

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056377	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2020
NAME OF PROVIDER OF SUPPLIER COUNTRY VILLA NORTH		STREET ADDRESS, CITY, STATE, ZIP 3233 W. PICO BOULEVARD LOS ANGELES, CA 90019	
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 0604 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure not applying physical restraints, wrist restraints, not required to treat the resident's condition and without a physician's orders [REDACTED]. Certified Nursing Assistant 1 (CNA 1) restrained Resident 1 hands. This deficient practice resulted in Resident 1 to be unnecessarily restrained. Findings: A review of Resident 1's Admission Record indicated the facility admitted Resident 1 on 6/28/19 with [DIAGNOSES REDACTED]. A review of the Minimum Data Set (MDS - standardized assessment and care-planning) dated [DATE] indicated Resident 1 was unable to make decisions and communicate needs, and required total assistance with two-person physical assist for bed mobility and toilet use, personal hygiene, and eating. Resident 1 was incontinent (unable to control) of bowel and bladder functions. A review of Resident 1's Change in Condition Progress Notes dated 9/13/20, timed at 11 a.m., indicated Resident 1 was found with wrist restraints without a physician's order. On 10/1/19 at 9:09 a.m., during an interview, CNA 1 stated she used a plastic bag to restrain Resident 1's hand because Resident 1 had loose stool and she needed to clean Resident 1. CNA 1 further stated all other staff were occupied tending to other residents and did not have assistance during care. CNA 1 stated Resident 1 had a behavior of moving her arms and makes it difficult to clean.		
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. Based on interview and record review, the facility failed to implement its policy on screening employees prior to employment for one of three employee's personnel file reviewed for abuse prevention. This deficient practice had the potential to result in hiring staff with history of abuse. Findings: A review of the facility's Confidential Reference Check Form for Certified Nursing Assistant 1 (CNA 1) had no information of CNA 1's prior employers. The form was blank. On 9/30/19 at 11:20 a.m., during an interview and concurrent record review, the Director of Nursing (DON) and the Administrator verified CNA 1 was not screened prior to employment for past references as indicated in the facility's policy. A review of the facility's undated policy on Abuse Prevention and Prohibition Program, indicated the facility would screen all employees prior to their first day of employment for history of abuse by reviewing a minimum of two professional references from past employers.		
F 0732 Level of harm - Potential for minimal harm Residents Affected - Some	Post nurse staffing information every day. Based on observation, interview, and record review the facility failed to ensure the Daily Nurse Staffing Information was updated and posted daily. Findings: On 09/30/19 at 8:55 a.m., during an observation and concurrent interview with the Administrator she stated the posting of the Census and Direct Care Service Hours per day (DHPPD) was for 09/28/19. The Administrator stated the current actual hours were not posted. A review of the facility policy and procedure titled, Nursing Department- Staffing, Scheduling and Posting, revised 11/1/17, indicated staffing posting should be posted on a daily basis.		

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.