

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

PRINTED: 08/12/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  65531 7	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 06/12/2017
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NAME OF PROVIDER OR SUPPLIER

COUNTRY VILLA REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

340 SOUTH ALVARADO STREET  
LOS ANGELES, CA 90057

(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	<b>INITIAL COMMENTS</b>  The following reflects the findings of the Department of Public Health (DPH) during a Complaint investigation.  Complaint #: CA00535692 - Substantiated  Representing the DPH:  Surveyor# 19152 RN, HFEN  The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.  F 253 483.10(i)(2) HOUSEKEEPING & MAINTENANCE SERVICES  (i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility's nursing/housekeeping staff failed to ensure resident rooms were maintained in a clean orderly manner. This deficient practice placed residents at risk for living under less than sanitary conditions, embarrassment and lowered self-esteem.  Findings:  On May 18, 2017, at 7:50 a.m., during a tour of the facility the following was observed  1. The ceiling near Room 128 had water damage 2. The shower room across from Room 128 had a damp moldy odor.	F 000	Preparation 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 the conclusions set forth in this statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of Health and Safety code section 1280 and 42CFR et seq. This plan of correction constitutes the facilities credible allegation of compliance.  F 253 483.10(i)(2) HOUSEKEEPING & MAINTENANCE SERVICES:  1. Although there were no residents identified for this deficiency all items were repaired. The water damage around room 128 and the shower room directly across from room 128 was from a busted pipe from the 2nd floor shower room that was under repair. It was because of that pipe that the ceiling and shower room were in the condition on that day. Also the dampness that the surveyor experienced in the shower room was due to the busted pipe from the 2nd floor as well as the showers that were given prior to the surveyor entering the room. The chipped paint that was noted in room 125, 107 and 123 as well as the hole were repaired and painted. There is a regular maintenance program in which rooms are deep cleaned and	

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes other safeguards provide sufficient protection to the patients following the date of survey whether or not a plan of correction days following the date these documents are made available program participation.

deficiency which the institution may be excused from correcting providing it is determined that See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days is provided. For nursing homes, the above findings and plans of correction are disclosable 14 o the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555317	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 06/12/2017
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NAME OF PROVIDER OR SUPPLIER

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STREET ADDRESS, CITY, STATE, ZIP CODE

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LOS ANGELES, CA 90057

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F 253	<p>Continued From page 1</p> <p>3. Chipped paint on the wall behind bed in Room 125</p> <p>4. Chipped paint behind beds A and B and a hole in the wall behind the pipe in the bathroom of Room 123</p> <p>5. A hand rail with chipped paint next to Room 125</p> <p>6. A dirty curtain in Room 104 bed B</p> <p>7. A dirty privacy curtain and chipped paint on the wall in Room 107</p> <p>8. In Rooms 104, 125 and 127 extension cords with 4-7 plugs were observed.</p> <p>On May 18, 2017, at 8:51 a.m., during an interview, the Administrator stated that each floor had a maintenance log and it was checked several times per day. The administrator also stated that any concerns regarding cleanliness, replacement of items or malfunctioning/damage equipment were documented in the maintenance log book and the maintenance/housekeeping staff could be contacted by text, phone and/or email for more immediate concerns. The administrator also stated he was told he needed to request a categorical waiver for the extension cords, however, during previous surveys, he was not told it was required he supply a written request to the Department.</p> <p>On May 22, 2017, at 1:07 p.m., during a telephone interview, the Administrator stated the facility beds, furniture and wheelchair are constantly coming in contact with the walls and need painting. The administrator also stated that in regards to the hand rails they were experimenting with staining the rails instead of painting them because paint builds up and the shower room have a smell because there are no vents.</p>	F 253	<p>painted on a rotating basis. The curtains in room 104 and 107 were removed and cleaned, then placed back in the rooms. There were power cords not extension cords in rooms 104, 125 and 127.</p> <p>The extension cords were replaced with power strips as this is allowed to be used in accordance with CMS Letter dated September 26, 2014 for Categorical Waiver for Power Strips use in Patient Care Areas. In the Memorandum Summary it states that Individual Waiver applications are not required, provided the Providers and Suppliers have written Documentation that they have elected to use the waiver as long as the provider meets either LSC 2012 power strip requirements or NFPA99 requirements regarding the use of power cords. Enclosed you will find written documentation stating that the facility has elected to use the waiver. This documentation was first presented at the entrance conference at our Annual Survey dated.</p> <p>2. A review of all rooms was done and there was no evidence found of water damage, dirty curtains. Those rooms that were found to have small areas in need of painting have been painted. No other rooms were found to have extension cords.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER'S IDENTIFICATION NUMBER: 555: 97	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2017
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NAME OF PROVIDER OR SUPPLIER		COUNTRY VILLA REHABILITATION CENTER		
STREET ADDRESS, CITY, STATE, ZIP CODE		340 SOUTH ALVARADO STREET LOS ANGELES, CA 90057		

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			<p>3. Maintenance log books are at each nursing station which are to be used to document any area in the facility that needs repairs or painting. A daily schedule is in place for room painting and checking each room for areas that need updating or repairs.</p> <p>4. During weekly rounds the Assistant Administrator will follow up to ensure that the routine maintenance schedule is followed.</p> <p>5. Completed May 27, 2017</p>		
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