

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

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 08/12/2024	
NAME OF PROVIDER OR SUPPLIER MAR VISTA COUNTRY VILLA HEALTHCARE & WELLNESS				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 represents the findings of the California Department of Public Health during an investigation of an Entity Reported Incident. Entity report Incident: CA00912293. The inspection was limited to the specific Facility Reported Incident investigated and does not represent the findings of a full inspection of the facility. One deficiencies was issued for Entity report Incident: CA00912293 (Refer to F726). F 726 Competent Nursing Staff SS=E CFR(s): 483.35(a)(3)(4)(c) §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71. §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and			F 000			
				F 726			

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

TITLE
Administrator(X6) DATE
9/4/24

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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FORM APPROVED
OMB NO. 0938-0391

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F 726	<p>Continued From page 1 implementing resident care plans and responding to resident's needs.</p> <p>§483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by: Based on interview, and record review, the facility failed to ensure the Assistant Director of Nursing (ADON) and licensed vocation nurse had the skill set to train the registered nursing staff regarding resident care and resident assessment.</p> <p>This deficient practice resulted in or had the potential to result in unsatisfactory training for the registered nursing staff.</p> <p>Findings:</p> <p>During an interview and concurrent record review, on 8/12/2024 at 3:28 p.m., the ADON stated, she has been the ADON since 3/2024. The ADON stated that she does not have a California registered nursing (RN) license, however, she is in the process of transferring her credentials to California. The ADON stated that at this time, she (ADON) is a licensed to practice as a License Vocational Nurse (LVN) pending her registered nursing license in California. The ADON stated that part of her duty as the acting director of nursing is to perform in-service education and training as needed to Certified Nursing Assistants (CNAs), License Vocational Nurses (LVNs), and to Registered Nurses (RNs) working in the facility. The ADON stated that she has the in-service</p>	F 726			

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F 726	<p>Continued From page 2</p> <p>lesson plans and attendance records of the previous lessons that she has taught the CNAs, LVNs, and RN staff on abuse, falls and other topics concerning resident care. A review of the facility's in-service records including abuse training binder indicated the ADON provided Inservices to the CNAs, LVNs, and RNs the education plan and sign in sheet. The ADON stated that she trains RNs and all other staff along with the Director of Staff Development (DSD) on all subjects. The ADON stated that she will train staff either with the DSD or independently, depending on the need of the facility at the time.</p> <p>During an interview, on 8/13/2024 at 3:45 p.m., the Director of Nursing (DON) stated, the ADON trains RNs and all other staff on an as needed basis. However, the DON stated that she personally does a lot of training for the registered nurses also. The DON stated that she has another registered nurse on staff that does training, when necessary, along with the ADON. When asked if LVNs can train RNs, the DON stated that moving forward, the DON and an RN will perform the in-service training for all RNs. The DON stated that LVNs would not be working within their scope of practice if they were assigned to train RNs.</p> <p>During an interview, on 8/13/2024 at 4:15, the Administrator (ADM) stated that he was aware that the ADON was training staff including the RNs. The ADM stated the ADM understood that an LVN trainings RNs would be performing out of scope of practice for the LVN. The ADM stated the ADON should not be training RNs until she obtains a RN license in the state of California.</p>			F 726			

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F 726	<p>Continued From page 3</p> <p>During a review of the facility's undated Job Description of the Assistant Director of Nursing, indicated, ...:</p> <p>" A licensed professional nurse immediately under the Director of Nursing is to assist the Director as instructed and has the authority of the Director of carrying out given. Asks or areas of supervisor in the Director's absence. General Duties and Responsibilities: General.</p> <p>Attend staff meetings and in-service classes.</p> <p>Supervision- Review and evaluate nursing personnel and make recommendations to the Director of Nurses. Assist in orientation of newly assigned personnel as well as supervise and instruct other nursing personnel."</p> <p>During a review of the job description of the License Vocation Nurse (LVN) Staff Nurse, indicated: ...</p> <p>"A licensed professional nurse under the supervisor of a Registered Nurse who provides nursing care and services to residents in a long-term care setting.</p> <p>General Duties and Responsibilities: General</p> <p>Provides nursing care as prescribed by physician/health care professional in accordance with the legal scope of practice, any Board of Licensing restrictions, and within established standards of care, policies, and procedures.</p> <p>Performs manual and technical skills according to scope of practice under the direction of a Registered Nurse</p> <p>Informs RN Supervisor or RN in charge of the facility of significant changes in resident condition, unusual occurrences, incidents, or accidents as indicated and per facility policy and procedure. "</p> <p>Supervise CNAs. Additional Duties: Attends in-services and educational classes to maintain</p>	F 726			

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F 726	Continued From page 4 nursing skills competency, and current knowledge for standard of care and effective practices. During a review of the facility's policy and procedures (P&P) titled "HR01 Staff Competency Validation" dated effective 6/04/2024, Indicated, "Competency validation is a determination based on an individual's satisfactory performance of each specific element of his/her job description, and of the specific requirements for the area in which he or she is employed. ... protect the health, safety, and well-being of residents."			F 726			

Mar Vista Country Villa submits this response and Plan of Correction as part of the requirements under 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 or correction with the intention that it is inadmissible by any third party to any civil, criminal action, or proceedings against the provider or its employees, agents, officers, director, or stakeholders. 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 the 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 provisions of federal and state law".

F 726 Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c)

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

On 09/03/2024 the Administrator held a Resident meeting and asked the residents if there were any issues regarding staff knowledge regarding their care, and no residents were identified to have any issues or concerns. The Assistant Director of Nurses was immediately in-serviced by the RQMC regarding appropriate training of registered nursing staff to care for residents' needs, as identified through resident assessments, and described in the plan of care and that a Registered Nurse should be educated by a Registered nurse or other higher educated/licensed entity.

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 09/03/2024 the Administrator held a Resident meeting and asked the residents if there were any issues regarding staff knowledge regarding their care, and no residents were identified to have any issues or concerns.

An audit of in-services provided by the Assistant Director of Nurses was completed. The audit identified one in-service on 09/03/2024

And one registered nurse attended. The DON/RQMC re-in-service the registered nurse regarding the in-service topic of FALL PREVENTION and ABUSE on 09/03/2024.

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

The facility will audit scheduled in-service training and identify the educator required for the planned in-services and ensure the in-services are provided by the appropriate educator.

Any In-Services that are scheduled or completed for Registered Nurse staff will be provided by the DON or like licensed/educated entity. This will be reviewed monthly to ensure the staff are provided with inservicing/education appropriately.

This audit will be provided to the DON and Administrator for any concerns and follow-up required.

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

Results of these audits will be presented to and reviewed by the Director of Nursing and Director of Staff Development and follow-up provided will be submitted to the Administrator for review in QA committee meeting monthly for three months for follow up and resolution.

Completion Date: 09/10/2024.