

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

Printed: 05/28/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056438	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/01/2024
NAME OF PROVIDER OR SUPPLIER  Flower Villa, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1480 S. LA Cienega Bl Los Angeles, CA 90035	
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 0578  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43497</p> <p>Based on interview and record review, the facility failed to ensure residents' medical records were updated to show accurate documentation that advance directives (written statement of a person's wishes regarding medical treatment made to ensure those wishes are carried out should the person be unable to communicate them to a doctor) were provided to the residents and/or responsible parties for two of five sampled residents (Resident 2 and Resident 10 ).</p> <p>This deficient practice violated the residents' and/or the representatives' right to be fully informed of the option to formulate their advance directives and had the potential to cause conflict with the residents' wishes regarding health care for Resident 2 and Resident 10.</p> <p>Findings:</p> <p>A review of Resident 2's Admission Record indicated the resident was admitted to the facility on [DATE] and was readmitted on [DATE] with medical history including major depressive disorder (a mood disorder that causes persistent feelings of sadness), type 2 diabetes (elevated blood sugar), hyperlipidemia (high cholesterol), morbid obesity (a disorder that involves having too much fat), hypertension (elevated blood pressure), and chronic back pain.</p> <p>A review of Resident 2's History and Physical dated 8/28/2023, indicated the resident had the capacity to understand and make decisions.</p> <p>A review of Resident 2's Minimum Data Set (MDS - a standardized assessment and care-screening tool), dated 1/3/2024, indicated Resident 2 was cognitively intact (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) and required maximal assistance with toilet hygiene, shower/bathing, and upper body dressing.</p> <p>During a record review of Resident 2's Advance Directive/Medical Treatment Decisions form dated 5/16/2019, indicated an empty box next to, I have chosen to formulate and issue to the following Advance Directives and an empty box next to, I do not choose to formulate or issue an Advance Directive.</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 0578  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>During an interview with Social Worker (SW) on 2/28/2024 at 8:35 AM, SW stated, SW is responsible to assist residents to properly filling out the advance directive form, and would assist the residents to formulate an advance directive. SW stated, if the resident wishes to formulate an advance directive, SW would obtain a copy and keep it in the resident's medical chart. SW stated, SW did not know that the form she provided to Resident 2 was not properly filled out and was missing the resident's signature.</p> <p>A review of Resident 10's Admission Record indicated the resident was admitted to the facility on [DATE] and was readmitted on [DATE] with medical history including chronic obstructive pulmonary disease, heart failure, type 2 diabetes, and anemia.</p> <p>A review of Resident 10's MDS, dated [DATE], indicated Resident 10 was cognitively intact and required moderate assistance with toilet hygiene, shower/bathing, and upper body dressing.</p> <p>During an interview with SW on 2/28/2024 at 8:40 AM, SW stated, SW was not aware that the Advance Directive form was not properly filled out by Resident 10. SW stated Resident 10's advance dircetive form did not indicate whether the resident wanted to formulate an advance directive or not. SW stated, SW would ask Resident 10 if the resident would like to formulate an advance directive, and make sure the form was properly filled out.</p> <p>A review of the facility's policy and procedures titled, Advance Directives revised 2024, indicated, Advance directives will be respected in accordance with state law and facility policy. Prior to or upon admission of a resident to the facility, the Social Services Director or Designee will provide written information to the resident concerning his/her right to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment, and the right to formulate advance directives. Information about whether the resident has executed an advance directive shall be displayed prominently in the medical record.</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43497</p> <p>Based on observation, interview, and record review, the facility failed to immediately notify a physician regarding a left eye infection for one (1) of five (5) sample residents (Resident 8).</p> <p>This deficient practice could have resulted in a delay of care and treatment for Resident 8.</p> <p>Cross Reference F684</p> <p>Findings:</p> <p>A review of Resident 8's Admission Record, indicated the resident was admitted on [DATE] with diagnoses including type 2 diabetes (elevated blood sugar), schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly), anemia (low red blood cells), dementia (memory loss), and entropion (a condition in which the eyelid is rolled inward against the eyeball) of left lower eyelid.</p> <p>A review of Resident 8's Minimum Data Set (a standardized care screening and assessment tool) dated 1/27/2024, indicated the resident's cognition (thought process relating to thinking, reasoning, and remembering) was severely impaired. Resident 8 required moderate assistance with eating, oral hygiene, and dressing.</p> <p>During a concurrent observation and interview with Resident 8 on 2/27/2024 at 8:30 AM, the resident was observed having yellow drainage to the left eye. Resident 8's left eye also was observed being red and swollen. Resident 8 stated he was having pain to the left eye but did not want the nurse to clean it or apply any medication.</p> <p>During an interview with the Certified Nurse Assistant 1 (CNA 1) on 2/28/2024 at 9:00AM, CNA 1 stated she had taken care of Resident 8 for a long time and that the resident refused care. CNA 1 stated Resident 8 had had yellow drainage from his left eye for a long time.</p> <p>During an interview with Licensed Vocational Nurse 1 (LVN 1) on 3/1/2024 at 8:30 AM, LVN 1 stated she noticed that Resident 8's left eye had yellow drainage and appeared red and swollen. LVN 1 stated she neither called the Medical Doctor nor initiate a change of condition for Resident 8's left eye. LVN 1 stated she should have called the Doctor to receive orders on how to treat Resident 8's left eye infection, but she was new to the facility and was not aware of how to call the Doctor.</p> <p>During an interview with Registered Nurse 1 (RN 1) on 3/1/2024 at 9:00 AM, RN 1 stated she was notified of Resident 8's left eye infection on 2/27/2024, and RN 1 called the Doctor and received orders to treat Resident 8's left eye infection with antibiotic ointment. RN 1 stated Resident 8 had refused treatment in the past, however, RN 1 stated there was no change of condition form or a care plan indicating any interventions, and treatment for Resident 8's left eye infection.</p> <p>(continued on next page)</p>		

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F 0580  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>During an interview with the Administrator (ADMIN) on 3/1/2024 at 9:41 AM, the ADMIN stated, the Medical Doctor should have been notified immediately about the resident's left eye infection to obtain an order from the Doctor for appropriate treatment. The ADMIN also stated the nurses should have initiated a care plan addressing interventions and treatment.</p> <p>A review of the facility's policy and procedures titled, Change in a Resident's Condition or Status revised 2024, indicated, the facility shall promptly notify the resident, his or her attending physician, and representative of changes in the resident's medical/mental condition and/or status. The nurse Supervisor/Charge Nurse will notify the resident's Attending Physician or on-call physician when there has been a significant change in resident's physical/emotional/mental conditions, refusal of treatment, instructions to notify the physician of changes in the resident's condition.</p>		

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F 0640  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>46843</p> <p>Based on interview and record review, the facility failed to ensure residents' Minimum Data Set (MDS-standardized assessment and care screening tool) assessments were transmitted to Centers for Medicare and Medicaid Services within 14 days after completion for four out of four sampled residents (Residents 2, 5, 27, and 33).</p> <p>This deficient practice resulted in 14 days delayed transmission of MDS assessments for Residents 2, 5, 27, and 33.</p> <p>Findings:</p> <p>During an interview and record review with MDS Licensed Vocational Nurse (MDS LVN) on 2/29/2024 at 8:22 AM, Residents 2, 5, 27, and 33 admission records were reviewed. MDS LVN identified the following MDS assessments completed however documents were not transmitted within 14 days to the Centers for Medicare and Medicaid (provides healthcare coverage to people through Medicare and Medicaid) as follows:</p> <p>a. Resident 2 Annual MDS (ARD 5/15/2019) completed 1/3/2023, was not transmitted.</p> <p>b. Resident 5 Quarterly MDS (ARD: 8/28/2023) completed 1/24/2024, was not transmitted.</p> <p>c. Resident 27 Annual MDS (ARD: 3/27/2023) completed 1/4/2024, was not transmitted.</p> <p>d. Resident 33 Quarterly MDS (ARD: 5/24/2023) completed 9/15/2023, was not transmitted.</p> <p>A review of the facility's policy and procedures titled, Minimum Data Set 3.0 Assessment Completion, Transmission and Validation, revised on 2024, indicated, 1. PPS and Quarterly Assessments will be transmitted within 14 days of the completion date in Z0500B. reference Chapter 5, Section 5.2.</p>		

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F 0657  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43497</p> <p>Based on interview, and record review, the facility failed to develop and/or implement an individualized person-centered plan of care with measurable objectives, timeframe, and interventions for a left eye infection for one out five sampled residents (Resident 8).</p> <p>These deficient practices had the potential to negatively affect the delivery of necessary care and services for Resident 8.</p> <p>Findings:</p> <p>A review of Resident 8's Admission Record, indicated the resident was admitted on [DATE] with medical history including type 2 diabetes (elevated blood sugar), schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly), anemia (low red blood cells), dementia (memory loss), and entropion (an inversion or inward turning of the left eyelid margin) of left lower eyelid.</p> <p>A review of Resident 8's Minimum Data Set (MDS - a standardized tool and assessment form) dated 1/27/2024, indicated the resident's cognition was severely impaired. Resident 8 required moderate assistance with eating, oral hygiene, and dressing.</p> <p>During an observation and interview with Resident 8 on 2/27/2024 at 8:30 AM, noted resident with yellow drainage to the left eye. Resident 8's left eye was noted to be red and swollen. Resident 8 stated, he was having pain to the left eye, but did not want the nurse to clean it or apply any medication.</p> <p>During an interview with Certified Nurse Assistant 1 (CNA1) on 2/28/2024 at 9 AM, CNA 1 stated she has taken care of Resident 8 for a long time and that Resident 8 refuses care. CNA stated Resident 8 has had yellow drainage on the left eye for a long time. CNA stated, Resident 8 refuses to have his face cleaned.</p> <p>During an interview with Licensed Vocational Nurse 1 (LVN 1) on 3/1/2024 at 8:30 AM, LVN 1 stated, she noticed Resident 8's left eye had yellow drainage and appeared red and swollen. LVN 1 stated she did not call the Medical Doctor, did not initiate a change of condition, and there is no care plan addressing Resident 8's left eye infection. LVN 1 stated, she is new to the facility and was not aware how to call Resident 8's doctor. LVN 1 stated, she should have notified the doctor to receive orders on how to treat Resident 8's left eye infection.</p> <p>During an interview with Registered Nurse (RN) on 3/1/2024 at 9 AM, RN stated she was notified of Resident 8's left eye infection on 2/27/2024, and she called the doctor on the same day (2/27/2024) and received orders to treat Resident 8's left eye infection with antibiotic ointment. RN stated, Resident 8 had refused treatment in the past and could not locate a change of condition form or a care plan indicating any interventions, and treatment for Resident 8's left eye infection.</p> <p>(continued on next page)</p>		

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F 0657  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>During an interview with the Administrator on 3/1/2024 at 9:41 AM, ADMIN stated, the facility should have immediately notified Resident 8's medical doctor about the resident's left eye infection and to obtain an order for appropriate treatment for the swelling, pain, and Resident 8. The nurses should have initiated a care plan addressing interventions and treatment.</p> <p>A record review of the facility's policy and procedures titled, Comprehensive Care Plan revised 2024, indicated, it is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43497</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident received treatment and care in accordance with professional standards of practice for one (1) of five (5) sample residents (Resident 8) by:</p> <p>Failing to follow facility's policy on Resident Change of Condition for Resident 8's left eye infection.</p> <p>This deficient practice could have resulted in a delay of care and treatment for Resident 8.</p> <p>Cross Reference F580</p> <p>Findings:</p> <p>A review of Resident 8's Admission Record, indicated the resident was admitted on [DATE] with diagnoses including type 2 diabetes (elevated blood sugar), schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly), anemia (low red blood cells), dementia (memory loss), and entropion (a condition in which the eyelid is rolled inward against the eyeball) of left lower eyelid.</p> <p>A review of Resident 8's Minimum Data Set (a standardized care screening and assessment tool) dated 1/27/2024, indicated the resident's cognition (thought process relating to thinking, reasoning, and remembering) was severely impaired. Resident 8 required moderate assistance with eating, oral hygiene, and dressing.</p> <p>During a concurrent observation and interview with Resident 8 on 2/27/2024 at 8:30 AM, the resident was observed having yellow drainage to the left eye. Resident 8's left eye also was observed being red and swollen. Resident 8 stated he was having pain to the left eye but did not want the nurse to clean it or apply any medication.</p> <p>During an interview with the Certified Nurse Assistant 1 (CNA 1) on 2/28/2024 at 9:00AM, CNA 1 stated she had taken care of Resident 8 for a long time and that the resident refused care. CNA 1 stated Resident 8 had had yellow drainage from his left eye for a long time.</p> <p>During an interview with Licensed Vocational Nurse 1 (LVN 1) on 3/1/2024 at 8:30 AM, LVN 1 stated she noticed that Resident 8's left eye had yellow drainage and appeared red and swollen. LVN 1 stated she neither called the Medical Doctor nor initiate a change of condition for Resident 8's left eye. LVN 1 stated she should have called the Doctor to receive orders on how to treat Resident 8's left eye infection, but she was new to the facility and was not aware of how to call the Doctor.</p> <p>During an interview with Registered Nurse 1 (RN 1) on 3/1/2024 at 9:00 AM, RN 1 stated she was notified of Resident 8's left eye infection on 2/27/2024, and she called the Doctor and received orders to treat Resident 8's left eye infection with antibiotic ointment. RN 1 stated Resident 8 had refused treatment in the past, however, RN 1 stated there was no change of condition form or a care plan indicating any interventions, and treatment for Resident 8's left eye infection.</p> <p>(continued on next page)</p>		



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F 0684  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>During an interview with the Administrator (ADMIN) on 3/1/2024 at 9:41 AM, the ADMIN stated, the Medical Doctor should have been notified immediately about the resident's left eye infection to obtain an order from the Doctor for appropriate treatment. The ADMIN also stated the nurses should have initiated a care plan addressing interventions and treatment.</p> <p>A review of the facility's policy and procedures titled, Change in a Resident's Condition or Status revised 2024, indicated the facility shall promptly notify the resident, his or her attending physician, and representative of changes in the resident's medical/mental condition and/or status. The nurse Supervisor/Charge Nurse will notify the resident's Attending Physician or on-call physician when there has been a significant change in resident's physical/emotional/mental conditions, refusal of treatment, instructions to notify the physician of changes in the resident's condition.</p>		

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F 0727  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43497</p> <p>Based on interview and record review, the facility failed to ensure that a Registered Nurse (RN), worked onsite for at least 8 consecutive hours a day seven days a week.</p> <p>This deficient practice had the potential for the facility not to manage and oversee nursing services provided to 35 residents including resident assessments, consulting with physicians, and administering intravenous fluids or medications.</p> <p>Findings:</p> <p>A review of the facility's Daily Staffing Nursing Record dated 1/1/2024 to 2 27/2024, indicated the facility did not have RN coverage onsite on the following days:</p> <p>1/1/2024</p> <p>1/6/2024</p> <p>1/7/2024</p> <p>1/13/2024</p> <p>1/14/2024</p> <p>1/20/2024</p> <p>1/21/2024</p> <p>1/27/2024</p> <p>1/28/2024</p> <p>2/3/2024</p> <p>2/4/2024</p> <p>2/5/2024</p> <p>2/8/2024</p> <p>2/9/2024</p> <p>2/10/2024</p> <p>2/11/2024</p> <p>(continued on next page)</p>		

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F 0727  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	2/12/2024  2/17/2024  2/18/2024  2/24/2024  2/25/2024  During an interview with Registered Nurse 1 (RN 1) on 2/28/2024 at 11:00 AM, RN 1 stated there was no Registered Nurse in the facility on the weekends. RN 1 stated it is a small facility and there was no need for a Registered Nurse onsite since they had Licensed Vocational Nurses (LVN).  During an interview with the Administrator (ADMIN) on 3/1/2024 at 10:00 AM, the ADMIN stated he did not know the facility needed a Registered Nurse onsite on the weekends.  A review of the facility's policy and procedures titled, staffing revised 2024, indicated the facility provides adequate staffing needed to care and services for the resident population. The Facility maintains adequate staffing on each shift to ensure that the resident's needs and services are met. Licensed registered nursing and licensed nursing staff are available to provide and monitor the delivery of resident care services.  A review of the facility's job description titled, Registered Nurse, indicated the Registered Nurse provides direct nursing care to the residents and supervises the day-to-day nursing activities performed by the licensed practical/vocational nurse and certified nursing assistants in accordance with current federal, state, and local regulations and guidelines and established facility policies and procedures.  A record review of the facility's Facility assessment dated [DATE], indicated the facility resources needed to provide competent support and care for the resident population every day and during emergencies include Director of Nurses, Registered Nurse, Licensed Vocational Nurse, Certified Nurse Assistant, and MDS (Minimum Data Set-care screening tool) nurse.		

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F 0881  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Implement a program that monitors antibiotic use.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43497</p> <p>Based on interview and record review, the facility failed to implement an antibiotic stewardship program (a coordinated program that promotes the appropriate use of drugs used to treat infections, including antibiotics), for antibiotic use protocol to ensure that residents received the right antibiotic for the right indication, dose, and duration for one of two sampled residents (Resident 22) in 1/2024.</p> <p>This deficient practice had the potential not to optimize the treatment of infections while reducing the adverse events associated with antibiotic use for Resident 22.</p> <p>Findings:</p> <p>A review of Resident 22's Admission Record indicated the resident was admitted to the facility on [DATE] and readmitted on [DATE] with medical diagnoses including chronic obstructive pulmonary disease (COPD-a group of lung diseases that block airflow), type 2 diabetes (high blood sugar), hyperlipidemia (elevated cholesterol), hypothyroidism (low thyroid function), dementia (loss of memory), and osteoarthritis of the knee (a degenerative joint disease).</p> <p>A review of Resident 22's Quarterly Minimum Data Set (MDS- a standardized assessment and screening tool) dated 1/30/2024, indicated the resident's cognitive (relating to thinking, reasoning, remembering) skills were severely impaired (never/rarely made decisions). The MDS further indicated Resident 1 required maximal assistance with toilet hygiene, and bathing.</p> <p>A review of Resident 22's Physician Orders, dated 1/24/2024, indicated an order for Vancomycin (an antibiotic used to treat infections caused by bacteria) 750 mg (milligrams) Intravenous (administered into a vein) every 24 hours times 6 days.</p> <p>During a concurrent record review and interview on 2/29/2024 3:03 PM with Infection Control Preventionist (ICP), the ICP stated she did not conduct antibiotic stewardship including to check the culture and sensitivity report and to monitor the antibiotic use for Resident 22 in the month of January 2024. The ICP stated the potential outcomes of the failure are inappropriately prescribed antibiotics, placing residents at higher risk of antibiotic resistance.</p> <p>A review of the facility's policy and procedures, titled Antibiotic Stewardship Program, revised 2024, indicated, it is the policy of the facility to implement an Antibiotic Stewardship Program as part of the facility's overall infection prevention and control program. The purpose of the program is to optimize the treatment of infections while reducing the adverse events associated with antibiotic use.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056438	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/01/2024
NAME OF PROVIDER OR SUPPLIER  Flower Villa, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1480 S. LA Cienega Bl Los Angeles, CA 90035	
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)		
<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>43497</p> <p>Based on observation, interview, and record review the facility failed to ensure 18 of 21 resident rooms (1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 14, 15, 16, 18, 19, 21, 23 and 25) met the square footage requirement of 80 square feet (Sq. Ft.) per resident.</p> <p>This deficient practice had the potential to result in inadequate space for nursing care and privacy and safety of residents.</p> <p>Findings:</p> <p>On 3/1/2024, the facility administrator (ADMIN) provided a copy of the Client Accommodation Analysis and a facility letter requesting for continuation of the room waiver.</p> <p>A review of the Client Accommodation Analysis, indicated 18 of 21 rooms do not have at least 80 square feet per resident.</p> <p>The room waiver request and the Client Accommodation Analysis, indicated the following:</p> <p>Room# Beds Sq. Ft. Sq. Ft per resident</p> <p>1 144.72 72.36</p> <p>2 144.72 72.36</p> <p>3 144.72 72.36</p> <p>4 147.40 73.70</p> <p>5 147.40 73.70</p> <p>6 144.72 72.36</p> <p>7 152.76 76.36</p> <p>9 144.72 72.36</p> <p>10 147.40 73.70</p> <p>11 144.72 72.36</p> <p>14 134.0 67.00</p> <p>15 144.72 72.36</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056438	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/01/2024
NAME OF PROVIDER OR SUPPLIER  Flower Villa, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1480 S. LA Cienega Bl Los Angeles, CA 90035	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0912  Level of Harm - Potential for minimal harm  Residents Affected - Some	16 144.72 72.36  18 144.72 72.36  19 144.72 72.36  21 144.72 72.36  23 144.72 72.36  25 144.72 72.36  The minimum requirement for a 2-bedroom should be at least 160 sq. ft. per federal regulations.  During multiple observations made from 2/27/2024 to 3/1/2024, both residents and staff had enough space to move about freely inside the rooms. The nursing staff had enough space to safely provide care to the residents with space for beds, side tables, dressers, and resident care equipment.  A review of the facility's policy and procedures titled, Resident Rooms, revised 2024, indicated resident bedrooms must be designed and equipped for adequate nursing care, comfort, and privacy or residents. The policy further indicated that resident bedroom must measure at least 80 square feet per resident in multiple resident bedrooms at least 100 square feet in a single resident room.		