.1907. Please accept this plan of correction as our credible allegation of compliance.		
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)  §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.		F657 Comprehensive Care Plan  How corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice:  • Resident # 1 is no longer at the facility.  F657 Comprehensive Care Plan  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:		

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

TITLE

(X6) DATE

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 657	Continued From page 1  (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to review, update, and/or revised a care plan based on individualized person-centered needs with measurable objectives, timeframe, and interventions to meet the residents' needs for one of three sampled residents. (Resident 1), who complained of abdominal pain and loose stools, with history of urinary tract infection (UTI - an infection in any part of the urinary system, the kidneys, bladder or urethra).  These deficient practice had the potential to prevent facility staff from meeting the needs of Resident 1 to attain or maintain their highest practicable physical, mental, and psychosocial well-being.  Findings:  During a record review of Resident 1's Admission Record (face sheet), the face sheet indicated Resident 1 was admitted to the facility on January 20, 2023 with diagnoses that included Parkinson's disease, high blood pressure, urinary tract infection (UTI, an infection in any part of the kidneys, ureters, bladder, and urethra ), and diabetes Mellitus( a disease in which the body has a high level of sugar in the blood), chronic pain and major depressive disorder (persistent	F 657	<ul style="list-style-type: none"> <li>All the residents with COC have been reviewed by DON/Designee for having appropriate care plans for all changes. No further issues were identified.</li> </ul> <p>What measures will be put in place or what systemic changes will you make to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> <li>licensed nurses were inserviced by DON/Disignee on April 4, 2023, regarding care planning all changes of conditions once a change of condition assessment has been initiated.</li> <li>The MDS Team has been in-service by RAI consultant on April 11, 2023, regarding review of Care Plans and updating the review dates on admission, quarterly and annual basis. for further interventions and review monthly x 3 months.</li> </ul>		

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F 657	<p>Continued From page 2 feelings of sadness).</p> <p>During a record review of Resident 1's recent History and Physical (H&amp;P), dated 1/23/2023, the H&amp;P indicated Resident 1 has the capacity to understand and make decisions.</p> <p>During a record review of Resident 1's Minimum Data Set (MDS), a standardized assessment and care screening tool, dated 1/27/2023, the MDS indicated Resident 1 could be understood and be understood by others. According to the MDS, Resident 1 required extensive assistance from staff for personal hygiene dressing and bed mobility. Resident 1 was totally dependent on staff for toilet use and transfer.</p> <p>During a record review of the care plan initiated on 1/20/2023 indicated no review date or update for care plan. The care plan goals and interventions did not indicate measurable objectives within a specific time frame based on the change of condition on 2/17/2023 and 2/24/2023.</p> <p>During a record review of the physician progress notes dated 2/20/2023 at 11:54 a.m. indicated resident complained of diarrhea and abdominal pain for several days.</p> <p>During an interview on 3/30/2023 at 9:51 a.m., with Licensed Vocational Nurse (LVN 3), LVN 3 stated care plan is important for patient care. It is the blueprint for care. LVN 3 stated anytime a change of condition is documented (COC), care plan must be updated, because that's how we go for her treatment and how we take care of her. If it is not updated, everyone will not know the current care provided, then we do not have goals</p>	F 657	<p>How facility plans to monitor its performance to make sure the solutions are sustained and to ensure deficient practice will not recur:</p> <ul style="list-style-type: none"> <li>The IDT will review all residents with change of condition during daily clinical meetings to assure that compliance is achieved and maintained. Any ongoing issues with compliance shall be reported to QAA meeting for further interventions and review monthly x 3 months.</li> </ul> <p>Completion Date: April 30, 2023</p>		

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F 657	Continued From page 3 and will not be able to monitor correctly.  During a concurrent telephonic interview and record review on 3/30/2023 at 10 a.m., with the Director of Nursing (DON), the DON stated whenever there is a COC, we will update care plan, MDS nurse checks interventions every 3 months, it is important to update so we could care for whatever the problem resident is going through. DON stated that it is a guide to nurses to take care of an issue for a Resident, DON stated no evidence of update of care plan after the COC.  During an interview on 3/30/2023 at 10:17 a.m., with Director of Staff Development (DSD); DSD stated updating a care plan is very important, we do it when we have resident care concern, change of condition, that way it is going to be a guide for the staff to know what is going on with the resident, care plan assists to plan, intervene and monitor specific areas of care of a specific resident. If we fail to update care plan when there is a change of condition, nurses will not be aware of the present condition and care being provided.  During a review of the facility's policy and procedure titled "Comprehensive Person Centered Care Planning", revised November 2018, "Comprehensive Persson Centered Care Planning," indicated it should address resident specific health and safety concerns to prevent decline or injury, it must also reflect changes to approaches, as necessary, resulting from significant change in condition.	F 657			