

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055060</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>COUNTRY VILLA WESTWOOD</b>		STREET ADDRESS, CITY, STATE, ZIP <b>12121 SANTA MONICA BOULEVARD LOS ANGELES, CA 90025</b>	
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 0607  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to implement its policy on Abuse and Neglect by not monitoring two out of two sample residents (Residents 1 and 2) after and incident of resident-to-resident abuse. This deficient practice placed Residents 1 and 2 at risk of unnoticed changes of condition after the incident of abuse. Findings: On 12/18/19, at 7 a.m., an unannounced visit was made to the facility to investigate a Facility-Reported Incident (FRI) about resident-to-resident abuse. A review of the facility's Abuse Investigation Reporting Form dated 12/7/18, indicated Certified Nursing Assistant 1 (CNA 1) reported witnessing Resident 2, a male resident, touching Resident 1 (female) in the groin area. Residents 1 and 2 were immediately separated. A review of Resident 1's Admission Record indicated the facility readmitted the resident on 2/3/18, with a [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS - standardized assessment and care-screening tool) dated 9/25/18, indicated Resident 1 had memory problems and could not make decisions. A review of Resident 2's Admission Record indicated the facility readmitted the resident on 3/1/17, with a [DIAGNOSES REDACTED]. A review of Resident 2's MDS dated [DATE], indicated the resident had memory problems and could not make decisions. On 12/18/18, at 9:25 a.m., during concurrent record review and interview, the Social Services Director (SSD) stated after any incident of abuse, the residents involved are to be monitored for 72-hours to identify any changes as a result of the abuse incident. SSD stated she was unable to find documentation of 72-hour monitoring for Residents 1 and 2. On 12/18/18, at 9:50 a.m., during concurrent record review and interview with Registered Nurse 1 (RN 1), she confirmed there was no 72-hour monitoring. A review of the facility's policy and procedure titled Resident-To-Resident Altercations revised 11/1/15, indicates facility staff response to inappropriate behavior toward other residents, make any necessary changes in the care plan for any or all of the involved residents as necessary, and Document interventions and their effectiveness in the resident's medical record.</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.