

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

PRINTED: 06/14/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 05/31/2024
NAME OF PROVIDER OR SUPPLIER  NEW VISTA NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 8647 FENWICK STREET. SUNLAND, CA 91040		
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F 000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during the investigation of two complaints.  Complaint Numbers: CA00901227 & CA00899930  Representing the Department: Health Facilities Evaluator Nurse: 49109.  The inspection was limited to the specific complaints investigated and does not represent the findings of a full inspection of the facility.  No deficiencies were identified for Complaint Number: CA00901227.  Two deficiencies were identified for the Complaint Number: CA00899930 (Refer to F842 and F880).	F 000	New Vista Nursing and Rehabilitation 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 of its employees, agents, officers, directors, 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 interest of the provider either by the governmental agencies or third party.		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)  §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.  §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-	F 842	Any changes to provider policy or procedures should be subsequent remedial measures as that concept is employed in Rule 407 of the federal rules of evidence and California evidence code section 1151 and should be in any proceeding on that basis.		

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 842	<p>Continued From page 1</p> <p>(i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p>	F 842	<p>Corrective Action:</p> <p>On 6/3/24 &amp; 6/05/24 the DON reviewed Resident 1's TAR to ensure that proper documentation and treatment were given. On 5/31/24, Licensed nurses were educated on proper &amp; timely documentation.</p> <p>Identification of other Residents having the potential to be affected:</p> <p>On 5/31/24 the DON &amp; RN Supervisors conducted an audit on all current Resident's TAR for the last 3 days to identify any other instances of possible missing documentation. No other residents were identified for this deficient practice.</p>		

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F 842	<p>Continued From page 2</p> <p>(ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to maintain complete and accurate medical records for one of five sampled residents (Resident 1) by failing to ensure licensed nurse signed the Treatment Administration Record (TAR - a report detailing wound care treatment provided to the resident by a healthcare professional) for Resident 1 on 5/30/2024.</p> <p>This deficient practice had the potential to result in confusion regarding Resident 1's condition and what care and services were provided to Resident 1.</p> <p>Findings:</p> <p>A review of Residents 1's Admission Record indicated the facility originally admitted Resident 1 on 4/15/2024 and re-admitted on 5/20/2024 with diagnoses that included cerebral infarct (damage to tissues in the brain due to loss of oxygen to the area) with hemiplegia (paralysis on one side of the body) affecting the left side, hypertension (high blood pressure), hyperlipidemia (high level of fats in the blood) and anemia (a condition in which the body does not have enough healthy red blood cells to carry oxygen throughout the body).</p>	F 842	<p>Measures Adopted for Systematic Changes:</p> <p>On 6/03/24 &amp; 06/05/24 the DON in-serviced licensed nurses on proper and timely documentation after each treatment. The Medical Records Supervisor or Designee will do a weekly audit to check that proper documentation and that TAR's have been signed timely. The audits will be done for three months for compliance. On 7/10/24 the facility will transition from paper charting to electronic charting (PCC) which will alert and remind staff of pending documentation requirements which will help alleviate any gaps or missing charting.</p> <p>Monitoring Performance and Integration into QA System:</p> <p>Audit Findings will be reviewed and summarized monthly by the DON. The DON and or designee will then present the summarized findings during the monthly QAPI meeting to the QA Committee for further review and recommendations until compliance has been achieved for 3 consecutive months.</p> <p>Compliance Date: 6/10/2024</p>		

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F 842	<p>Continued From page 3</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS - a standardized assessment and screening tool), dated 5/22/2024 indicated Resident 1 does not have the ability to make self understood and does not have the ability to understand others. Further review of Resident 1 ' s MDS indicated Resident 1 was dependent on staff with oral hygiene, toileting hygiene, bathing, dressing, personal hygiene, and mobility (movement).</p> <p>A review of Resident 1 ' s Physician Order indicated the following wound treatment orders:</p> <p>a. Sacro coccyx (tail bone) Pressure Injury (breakdown of skin integrity due to pressure) stage 4 (damage to the skin spreads to the muscle, bone or joints that can lead to bone infection): Cleanse with Normal Saline (NS - a solution of salt and water), pat dry, then apply Medihoney (used to treat wounds) and calcium alginate (used in the treatment of wounds), cover with dry dressing (DD - gauze, used to cover wounds) daily and as needed for soilage for 21 days, with a start date of 5/20/2024.</p> <p>b. Right heel Deep Tissue Injury (DTI - purple or maroon localized area of discolored intact skin or blood-filled blister [collection of fluid under the skin] due to damage of underlying soft tissue from pressure and or shear): Cleanse with NS, pat dry, then apply betadine (used on the skin to treat or prevent skin infection) solution, cover with DD, secure with kerlix (type of wound dressing) and tape daily for 21 days, with a start date of 5/20/2024.</p>	F 842			

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F 842	<p>Continued From page 4</p> <p>c. Left heel DTI: Cleanse with NS, pat dry, then apply betadine solution, cover with DD, secure with kerlix and tape daily for 21days, with a start date of 5/20/2024.</p> <p>d. Left inner thigh wound with dry scab (a dry, rusty brown crust formed over a wound): Cleanse with NS, pat dry, then apply betadine solution, to leave open in air daily for 21 days, with a start date of 5/20/2024.</p> <p>e. Right distal (refers to parts of the body further away from the center) leg wound: Cleanse with NS, pat dry, then apply Medihoney, cover with DD daily for 21days, with a start date of 5/20/2024.</p> <p>f. Gastrostomy tube (GT - a tube inserted through the belly that brings nutrition directly to the stomach) site: Cleanse with NS, pat dry and cover with DD daily.</p> <p>A review of Resident 1 's TAR dated 5/30/2024 indicated no documentation for the following treatment orders:</p> <p>a. Sacro coccyx Pressure Injury stage 4: Cleanse with NS, pat dry, then apply Medihoney and calcium alginate, cover with DD daily (7:00 a.m. to 3:00 p.m.)</p> <p>b. Right heel DTI: Cleanse with NS, pat dry, then apply betadine solution, cover with DD, secure with kerlix and tape daily.</p> <p>c. Left heel DTI: Cleanse with NS, pat dry, then apply betadine solution, cover with DD, secure with kerlix and tape daily.</p> <p>d. Left inner thigh wound with dry scab: Cleanse</p>	F 842			

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F 842	<p>Continued From page 5</p> <p>with NS, pat dry, then apply betadine solution, to leave open in air daily.</p> <p>e. Right distal leg wound: Cleanse with NS, pat dry, then apply Medihoney, cover with DD daily.</p> <p>f. Gastrostomy tube site: Cleanse with NS, pat dry and cover with DD daily.</p> <p>During a concurrent interview and record review on 5/30/2024 at 9:19 a.m. with Licensed Vocational Nurse 1 (LVN 1), reviewed Resident 1 's TAR dated 5/30/2024. LVN 1 stated he provided Resident 1 's wound treatment on 5/30/2024 at 7:30 a.m. however, he was in a hurry and did not document in the TAR. LVN 1 further stated he should have documented and signed (enter his initials) in the TAR after wound care treatments were provided to Resident 1 on 5/30/2024.</p> <p>During a concurrent interview and record review on 5/30/2024 at 3:46 p.m. with the Director of Nursing (DON), reviewed Resident 1 's TAR dated 5/30/2024. The DON stated LVN 1 should have signed Resident 1 's TAR after wound care treatments were provided.</p> <p>A review of the facility 's policy and procedure titled, "Charting and Documentation", last reviewed 2/29/2024, indicated it is the policy of the facility to document all services provided to the resident ...in the resident 's medical records. Furthermore, the policy indicated treatment or services performed is to be documented in the resident medical record.</p>	F 842			
F 880 SS=E	<p>Infection Prevention &amp; Control</p> <p>CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p>	F 880			

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F 880	Continued From page 6  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;  §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to:	F 880	Corrective Action:  On 5/31/24 & 06/03/24 The infection preventionist did an in-service on proper hand hygiene for licensed nurses and staff.  Identification of other Residents having the potential to be affected:  On 6/03/24 The Infection Preventionist Nurse conducted an audit for residents receiving wound care to check if proper hand hygiene practices were being followed. Also, on 6/03/24 the Infection Preventionist did a facility wide check to see if hand sanitizers and hand hygiene items such as gloves, soap etc. were in stock and available for staff. Hand hygiene & all items were readily available and stocked. There were no other residents identified by this deficient practice.		

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F 880	<p>Continued From page 7</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to implement infection control practices by failing to ensure Licensed Vocational Nurse 1 (LVN) 1 performed hand hygiene (washing of hands with water and soap or applying an alcohol-based hand rubs) for three of five sampled residents (Resident 2, Resident 3, Resident 4) on 5/30/2024 during wound care treatment.</p> <p>This deficient practice had the potential to spread</p>	F 880	<p>Measures Adopted for Systematic Changes:</p> <p>On 5/31/24 &amp; 6/03/24 the Infection Preventionist in-serviced licensed nurses and staff regarding proper hand hygiene especially during wound care procedures. The Infection Preventionist will hold monthly in-services for proper hand hygiene practices and weekly observation for one month and monthly thereafter.</p> <p>Monitoring Performance and Integration into QA System:</p> <p>Audit Findings will be reviewed and summarized monthly by the Infection Preventionist. The DON and or Infection Preventionist and or the designee will then present the summarized findings during the monthly QAPI meeting to the QA Committee for further review and recommendations until compliance has been achieved for 3 consecutive months.</p> <p>Date of Completion: 6/10/24</p>		



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F 880	<p>Continued From page 8</p> <p>the infection and cross contamination (the physical movement or transfer of harmful bacteria [germs] from one person, object, or place to another) among residents.</p> <p>Findings:</p> <p>A review of Resident 2's Admission Record indicated the facility admitted Resident 2 on 12/18/2023 with diagnoses that included cerebral infarct (damage to tissues in the brain due to loss of oxygen to the area) with hemiplegia (paralysis on one side of the body) affecting the left side, hypertension (high blood pressure), type 2 diabetes mellitus (long term condition in which the body has trouble controlling blood sugar and using it for energy).</p> <p>A review of Resident 2's Minimum Data Set (MDS- a standardized assessment and screening tool) dated 5/20/2024, indicated Resident 2 usually makes self understood and usually understands others.</p> <p>A review of Resident 2's Physician Order dated 12/18/2023, indicated Gastrostomy tube (GT - a tube inserted through the belly that brings nutrition directly to the stomach) stoma (an artificial opening) site: Cleanse with Normal Saline (a mixture of salt and water), pat dry and cover with dry dressing (DD - gauze, used to cover wounds) daily, with a start date of 12/19/2023.</p> <p>During a wound care dressing (materials applied to wounds to promote healing, protect from infection and prevent further injury) observation on 5/30/2024 at 8:44 a.m., observed LVN 1 removing Resident 2 ' s soiled wound dressing on</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>Resident 2 ' s Gtube site. LVN 1 doffed (removed) his gloves and donned (put on) new gloves to clean Resident 2 ' s Gtube site without performing hand hygiene. LVN 1 then proceeded on applying the dry dressing to cover Resident 2 ' s Gtube site.</p> <p>A review of Resident 3's Admission Record indicated the facility admitted Resident 3 on 3/5/2024 with diagnoses that included type 2 diabetes mellitus, hyperlipidemia (high level of fats in the blood) and encephalopathy (disease that affects the brain).</p> <p>A review of Resident 3's MDS dated 3/19/2024, indicated Resident 3 does not have the ability to make self understood and does not have the ability to understand others. Further review of Resident 3 ' s MDS indicated Resident 3 was dependent on staff with eating, oral hygiene, toileting hygiene, bathing, dressing, personal hygiene, and mobility (movement).</p> <p>A review of Resident 3's Physician Order dated 3/6/2024, indicated the following orders:</p> <ol style="list-style-type: none"> <li>1. Sacro coccyx (tail bone) Pressure Injury (breakdown of skin integrity due to pressure): Cleanse with Normal Saline (NS - a solution of salt and water), pat dry, then apply triad (type of wound dressing used for management of pressure injury) every shift until healed, with a start date of 3/6/2024.</li> <li>2. Tracheostomy (a surgically created hole in the windpipe that provides alternative airway for breathing) stoma (surgically made hole): Cleanse with NS, pat dry then cover with DD daily, with a start date of 3/7/2024.</li> </ol>	F 880			

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

PRINTED: 06/14/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>056031</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>05/31/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEW VISTA NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>8647 FENWICK STREET.</b> <b>SUNLAND, CA 91040</b>		
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F 880	<p>Continued From page 10</p> <p>During a wound care dressing observation on 5/30/2024 at 9:04 a.m., observed LVN 1 removing Resident 3 ' s soiled wound dressing on Resident 3 ' s sacro coccyx area. LVN 1 then doffed his gloves and donned new gloves to clean Resident 3 ' s sacro coccyx area without performing hand hygiene. LVN 1 then proceeded on applying the dry dressing to cover Resident 3 ' s pressure injury wound site.</p> <p>A review of Resident 4's Admission Record indicated the facility originally admitted Resident 4 on 1/12/2022 and readmitted on 6/5/2023 with diagnosis that included epilepsy (neurological condition involving the brain that makes the individual more susceptible to having recurrent unprovoked seizures [sudden, uncontrolled body movements]).</p> <p>A review of Resident 4's MDS dated 3/11/2024 indicated that Resident 4 had intact cognition (mental action or process of acquiring knowledge and understanding through thought, experience and senses). The MDS further indicated Resident 4 required moderate assistance from staff with showering, upper body dressing and personal hygiene.</p> <p>A review of Resident 4's Physician Order dated 5/15/2024, indicated the following orders:</p> <ol style="list-style-type: none"> <li>1. Right ischium (bone in the pelvis) Pressure Injury: Cleanse with NS, pat dry, apply triad and calcium alginate (used in the treatment of wounds). Cover with DD daily for 21 days.</li> <li>2. Gluteal cleft (area between the buttocks) wound: Cleanse with NS, pat dry, apply triad and</li> </ol>	F 880			

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F 880	<p>Continued From page 11</p> <p>calcium alginate. Cover with DD daily for 21 days.</p> <p>During a concurrent wound care dressing observation and interview on 5/30/2024 at 9:44 a.m. with LVN 1, observed LVN 1 removing Resident 4 ' s soiled wound dressing on Resident 4 ' s right ischium and gluteal cleft wound site. LVN 1 then doffed his gloves and donned new gloves to clean Resident 4 ' s wound care site without performing hand hygiene. LVN 1 then proceeded on applying the dry dressing to cover Resident 4 ' s pressure injury wound sites. When LVN 1 was asked regarding the facility ' s policy on hand hygiene, LVN 1 stated he should have washed his hands with soap and water or sanitize his hands using an alcohol rub after removing soiled wound dressings and before applying the clean wound dressings and wound care treatment for Resident 2, Resident 3 and Resident 4 however he did not. LVN 1 stated he did not have any hand sanitizer with him and decided to just change his gloves. LVN 1 further stated he should have performed hand hygiene for infection control and to prevent the spread of infection and cross contamination.</p> <p>During an interview on 5/30/2024 at 3:46pm with the Director of Nursing (DON), the DON stated hand hygiene should be done before and after wearing gloves, before and after performing wound care treatments, and after removing soiled dressing during wound care treatment.</p> <p>A review of the facility's policy and procedure titled "Hand Hygiene", last reviewed on 2/29/2024 indicated that hand hygiene is required before and after resident contact, and before and after contact with resident ' s body fluids and excretions.</p>	F 880			

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F 880	Continued From page 12  A review of the facility's policy and procedure titled "Infection Control", last reviewed on 2/29/2024 indicated employees must wash their hands for at least 15 seconds using antimicrobial or non-antimicrobial soap and water under the following conditions: after contact with blood, body fluids, secretions, or non-intact skin; after removing gloves; and after handling items potentially contaminated with blood, body fluids, or secretions. Furthermore, the policy further indicated if hands are not visibly soiled, use of alcohol-based hand rub containing 60 to 95% ethanol or isopropanol for the following situation: before handling clean or soiled dressings, gauze pads; before moving from a contaminated body site to a clean body site during resident care; after handling used dressings; and after removing gloves.	F 880			6/10/24