

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 07/20/2020
NAME OF PROVIDER OF SUPPLIER COUNTRY VILLA MAR VISTA NRS CT		STREET ADDRESS, CITY, STATE, ZIP 3966 MARCASEL AVE LOS ANGELES, CA 90066	
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 0609 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to report to the state agency (Department of Public Health) an abuse allegation for one of two sampled residents (Resident 1). This failure had the potential to result in delay of an onsite inspection by the Department of Public Health and potential for further abuse and mistreatment from occurring while the investigation is in progress. Findings include: During a review of Resident 1's face sheet (document used by facility which contains the demographic information of the resident), the face sheet indicated, Resident 1 was admitted on [DATE]. Resident 1 had the following [DIAGNOSES REDACTED]. During review of Resident 1's History and Physical (H&P), dated August 21, 2019, H&P indicated, Resident 1 had the capacity to understand and to make decisions. During review of Resident 1's Minimum Data Set (MDS - a standardized assessment and screening tool), dated August 9, 2019, H&P indicated, Resident 1 had an intact cognitive response/ skills (mental process of thinking and understanding) for daily decision making. During a concurrent interview and record review, on January 7, 2020 at 1:04 p.m., with Director of Nursing (DON), SOC 341 (a report template for reporting suspected dependent adult/ elder abuse) was reviewed. SOC 341 indicated an allegation of abuse by Certified Nursing Assistant (CNA) 1 to Resident 1 on September 12, 2019, reported to the facility by Resident 1 on September 19, 2019. DON stated, a telephone report to Department of Health was completed on September 19, 2019 at an unknown time. DON stated, SOC 341 was reported on September 20, 2019 via fax. The SOC 341's fax confirmation indicated, fax transmission completed on September 20, 2019 at 4:45 p.m. During a concurrent interview and record review, on January 7, 2020 at 1:15 p.m., with Licensed Vocational Nurse (LVN) 1, Resident 1's Change in Condition (COC), dated September 17, 2019 at 2:00 p.m. was reviewed. Resident 1's COC indicated, Possible physical, emotional, and mental abuse. LVN 1 stated, Resident 1's COC was completed after the DON notified LVN 1 of the allegation. Resident 1's COC indicated, both physician and the responsible party were notified regarding COC on September 17, 2019 at 2:00 p.m. During a review of Resident 1's Licensed Personnel Weekly Progress Note (LPWPN), dated September 17, 2019 for 3 p.m. to 11 p.m., the LPWPN indicated, resident on monitoring for alleged abuse. Progress note was signed by LVN 2. During a concurrent interview and record review, on January 8, 2020 at 7:11 a.m., with DON, Resident 1's COC and Resident 1's LPWPN were reviewed. DON confirmed Resident 1's COC on September 17, 2019 at 2:00 p.m. was signed by LVN 1. DON confirmed Resident 1's LPWPN for September 17, 2019 3 p.m. to 11 p.m. was signed by LVN 2. During a concurrent interview and record review, on January 8, 2020 at 7:11 a.m., with DON, Abuse-Reporting and Investigations Policy, revised March 2018, was reviewed. Policy indicated, a written SOC 341 report to CDPH Licensing and Certification within two hours for allegation of abuse with no serious bodily injury.		
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.