

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055504	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2020
NAME OF PROVIDER OF SUPPLIER COUNTRY VILLA SOUTH CONV CTR		STREET ADDRESS, CITY, STATE, ZIP 3515 OVERLAND AVENUE LOS ANGELES, CA 90034	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to implement its policy on Abuse Prevention by not ensuring personal property was not lost for one of three sampled residents (Resident 1). Resident 1's property and the Inventory List were not protected from loss. Findings: On 6/1/2020, at 8:40 p.m., during an interview, the complainant stated Resident 1's clothing and the wheelchair leg supports were missing and social services staff was made aware but did nothing to find the missing items. A review Resident 1's Admission Record indicated the facility readmitted Resident 1 on 1[DATE]19 with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS- standardized assessment and care-planning tool) dated [DATE] indicated Resident 1 had memory problems, difficulty communicating and requiring extensive assistance with dressing, eating, and personal hygiene. A review of Resident 1's Resident Inventory list dated 4/9/2020 indicated the resident's original personal items were lost or misplaced by staff. There was no documentation to indicate specific items that were lost or misplaced. During an interview on 6/3/2020 at 9:20 a.m., the Social Service Director (SSD) confirmed Resident 1's Inventory List documentation and belongings were lost or misplaced by staff. The SSD stated there was no documentation to indicate what was missing or misplaced or how the discrepancies were resolved. A review of the facility's policy titled, Resident Rights-Personal Property revised 12/01/2012, indicated a representative of the admission office advises the resident, prior to or upon admission, as to the type and amount of personal clothing and possessions the resident may keep in his/her room. The resident's personal belongings and clothing are inventoried and documented upon admission. The facility promptly investigates any complaints of misappropriation, theft, or mistreatment of [REDACTED]. upon admission and provide to the resident/representative the facility's Theft and Loss policy.		

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.