

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056114	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/07/2020
NAME OF PROVIDER OF SUPPLIER COUNTRY VILLA EAST NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 2415 SOUTH WESTERN AVENUE LOS ANGELES, CA 90018	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0842 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the physician's history and physical (H/P) was updated for one of four sampled residents (Resident 1). Resident 1 did not have an updated H/P for over 19 months. This deficient practice had the potential to result in Resident 1 not receiving the necessary care and services. Findings: A review of Resident 1's Admission Record (face sheet), indicated Resident 1 was admitted to the facility on [DATE]. Resident 1's [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set ((MDS) a standardized assessment and care-screening tool), dated 7/17/18, indicated Resident 1 cognition (thought process) was intact, required extensive to total assistance with a one- person assistance from the staff for transfers, dressing, toileting, and personal hygiene. During a review of Resident 1's History and Physical (H/P), revealed a documented H/P dated 3/17/16 which indicated Resident 1 was not able to make needs known, but could make medical decisions. Further review revealed there was no updated H/P for 3/2017 or 3/2018. A review of a social services note, dated 1/25/18 indicated the physician saw Resident 1 and ordered an Otolaryngology (a physician who specializes on the ears, nose, and throat (ENT)) consult due to Resident 1 verbalizing having difficulty with hearing. On 11/2/18 at 11:59 a.m., during a telephone interview, the Medical Records Director Coordinator (MRC) stated residents are required to have an annual H/P, including when residents were readmitted to the facility. The MRC stated she kept a log of completed H/Ps and would notify the physician when the H/P due date is approaching. The MRC stated according to her log, Resident 1's last recorded H/P was completed on 3/17/16.		
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.