

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

POC Approved on 6/5/2023  
47286, HFEN

PRINTED: 05/15/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>055119</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>05/03/2023</b>
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NAME OF PROVIDER OR SUPPLIER

**COUNTRY VILLA TERRACE NRSG CTR**

STREET ADDRESS, CITY, STATE, ZIP CODE

**6070 W. PICO BOULEVARD  
LOS ANGELES, CA 90035**

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F 000 INITIAL COMMENTS

F 000

The following reflects the findings of the California Department of Public Health during the investigation of a complaint.

Complaint Number: CA00837416

Representing the Department: Health Facilities  
Evaluator Nurse (HFEN), 47286

The inspection was limited to the specific complaint investigation and does not represent the findings of a full inspection of the facility.

One deficiency was identified for complaint number CA00837416 (Refer to F-tag F725).

F 725 Sufficient Nursing Staff  
SS=D CFR(s): 483.35(a)(1)(2)

F 725

§483.35(a) Sufficient Staff.

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 §483.70(e).

§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:

(i) Except when waived under paragraph (e) of

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 725	<p>Continued From page 1 this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to meet the staffing plan outlined in their Facility Assessment and ensure that sufficient staff were available to respond to a request for assistance for one of three sampled residents (Resident 3).</p> <p>This deficient practice had the potential to negatively affect Resident 3's quality of care, and resultant skin breakdown, infection, and loss of dignity.</p> <p>Findings:</p> <p>A review of Resident 3's Admission Record (face sheet) indicated Resident 3 was admitted on 2/17/23 with diagnoses including generalized muscle weakness, difficulty in walking, and history of falling.</p> <p>A review of Resident 3's Minimum Data Set (MDS, a standardized care and assessment tool), dated 2/24/23, indicated Resident 3 had no cognitive impairments and did not exhibit any signs of disorganized thinking (e.g., unclear or illogical flow of ideas). Further review of the MDS indicated Resident 3 required extensive one-person staff assistance with cleansing of self after toileting/elimination.</p>	F 725			

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F 725	<p>Continued From page 2</p> <p>A review of Resident 3's care plan dated 2/17/23 indicated Resident 3 was at risk for skin breakdown and interventions for prevention included "[keeping] the skin clean and dry".</p> <p>During an interview on 5/3/23 at 11:41 AM, Resident 3 stated he wore incontinence briefs and required staff assistance with brief changes and cleansing after voiding. Resident 3 stated he has waited more than an hour for staff to change his incontinence brief and provide perineal care (care of the external genitalia and the anal area), and further stated it occurred more in the evenings. Resident 3 stated, "The other night I had to wait over two hours to get cleaned up," and he had monitored the time by looking at the clock on his cell phone after pressing his call button for help. Resident 3 further stated he felt staff were not cleaning him timely and he was concerned that he was at higher risk for developing skin breakdown. Resident 3 stated, "I worked in [a hospital]. I know what can happen if these things are not addressed."</p> <p>During an interview on 5/3/23 at 12:07 PM, CNA 1 stated she primarily worked day shift from 7 AM to 3 PM and her typical assignment was eight to ten residents.</p> <p>During an interview on 5/3/23 at 12:13 PM, CNA 2 stated she primarily worked day shift and her typical assignment was nine to 11 residents. CNA 2 stated she is sometimes unable to provide all the care needed during her shift and works overtime to complete her work. CNA 2 further stated call buttons should be answered within five minutes to ensure needs are addressed timely.</p>	F 725			

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F 725	<p>Continued From page 3</p> <p>During an interview on 5/3/23 at 1:40 PM, CNA 1 stated she was familiar with Resident 3 and had worked with him regularly. CNA 1 stated Resident 3 was unable to reposition himself independently and required assistance with toileting and perineal care. CNA 1 stated that providing prompt perineal care is important because if delayed, residents could suffer from skin breakdown, infections, and pressure ulcers (localized damage to the skin and/or underlying soft tissue) from sitting in the same position for a prolonged period.</p> <p>During an interview on 5/3/23 at 2:40 PM, when asked about staffing, Licensed Vocational Nurse (LVN) 1 stated, "Sometimes I have to pick up CNA tasks. If [CNAs] are short-staffed, I try to help out." LVN 1 stated the CNAs working the day shift sometimes told her that care such as incontinence brief changes and perineal care were not completed by the evening shifts. LVN 1 stated it is roughly every other week that CNAs are short-staffed. LVN 1 stated delays in provision of perineal care to residents when they are soiled creates a risk for skin breakdown and the potential for urinary tract infections (common infection that happens when bacteria, often from the skin or rectum, enter and infect the urinary tract).</p> <p>A review of facility document titled "Facility Assessment Tool", dated 3/20/23, indicated the facility did not have any residents who could perform activities of daily living (ADLs), such as toileting and bathing, independently. The facility assessment further indicated all residents required one- to two-person staff assist or were totally dependent on staff. The section of the assessment titled "Staffing Plan" indicated that</p>	F 725			

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F 725	<p>Continued From page 4</p> <p>based on the census and level of assistance required by the facility's residents, each CNA should be assigned six residents during the day shift from 7 AM to 3 PM, and four residents during the evening shift from 3 PM to 11 PM.</p> <p>A review of facility document titled "Assignment Sheet [7 AM to 3 PM] Shift", dated 5/2/23, indicated there were five CNAs working the day shift, and each CNA was assigned to provide care for nine residents.</p> <p>A review of facility document titled "Assignment Sheet [3 PM to 11 PM] Shift", dated 5/2/23, indicated there were four CNAs working the evening shift, and each CNA was assigned to provide care for 11 residents.</p> <p>A review of facility document titled "Assignment [7 AM to 3 PM]" dated 5/3/23 indicated there were five CNAs working the day shift, and each CNA was assigned to provide care for eight to nine residents.</p> <p>During a concurrent interview and record review on 5/3/23 at 3:29 PM, the Director of Nursing (DON) stated she was involved in formulating the document titled "Facility Assessment Tool" dated 3/20/23. The DON stated the purpose of the facility assessment tool was to identify and summarize the care needs of the facility's residents, including the number of staff needed to provide that care. The DON verified that the section of the facility assessment titled "Staffing Plan" indicated the day shift CNAs were supposed to be assigned six residents, and the evening shift CNAs were supposed to be assigned four residents. The DON then reviewed the documents titled "Assignment Sheet [7 AM to</p>	F 725			

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F 725	<p>Continued From page 5</p> <p>3 PM] Shift", dated 5/2/23, "Assignment Sheet [3 PM to 11 PM] Shift", dated 5/2/23, and "Assignment [7 AM to 3 PM]", dated 5/3/23. The DON verified the staffing for the day and evening shifts on 5/2/23, and the day shift on 5/3/23 did not meet the staffing plan as outlined in the facility assessment. The DON stated quality of care can be compromised when the facility's staffing plan is not met, and further stated that residents might have to wait a long time for perineal care when soiled, which can cause skin breakdown and possible infections. The DON further stated she had trained her staff to respond to call buttons as soon as possible, or within five minutes, and that an hour or more to respond to a call button was not acceptable.</p> <p>During an interview with the facility Administrator (ADM) on 5/3/23 at 4:33 PM, the ADM stated the purpose of the facility assessment was to provide an overview of the facility's residents and the services the facility provided. The ADM stated the staffing plan section of the facility assessment was based on the care needed by the residents. The ADM stated he, along with other administrative staff (i.e., the staff development nurse, DON, facility manager), would often assist staff to respond to call lights or provide care. The ADM confirmed registry nurses were not used to support facility staffing needs and stated he could not recall the last time it had been used, stating the facility had an active staffing waiver from the state. After reading the document titled "Facility Assessment Tool", dated 3/20/23, and reviewing the staffing the day and evening shift on 5/2/23, and the day shift on 5/3/23, the ADM confirmed the staffing plan was not being met. The ADM stated the quality of care being provided can be affected when staffing needs are</p>	F 725			

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F 725	<p>Continued From page 6 not met.</p> <p>A review of facility policy and procedure (P&amp;P) titled "Nursing Department - Staffing, Scheduling, &amp; Postings", dated 7/2018, indicated "The Director of Nursing Services (DONS) and the Administrator will establish nursing hours and make adjustments to meet resident needs"</p> <p>A review of facility P&amp;P titled "Incontinence Care", dated 9/2014, indicated that the purpose of the P&amp;P was "to enable resident to retain their dignity" and indicated "residents ...will be kept clean, dry and comfortable" and "incontinence care is provided when the resident is wet or soiled".</p> <p>A review of facility P&amp;P titled "Perineal Care", dated 1/2012, indicated the purpose of the P&amp;P was to "maintain cleanliness ...and to prevent infection or skin breakdown", and further indicated, "perineal care is provided as a part of a resident's hygienic program a minimum of once daily and per resident need".</p> <p>A review of facility P&amp;P titled "Resident Rights - Quality of Life", dated 3/2017, indicated the purpose of the P&amp;P was "to ensure that each resident receives the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being" and that "each resident shall be care for in a manner that promotes and enhances the quality of life". The P&amp;P further indicated "facility staff promote dignity and assist residents as needed by promptly responding to the president's request for toileting assistance".</p> <p>A review of facility P&amp;P titled "Communication - Call System", dated 1/2012, indicated "nursing</p>	F 725			

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F 725	Continued From page 7 staff will answer call bells promptly".	F 725			





**Country Villa  
Terrace Nursing Center**

6070 West Pico Boulevard  
Los Angeles, CA 90035  
Phone: (323)653-3980  
Fax: (323)596-2214

Ms. Embisan

Please see below for the requested information.  
Thank you again for understanding

What the weekly audit by the Administrator Entails:

- Review of Nursing Staffing weekly to identify facility is meeting the Facility Assessment
- Checking staff assignments for any concerns weekly
- Checking the NHPPD at least weekly
- Concerns will be discussed with DON for any staffing needs

How DON/Designee is conducting the daily review of the current nursing staffing and for how long he/she will be conducting that audit:

- DON/Designee will review staffing schedules daily
- Don/Designee will review staffing assignments to monitor patient ratios meet the facility assessment levels.
- The audit will be completed for 3 months and reviewed with Quality Assurance Performance Improvement for monitoring and sustained compliance.

Where audits are recorded and who data is reported to:

- The audits are recorded on an auditing tool, nursing staffing/assignment form, staffing schedule
- Data is reported to Quality Assurance Performance Improvement committee.

In the event the audit reveals insufficient staffing, what system is in place:

- Staffing schedules will be monitored daily
- Any needs will be addressed prior to the shift as much as possible
- Call offs/no call-no show will be reported to DON or DSD for immediate action plan to provide replacement
- Insufficient staffing will be reported to the Administrator/ Designee .

Respectfully

Nonalyn Barles  
Facility Manager

CC: Yosef Hedvat Administartor

**Country Villa Terrace Nursing Center**  
**Plan of Correction for Complaint Number CA00837416**  
**Submitted by: Yosef Hedvat, Facility Administrator**  
**Submitted on:**

*Country Villa Terrace Nursing 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."

**F725 Sufficient Staff**

**How corrective action will be accomplished for those residents found to have been affected by this practice:**

- On 05/03/23, a meeting was conducted with the QAPI team and the medical director in regards to updating the facility assessment to reflect the current staffing needs of the residents at the facility.
- On 05/03/23, the Facility Manager and DON initiated an in-service education with the nursing staff regarding the facility's policy and procedures for Staffing, Communication – Call System, and Incontinence Care, with emphasis on timely response to call lights and timely response to incontinence care needs.
- On 5/3/23, the DON and IDT met with Resident 3 to discuss his concerns and review his specific needs.
- On 5/3/23 and 5/4/23, a Licensed Nurse assessed Resident 3 for any untoward effects from concerns in regards to untimely response to call light and incontinence care and resident was free of untoward outcome. The attending physician was informed of resident's concerns and current condition. No new orders were given.

**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 5/5/23, Department heads conducted interviews with residents regarding possible concerns related to call light response and incontinence care and staffing. No other residents were affected by this deficient practice.
- On 05/03/23 the Administrator/Designee conducted a review and audit of Nursing Staffing hours within the last 30 days to ensure that the facility is meeting the staffing plan outlined in the facility

assessment and ensure that sufficient staff are available to respond to resident' requests for assistance.

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

- On 05/03/23, the Facility Manager and DON initiated an in-service education with the nursing staff regarding the facility's policy and procedures for Staffing, Communication – Call System, and Incontinence Care, with emphasis on timely response to call lights and timely response to incontinence care needs. This in-service will be completed by 6/3/23. Staff on leave or unscheduled will receive education upon return to work.
- The DON/ designee will review on a daily basis the current nursing staffing of the facility to ensure adequate staffing is provided to meet the needs of the residents daily.
- The DON/Designee will conduct daily random visual audits of call lights and incontinence needs for 3 months making sure that residents' needs are attended to timely.

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

- The administrator/Designee will conduct random weekly audits of the current nursing staffing to ensure adequate staffing is provided to meet the needs of the residents, per our facility assessment. Any concerns identified will be reported to the Quality Assurance and Performance Improvement for review and recommendations monthly for 3 months or until substantial compliance is achieved.
- The Administrator and DON will be responsible for monitoring and sustaining compliance.

**Completion Date:** 06/03/2023

**Respectfully**



**Nonalyn Barles**

**Facility Manager**

**Cc: Yosef Hedvat Administrator**