

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>07/08/2020</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 0600  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review the facility failed to ensure 1 of 1 Resident (Resident 1) was free from abuse from employee. This failed practice violated the resident's right to be free from abuse and the potential for Resident 1 to feel scared and frightened. Findings: An Entity Reported Incident (ERI) was investigated on 5/6/20, at 10:00 a.m., regarding the Resident to Staff physical abuse incident. During an interview with the Director Staff Development (DSD), on 6/18/20, at 11:00 a.m., the DSD stated she witnessed the Certified Nurse Assistant (CNA 1) abused Resident 1 getting her off of the toilet. The DSD further stated, CNA 1 had called her in distress asking who put Resident 1 on the toilet and asked for assistance. Resident 1 was sitting in a shower chair over the toilet. The DSD 1 told CNA 1 to call for assistance. CNA 1 got a diaper from the closet slammed the diaper on the wheelchair and grabbed Resident 1 with both hands by her right arm. CNA 1 then pulled Resident 1 off the toilet onto the shower chair. The shower chair went forward Resident 1 almost fell off the shower chair that's when I told CNA 1 to stop and leave. A record review of Resident 1's facesheet (a summary page of important resident information) indicated Resident 1 was readmitted to the facility on [DATE], with [DIAGNOSES REDACTED]. The minimum data set (MDS- a standardized assessment and care screening tool) dated 2/7/20 was reviewed. The MDS indicated Resident 1 had a clear speech, sometimes able to understand and usually able to be understood with a brief interview for mental status (BIMS) score of 2 indicating the Resident 1 had impairments with cognition. Requiring extensive physical assistance and one person to physically assist in activities of daily living (ADL) bed mobility, transfers, dressing, eating, toilet use, personal hygiene and bathing. During an interview with Resident 1, on 6/19/20 at 11:38 a.m., Resident 1 stated she did not remember anyone rough handling her getting her off of the toilet. The facility's policy and procedures titled, Abuse - Reporting and Investigations, dated 3/2018, indicated, The purpose was to protect health, safety, and welfare of the facility residents by ensuring that all reports of abuse, mistreatment, neglect, exploitation or injuries of unknown source and suspicion of crimes are promptly reported and thoroughly investigated.</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.