

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056104	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/05/2024
NAME OF PROVIDER OR SUPPLIER  Rose Villa Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  9028 Rose Street Bellflower, CA 90706	
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 0656  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45777</b></p> <p>Based on observation, interview and record review, facility failed to ensure a baseline care plan for one of three sampled residents (Resident 1). Resident 1 did not have a baseline care plan that identified that Resident 1 refused and Resident 1 ' s family member (FM) refused to attend the Integrated Discharge Disciplinary Team (IDT the Residents health care team made up of various specialties).</p> <p>This deficient practice had the potential for Resident 1 to not receive appropriate care and treatment specific to her needs.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record the Admission Record indicated the facility admitted Resident 1 o the facility on 12/31/2022 and readmitted her on 1/25/2024 with diagnoses of essential (primary) hypertension (high blood pressure, pulmonary fibrosis, unspecified (a disease where there is scarring of the lungs making it hard to breath) and rheumatoid arthritis , unspecified (a chronic progressive disease-causing inflammation in the joints).</p> <p>During a review of Resident 1 ' s history and physical (H&amp;P) report dated 12/30/2022, the H&amp;P indicated resident 1 had the ability to understand and make decisions.</p> <p>During a review of the Resident 1 ' s Minimum Data Set (MDS- a comprehensive assessment and care planning tool) dated 1/30/2024, the MDS indicated Resident 1 is dependent (helper does all of the effort. Resident puts forth none of the effort to complete the activity, or the assistance of 2 or more helpers is required for the resident to complete the activity) with showering, upper and lower body dressing.</p> <p>During a record review of Resident 1 ' s progress notes a late entry entered and dated 1/30/2024 indicated Resident 1 and Resident 1 ' s daughter had declined to attend IDT meetings.</p> <p>During a review of Residents 1 ' s medical record, the medical record indicated the last IDT meeting was on 10/11/2023.</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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F 0656  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>During an interview on 3/5/2024 at 1:16 p.m., with the Social Worker (SW), the SW stated facility staff had an ITD meeting with Resident 1 and Resident 1 ' s daughter on 10/11/ 2023. The SW stated this is when Resident 1 and her daughter stated they did not want to attend future IDT meetings. The SW also stated that she I did not explain the risks and benefits of IDT meetings to the Resident 1 or her daughter. The SW stated when the resident and/or the resident ' s representative do not attend IDT meetings, the Residents needs and concerns may not be met. The SW stated there was not a care plan initiated for Resident 1 and her daughter ' s refusal to attending IDT meetings. The SW stated importance of initiating a care plan is to address all resident needs.</p> <p>During an interview on 3/5/2024 at 2:52 p.m., with the Director of Nursing (DON), the DON stated IDT meetings are held upon admission and quarterly (every three months). The DON stated Resident 1 was readmitted on [DATE] and staff had 14 days to complete an IDT meeting with the Resident. The DON also verified the last IDT meeting was on 10/11/2024. The DON stated the Resident and the daughter refused to have any further IDT meetings. The [NAME] stated when the Resident and family refuses to attend IDT meetings the staff is responsible for having an IDT meeting and the family ' s refusal should be care planned. The DON stated it is important to have IDT meetings and to care plan residents ' refusal to attend. She stated we need to address all concerns of the residents and meet their needs.</p> <p>During a review of the facility ' s policy and procedure (P/P) titled Policy/Procedure-Nursing Administration Care Planning Revised 5/2019, the P/P indicated it is the policy of this facility and the interdisciplinary team (IDT) shall develop a comprehensive care plan for each resident. Scheduling and preparation of the care plan meeting calendar is completed by the MDS Coordinator and / or Social Services Designee.</p>		