

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056380	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2020
NAME OF PROVIDER OF SUPPLIER COUNTRY VILLA LOS FELIZ NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 3002 ROWENA AVENUE LOS ANGELES, CA 90039	
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 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure one of three residents (Resident 2) was accompanied by a facility staff when Resident 2 went out of the facility for a Computerized axial tomography scan (CAT scan, medical imaging procedure) of the chest on 8/10/20. Resident 2 cannot make his needs known due to a cognitive (mental process) communication problem and was identified by the facility as high risk for falls. This deficient practice had the potential for Resident 2 to have an accident (falls). Findings: A review of the Admission Record indicated Resident 2 was admitted on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 2's History and Physical record, dated 7/17/2020, indicated Resident 2 can make needs known but can not make medical decisions due to cognitive communication deficit. A review of Resident 2's Interdisciplinary Team Conference (IDT), dated 7/17/2020, indicated Resident 2 was high risk for fall and fall related injuries due to stroke and non-compliance to safety instructions and trying to be independent beyond ability. A review of Resident 2's Physician and Telephone Orders, dated 7/30/2020, indicated the physician ordered Resident 2 a Computerized axial tomography scan (CAT scan, medical imaging procedure) of the chest on 8/10 at 2:00 pm. A review of Resident 2's Intervention Notes, dated 7/31/2020, indicated the family was notified of the scheduled CAT scan. Resident 2's Intervention Notes indicated the family will not accompany him. Resident 2's Intervention Notes indicated a statement from family stating you send your staff with him. A review of Resident 2's Licensed Personnel Weekly Progress Notes, dated 8/10/2020 at 12:15 pm, indicated Resident 2 left the facility via wheelchair. During an interview on 8/18/2020 at 4:13 pm, and concurrent record review of the Transportation Log dated 8/20/20, the Director of Nursing (DON) stated that as indicated in the log Resident 2 required a companion with his CAT scan appointment on 8/10/2020 at 2 pm. The DON stated Resident 2 was sent to his CAT scan appointment without a companion. The DON stated Resident 2 should have had a companion for safety concerns, as Resident 2 could have been lost or an accident could have occurred. During an interview on 8/18/2020 at 4:13 pm, and concurrent record review, the DON indicated that in Resident 2's Change of Condition (COC) form for status [REDACTED]. The COC indicated the facility staff apologized to the family saying that the staff dropped the ball. During an interview on 8/18/2020 at 4:25 pm, and concurrent record review, the DON stated the facility had no policy and procedure regarding supervision of residents going out of the facility for procedures. The DON stated that the policy closest to this was the Out of Pass policy, revised on 1/11/2016, indicating that it is the policy of the facility to meet residents' physical and psychological needs and that the facility will make reasonable efforts to ensure resident safety and uphold resident rights. The policy indicated that in the absence of a specific order that indicates the resident may go out on pass unaccompanied, the resident must be accompanied by a responsible person. A review of the facility's Policy and Procedure on Safety of Residents, revised on 1/1/2012, indicated the purpose which is To provide a safe environment for residents .</p>		
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.