

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/05/2022
NAME OF PROVIDER OR SUPPLIER Mountain View Conv Hosp		STREET ADDRESS, CITY, STATE, ZIP CODE 13333 Fenton Avenue Sylmar, CA 91342	

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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37861</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of eight sampled residents (Resident 1), who was dependent on staff for all activities of daily living (ADLs, such as dressing, personal hygiene, and incontinent care), was in persistent vegetative status (showing no signs of awareness related to brain dysfunction), and was dependent on a ventilator (a mechanical breathing machine to provide oxygen [a chemical element found in the air as a colorless odorless tasteless gas that is necessary for life] to the body when the person is unable to breath on his/her own), was free from neglect (the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress). On [DATE], Family Member 1 (FM 1) noticed the area surrounding the tracheostomy (a surgical hole [stoma] created at the front of the neck so a tube can be inserted into the windpipe to assist in breathing; the tube is connected to the ventilator), had maggots infestation (fly larvae soft bodied , worm-like immature form of an insect that feed on the host ' s dead or living tissue and liquid body substances; myiasis is the infection of a fly larva in human tissue).</p> <p>As a result, Resident 1 was placed at great risk of breathing complications including infection, FM 1 was disconcerted and upset to find the multiple maggots that had not been identified by the staff. Based on the reasonable person concept, due to Resident 1 ' s severely impaired cognition and medical condition, an individual subjected to neglect, may have psychological effects including feelings of hopelessness, helplessness and humiliation.</p> <p>On [DATE] at 5:10 p.m., the State Survey Agency (SSA) identified an Immediate Jeopardy (a situation in which the facility ' s noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident) under 42 CFR S483.12 Freedom from Abuse, Neglect, and Exploitation. The Administrator (ADM) and the Director of Nursing (DON) were notified of the IJ from the failure to ensure Resident 1 was free from neglect.</p> <p>On [DATE] at 4:45 p.m., the IJ was removed, while onsite, after verifying the implementation of the IJ Removal Plan which included the licensed nurses assessing Resident 1 and all other 18 residents with tracheostomy tubes to rule out any maggot infestation and any other sign of neglect; the Maintenance Department inspected environmental surroundings of residents ' rooms for fly infestation; and the pest control company was contacted for additional services for the external building to help prevent flies from entering the building.</p> <p>Cross Reference with F695, F880, and F925.</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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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Findings:</p> <p>On [DATE], an unannounced visit was conducted to investigate a complaint and a facility-reported incident (FRI) about presence of maggots in Resident 1 ' s tracheostomy (around the stoma site).</p> <p>On [DATE] at 1:05 p.m., during entrance conference, the ADM stated the in-house census (population count) in the Sub-Acute (a lower level of care setting from a General Acute Care Hospital [GACH]) unit was nineteen (19) residents.</p> <p>On [DATE] at 1:09 p.m., during observation and concurrent interview with the Infection Control nurse (IP), IP observed and confirmed the presence of a live fly resting on the window curtains of the conference room.</p> <p>A review of Resident 1 ' s Admission Record indicated the facility admitted the resident on [DATE] with diagnoses including chronic respiratory failure (when airways carrying oxygen to the lungs are narrow or damaged), tracheostomy tube, dependence on ventilator, and persistent vegetative state.</p> <p>A record review of Resident 1 ' s Care Plan for the resident having a tracheostomy, last revised on [DATE] and current, included in the interventions changing the tracheostomy dressing every shift and as needed for soiling (when dirty) and observing the (stoma) site every shift and document findings.</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS, a standardized assessment and care-screening tool) dated [DATE] indicated the resident was unable to communicate and required total care from staff for all ADLs.</p> <p>A review of Resident 1 ' s Care Plan for Activities of Daily Living Function, last revised on [DATE], included in the interventions anticipating and meet the resident ' s needs daily, and conducting skin inspection (including stoma site) every shift and as needed, observing for redness, open areas, scratches, cuts, bruises, and report changes to the nurse.</p> <p>A review of Resident 1 ' s Change in Condition Evaluation, dated [DATE] at 1:45 p.m., indicated the resident had small white bugs noted around tracheostomy.</p> <p>On [DATE] at 1:24 p.m., during an interview, Respiratory Therapist (a health care discipline specializing in the promotion of optimum cardiopulmonary function) 1 (RT 1) stated the RTs in the Sub-Acute unit assessed the residents ' respiratory status, oxygen saturation (amount of oxygen measured in the blood), changing and checking tracheostomy and securing the ties (to hold the tube in place) and checking the ventilators setting and proper functioning. RT 1 stated calling off for [DATE] and notifying the DON 24 hours prior to the scheduled shift (7 a.m. to 7 p.m. shift) but no replacement was provided to the unit. RT 1 stated it was very important to have RTs around the clock due to the residents having tracheostomy and ventilators. RT 1 indicated neglect was a form of abuse and not providing the residents with RT services was an example of neglect. During the interview, a fly was observed in the conference room which was confirmed by RT 1.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 1:57 p.m., during an interview, Registered Nurse 1 (RN 1) stated assessing Resident 1 ' s tracheostomy on [DATE] after 1:20 p.m. RN 1 stated, I have never encountered anything like that before. RN 1 indicated the gauze (a loosely woven, almost translucent fabric that is used to bandage wounds) was clean on the outside. RN 1 stated, When we opened up the gauze, it looked like fly larvae or maggots. RN 1 stated the licensed nurses were assigned to do the tracheostomy care for that morning as there was no RT on duty. RN 1 said Resident 1 did not receive tracheostomy care for the shift prior to FM 1 identifying the maggots. RN 1 stated, this was sad, really horrible. RN 1 then stated, It is true, the maggots, it is what I saw. I never want to see that again.</p> <p>On [DATE] at 2:50 p.m., during an interview, Licensed Vocational Nurse 1 (LVN 1) stated on [DATE], Resident 1 ' s tracheostomy had maggots around the stoma, and they were alive and moving. LVN 1 confirmed that there was no RT in the morning and the tracheostomy care was not provided to Resident 1 until after FM 1 saw the maggots on [DATE] around 1:30 pm.</p> <p>On [DATE] at 2:15 p.m., during a telephone interview, the facility ' s contracted pest control company Service Manager 1 (SM 1), stated flies land on food sources where they can leave their eggs, which then become larvae (maggots). SM 1 stated that for the eggs to develop into maggots, it could be from twenty-four (24) hours to a week.</p> <p>On [DATE] at 3:52 p.m., during an observation of Resident 1 in the presence of LVN 1, Resident 1 ' s tracheostomy and surrounding skin was observed to be reddened in color.</p> <p>On [DATE] at 4:43 p.m., a live fly was observed at the lobby doors beside the ADM ' s office. The DON present at the lobby confirmed the sighting of the live fly.</p> <p>On [DATE] at 4:52 p.m., during an interview, the Director of Nursing (DON) stated that for the tracheostomy, the dressing used is a T-drain (a gauze with a T-slit to provide a snug fit around tubes) and is not taped down onto the resident ' s skin. The DON stated the licensed nurses do not open (remove) the wound dressing if it does not look soiled from the outside. DON stated having maggots in the tracheostomy can lead to infection because flies transmit bacteria.</p> <p>On [DATE] at 7:24 p.m., during interview, the DON stated the Sub-Acute unit licensed nurses and the RTs chart on the form titled, Daily Sub-Acute Charting. During concurrent review with the DON, the Daily Sub-Acute Charting had no documentation of the stoma status on:</p> <ul style="list-style-type: none"> - [DATE], timed at 12:01 a.m., and at 10:33 a.m. - [DATE], timed at 1:58 a.m. and at 10:44 a.m. - [DATE], timed at 10:57 p.m. <p>The DON stated 24 to 48 hours is what was understood on the developmental stages from fly eggs to becoming maggots. The DON stated licensed nurses and RT were to document their assessment every shift.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A review of an undated document provided to the facility by the pest control company titled, House Fly Larvae, indicated, House fly populations can be harmful to human health: they carry multiple pathogens (microorganisms that cause or can cause diseases) and have been linked to the spread of a number of diseases . House fly eggs look like small grains of rice. Eggs hatch within 24 hours, and house fly larvae emerge. House fly larvae, or maggots, appear similar to pale worms.</p> <p>A review of a facility ' s policy and procedures titled, Activities of Daily Living (ADL), Supporting, last revised , d+[DATE] and current indicated, Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>A review of the facility ' s policy and procedures titled, Tracheostomy Care last revised ,d+[DATE] and current, indicated procedure guidelines to inspect skin and stoma (surgical opening) site for signs or symptoms of infection, leakage, subcutaneous crepitus (air pockets under the skin) or dislodged tube. The policy also states, Document the procedure, condition of the site, and the resident ' s response.</p> <p>A review of the facility ' s policy and procedures titled, Abuse Prevention Program last revised ,d+[DATE] indicated the policy statement, Our residents have the right to be free from abuse, neglect, misappropriation of property and exploitation (action of treating someone unfairly in-order to benefit from their work).</p> <p>A record review of an undated job description titled, Licensed Vocational Nurse indicated the position summary, The purpose of your job position is to provide each resident with routine daily nursing care in accordance with current federal, state, and local standards that govern the facility, and as directed by your supervisors. The job description also indicated that essential duties and responsibilities include, Dressing wounds and Accurate and detailed charting of resident ' s progress notes.</p> <p>A review of the facility ' s policy and procedures titled, Safety and Supervision of Residents last revised , d+[DATE] and current stated, Our facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities. The policy also indicated that when accident hazards are identified, the Quality Assurance and Performance Improvement (QAPI)/safety committee shall evaluate and analyze the cause(s) of the hazards and develop strategies to mitigate (to lessen severity) or remove the hazards to the extent possible.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>37861</p> <p>Based on interview and record review, the facility failed to report an injury of unknown source for one of eight sampled residents (Resident 1). On 2/25/2022, Resident 1 was identified with a right shoulder probable humeral (the long bone from the shoulder to the elbow) neck fracture (a break of the bone located close to the shoulder). The source of the injury was unknown, and the facility did not report the incident to the State Survey Agency (SSA), the Ombudsman Program (residents' advocate), and law enforcement as per facility's policy.</p> <p>This deficient practice resulted in not identifying potential abuse.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated the facility admitted the resident on 9/18/2017 with diagnoses include chronic respiratory failure (when airways carrying oxygen to the lungs are narrow or damaged), tracheostomy (a surgical opening created at the front of the neck so a tube can be inserted into the windpipe to assist in breathing), dependence on respirator ([ventilator] dependent on a mechanical breathing machine to provide oxygen to the body), and persistent vegetative state (showing no signs of awareness related to brain dysfunction).</p> <p>A record review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care-screening tool) dated 9/6/2021 indicated the resident required total care and was unable to communicate.</p> <p>A review of Physician's Order for Resident 1, dated 2/25/2022 at 12:50 p.m., indicated to take X-rays (photographic or digital image of internal body parts) on the right arm, right elbow, and right hand to rule out fracture related to edema (swelling).</p> <p>A review of the Radiology Results Report dated of 2/25/2022 at 11:19 p.m. indicated Probable humeral neck fracture.</p> <p>On 6/30/2022 at 1:57 p.m., during an interview, Registered Nurse 1 (RN 1) stated Resident 1 was totally dependent on staff for all activities of daily living (ADLs, such as bathing, dressing, personal hygiene, etc.) and a report to the SSA should have been made.</p> <p>On 6/30/2022 at 2:50 p.m., during an interview, Licensed Vocational Nurse 1 (LVN 1) stated there was no investigation of the source of the injury.</p> <p>On 7/1/2022 at 7:04 p.m., during interview, the Administrator (ADM) stated there was no documentation a report was made to the necessary agencies of Resident 1's injury.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility policy titled, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating with revised date of 4/2017 indicated, All reports of resident abuse (including injuries of unknown origin), neglect, exploitation (the action of treating someone unfairly in order to benefit from their work), or theft/misappropriation of resident property are reported to local, state, and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations are documented and reported. The Administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies: the state licensing/certification agency responsible for surveying/licensing the facility, the local/state ombudsman, and Law enforcement officials. The policy also indicated, Immediately is defined as within two (2) hours of an allegation involving abuse or result in serious bodily injury.</p>

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>37861</p> <p>Based on interview and record review, the facility failed to investigate an injury of unknown source for one of eight sampled residents (Resident 1). On 2/25/2022, Resident 1 was identified with a right shoulder probable humeral (the long bone from the shoulder to the elbow) neck fracture (a break of the bone located close to the shoulder). The cause of the injury was unknown and an investigation about this injury was not conducted to rule out abuse as per facility ' s policy. This deficient practice resulted in not identifying potential abuse.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Admission Record indicated the facility admitted the resident on 9/18/2017 with diagnoses include chronic respiratory failure (when airways carrying oxygen to the lungs are narrow or damaged), tracheostomy (a surgical opening created at the front of the neck so a tube can be inserted into the windpipe to assist in breathing), dependence on respirator ([ventilator] dependent on a mechanical breathing machine to provide oxygen to the body), and persistent vegetative state (showing no signs of awareness related to brain dysfunction).</p> <p>A record review of Resident 1 ' s Minimum Data Set (MDS, a standardized assessment and care-screening tool) dated 9/6/2021 indicated the resident required total care and was unable to communicate.</p> <p>A review of Physician ' s Order for Resident 1, dated 2/25/2022 at 12:50 p.m., indicated to take X-rays (photographic or digital image of internal body parts) on the right arm, right elbow, and right hand to rule out fracture related to edema (swelling).</p> <p>A review of the Radiology Results Report dated of 2/25/2022 at 11:19 p.m. indicated Probable humeral neck fracture.</p> <p>On 6/30/2022 at 1:57 p.m., during an interview, Registered Nurse 1 (RN 1) stated Resident 1 was totally dependent on staff for all activities of daily living (ADLs, such as bathing, dressing, personal hygiene, etc.) and an investigation should have been conducted to determine the origin of injured arm/shoulder.</p> <p>On 6/30/2022 at 2:50 p.m., during an interview, Licensed Vocational Nurse 1 (LVN 1) stated there was no investigation of the source of the injury.</p> <p>On 7/1/2022 at 7:04 p.m., during interview, the Administrator (ADM) stated there was no documentation an investigation of Resident 1 ' s injury was conducted.</p> <p>A review of the facility policy titled, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating with revised date of 4/2017 indicated, All reports of resident abuse (including injuries of unknown origin), neglect, exploitation (the action of treating someone unfairly in order to benefit from their work), or theft/misappropriation of resident property are reported to local, state, and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations are documented and reported.</p>		

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<p>F 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37861</p> <p>Based on observation, interview, and record review, the facility failed to provide the necessary care and services in accordance with its policy and procedures and professional standards of practice for one of eight sampled residents (Resident 1). The facility failed to:</p> <ol style="list-style-type: none"> 1) Provide care to Resident 1 ' s tracheostomy (a surgical hole [stoma] created at the front of the neck so a tube can be inserted into the windpipe to assist in breathing); 2) Implement care plan interventions to cleanse Resident 1 ' s stoma site; and 3) Accurately assess and document Resident 1 ' s tracheostomy condition. <p>These deficient practices resulted in Resident 1 having multiple fly larvae ([maggots] soft bodied , worm-like immature form of an insect) surrounding the tracheostomy, potentially affecting Resident 1 ' s breathing status, increasing the risks for infection and respiratory failure, and the potential need for hospitalization and/or possible death.</p> <p>On [DATE] at 5:10 p.m., the State Survey Agency (SSA) identified an Immediate Jeopardy (IJ, a situation in which the facility ' s non-compliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident) situation under 42CFR S483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The Administrator (ADM) and the Director of Nursing (DON) were notified of the IJ situation from the facility ' s failure to provide adequate tracheostomy care.</p> <p>On [DATE] at 4:30 p.m., the ADM provided The Department with an IJ Removal Plan for the health and safety of Resident 1 which included the following summarized actions:</p> <ol style="list-style-type: none"> 1) Resident 1 was assessed by Registered Nurse and Treatment Nurse at bedside on [DATE]. All hygiene and appropriate cares were provided to ensure removal of larvae at tracheostomy site. 2) The findings were reported to the Nurse Practitioner on [DATE] with new order to draw laboratory work (lab work, a medical procedure that involves testing blood samples) and a chest x-ray (a photographic or digital image of internal body parts). 3) Resident 1 ' s care plan was updated on [DATE] to reflect findings and new interventions added. 4) Maintenance responded on [DATE] to inspect environmental surroundings of Resident 1 ' s room to ensure no other flies/larvae were identified. 5) Pest control company was present in the building on [DATE] and [DATE] for monthly servicing and to offer additional services for the external building to help prevent flies from entering the building. On [DATE], the pest control company will install 18 fly traps outside the building and will change the bulbs inside the building. <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>6) 18 additional residents on affected unit were assessed on [DATE] and no signs of flies, eggs, or larvae were found.</p> <p>7) On [DATE], the facility educated the nursing and respiratory staff on signs and symptoms of infection, following physician ' s orders, and reporting findings.</p> <p>8) Maintenance Supervisor/designee will make visual rounds twice daily for presence of flies/eggs/larvae.</p> <p>9) DON or designee will make visual rounds twice daily assessing tracheostomy sites to ensure dressing area is clean, dry, intact, and free from signs and symptoms of infection.</p> <p>10) DON or designee will audit daily charts to ensure accuracy of tracheostomy assessments.</p> <p>11) The Quality Assurance Performance Improvement (QAPI) committee will review and discuss accuracy of charting and effectiveness of fly (pest) control monthly.</p> <p>On [DATE] at 4:45 p.m., the SSA was onsite and confirmed the facility ' s implementation of the immediate corrective actions through observation, interview, and record review. The IJ Removal Plan was approved and the IJ removed in the presence of the ADM and DON.</p> <p>Cross Reference with F600, F880, and F925.</p> <p>Findings:</p> <p>On [DATE], an unannounced visit was conducted to investigate a complaint and a facility-reported incident (FRI) about presence of maggots in Resident 1 ' s tracheostomy (around the stoma site).</p> <p>On [DATE] at 1:05 p.m., during entrance conference, the ADM stated the in-house census (population count) in the Sub-Acute (a lower level of care setting from a General Acute Care Hospital [GACH]) unit was nineteen (19) residents.</p> <p>A review of Resident 1 ' s Admission Record indicated an admitted [DATE]. List of Resident 1 ' s diagnoses included chronic respiratory failure (when airways carrying oxygen to the lungs are narrow or damaged), tracheostomy, dependence on a respirator (ventilator, a mechanical breathing machine to provide oxygen to the body), and persistent vegetative state (showing no signs of awareness related to brain dysfunction).</p> <p>A review of Resident 1 ' s care plan on Tracheostomy, revised on [DATE] and current, indicated interventions that included to change tracheostomy dressing every shift and as needed for soiling (when dirty), and observe site every shift, and document findings.</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS, a standardized assessment and screening tool), dated [DATE], indicated Resident 1 was severely impaired with thought process and decision-making tasks. Further review of the MDS indicated Resident 1 required total dependence from staff for bed mobility (turning side to side), dressing, eating, toilet use (how resident uses toilet room, cleansing after elimination), and personal hygiene.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1 ' s care plan on Activities of Daily Living Function, revised on [DATE] and current, indicated interventions that included to anticipate (expect or predict) and meet the resident ' s needs daily, do skin inspection every shift and as needed, and observe for redness, open areas, scratches, cuts, bruises, and report changes to the nurse.</p> <p>A review of Resident 1 ' s record titled, Change in Condition Evaluation, dated [DATE] at 1:45 p.m., indicated Resident 1 had Small white bugs noted around tracheostomy.</p> <p>On [DATE] at 1:24 p.m., during an interview, Respiratory Therapist 1 (RT 1) stated each resident in the Sub-Acute unit received assessment for pulse rate (measurement of heart rate), oxygen saturation (amount of oxygen measured in the blood), changing and checking the tracheostomy and securing the ties. RT 1 stated calling off for [DATE] and notifying the Director of Nursing twenty-four (24) hours prior to the scheduled shift. RT 1 stated the importance of having a twenty-four (24) hour Respiratory Therapist present in the sub-acute unit because of the presence of the ventilators and the residents with tracheostomies. RT 1 stated the facility needed to accommodate the needs of the residents requiring use of ventilators.</p> <p>On [DATE] at 1:57 p.m., during an interview, Registered Nurse 1 (RN 1) stated entering Resident 1 ' s room on [DATE] around after 1:20 p.m. and assessing Resident 1 ' s tracheostomy. RN 1 stated, I have never encountered anything like that before. RN 1 stated the gauze (surgical dressing) was clean on the outside. RN 1 stated, When we opened up the gauze, it looked like fly larvae or maggots. RN 1 stated the licensed nurses were assigned to do the tracheostomy care for that morning as there were no respiratory therapists on duty. RN 1 stated Resident 1 did not receive tracheostomy care for the shift prior to identifying the maggots. RN 1 stated, This was sad, really horrible. RN 1 then stated, It is true, the maggots, it is what I saw. I never want to see that again.</p> <p>On [DATE] at 2:50 p.m., during an interview, Licensed Vocational Nurse 1 (LVN 1) stated Resident 1 was not alert and was totally dependent on staff for hygiene needs and feeding. LVN 1 stated that on [DATE] Resident 1 ' s tracheostomy was checked. LVN 1 stated, There were maggots around the stoma. LVN 1 stated there was no respiratory therapist present in the morning and that the tracheostomy care was not provided to Resident 1 not until after the maggots were seen. LVN 1 was presented a series of five (5) photos. LVN 1 stated Photo # 1 was dated [DATE] at 1:33 p.m. For Photo # 2, LVN stated that the image was of Resident 1. For Photo #3, LVN 1 stated the zoomed in photo focusing on tracheostomy dressing was still of Resident 1. For Photo # 4, LVN 1 confirmed it was a photo of Resident 1 ' s tracheostomy showing a saturated (thoroughly soaked) gauze with mucous (thick liquid produced by the body) and maggots present. For Photo # 5, LVN 1 stated there were four (4) to five (5) maggots present in the photo. LVN 1 stated that there were maggots observed on Resident 1 and that it cannot be dry mucous because they were moving when seen.</p> <p>On [DATE] at 2:15 p.m., during a phone interview with the facility ' s contracted pest control company, Service Manager (SM 1) stated flies land on food sources where they can leave their eggs, which then become larvae (maggots). SM 1 stated that it could be from twenty-four (24) hours to a week for the eggs to develop into maggots.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/05/2022
NAME OF PROVIDER OR SUPPLIER Mountain View Conv Hosp		STREET ADDRESS, CITY, STATE, ZIP CODE 13333 Fenton Avenue Sylmar, CA 91342	
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 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A review of the document provided by the facility ' s contracted pest control company titled, House Fly Larvae, undated, indicated, House fly populations can be harmful to human health: they carry multiple pathogens (microorganisms that cause or can cause diseases) and have been linked to the spread of a number of diseases. The document also stated, House fly eggs look like small grains of rice. Eggs hatch within 24 hours, and house fly larvae emerge. House fly larvae, or maggots, appear similar to pale worms.</p> <p>On [DATE] at 3:52 p.m., during an observation together with LVN 1, Resident 1 ' s tracheostomy area and surrounding skin were observed to be red in color.</p> <p>On [DATE] at 4:52 p.m., during an interview, the Director of Nursing (DON) stated that for the tracheostomy, the dressing used was a T-drain (surgical gauze dressing with a T-slit to provide a snug fit around tubes) and was not taped down onto Resident 1 ' s skin. When the DON was asked why the status of Resident 1 ' s dressing was not checked underneath, the DON stated the staff do not open the wound dressings if it does not look soiled from the outside. DON stated that having maggots in the tracheostomy can lead to infection because flies transmit bacteria.</p> <p>On [DATE] at 7:24 p.m., during an interview, the DON stated that for the sub-acute unit, the Licensed Nurses and Respiratory Therapists chart on the form titled Daily Sub-Acute Charting. DON stated that twenty-four (24) to forty-eight (48) hours was what was understood on the developmental stages from fly eggs to becoming maggots. DON indicated the staff were to document the findings every shift and that the importance of the findings would be to assess for any changes in condition and to identify those findings as soon as possible. During a concurrent record review with the DON, there were no documentation or description of tracheostomy or skin condition on Resident 1 ' s Daily Sub-Acute Charting on the following dates and times:</p> <ol style="list-style-type: none"> 1. [DATE] at 12:01 a.m.; 2. [DATE] at 10:33 a.m.; 3. [DATE] at 1:58 a.m. (approximately less than thirty-six (36) hours from when the maggots were identified); 4. [DATE] at 10:44 a.m.; and 5. [DATE] at 10:57 p.m. (approximately fourteen (14) to fifteen (15) hours to when the maggots were identified). <p>On [DATE] at 1:55 p.m., during an interview, Registered Nurse 2 (RN 2) stated that for signs and symptoms of infection, the site could be reddened. RN 2 stated that if the staff assessed and saw redness, they should chart redness as a description.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 2:49 p.m., during an interview, the Infection Prevention Nurse (IP) stated Resident 1 ' s tracheostomy care plan included observing the site every shift and any findings should be documented. Concurrent record review with IP of Resident 1 ' s Medication Administration Record (MAR) for the month of , d+[DATE], indicated for staff to monitor placement and signs and symptoms of infection every shift, and to notify doctor if positive for infection. Concurrent record review on Resident 1 ' s MAR indicated that on [DATE], the 7a.m. to 7p.m. shift staff documented negative for signs and symptoms of infection. Further review of Resident 1 ' s MAR for [DATE], the 7p.m. to 7a.m. shift staff also documented negative for signs and symptoms of infection. When IP was asked to describe infection, IP stated that staff should check the skin for redness, and to feel for warmth. IP was informed that on [DATE] at 3:52 p.m., Resident 1 ' s tracheostomy was observed with reddened skin. IP was then asked why the staff were documenting negative for the signs and symptoms of infection on the MAR when on the same date, signs of infection were observed on Resident 1. IP was unable to answer why the documentation was different from the observation but stated that the assessments should be consistent with what was seen on Resident 1.</p> <p>A review of an undated facility ' s job description titled, Respiratory Therapist, indicated the position summary as, The purpose of your job is to perform the duties of respiratory care upon the physician ' s request by following the federal, state, and local guidelines that govern the facility and as directed by the DON and Administrator. The job description indicated Respiratory Therapists will Relate all pertinent information concerning a resident ' s condition to a charge nurse as required. They will be committed to always doing the right thing.</p> <p>A review of an undated facility provided job description titled, Registered Nurse Supervisor, indicated the position summary, The purpose of your job is to supervise the day-to-day activities of the facility during your shift in accordance with current federal, state, and local standards that govern the facility, and as directed by your management. The job description indicated essential duties which include Monitoring nursing staff to ensure they are complying with resident ' s care plan.</p> <p>A review of an undated facility ' s job description titled, Licensed Vocational Nurse, indicated the position summary, The purpose of your job position is to provide each resident with routine daily nursing care in accordance with current federal, state, and local standards that govern the facility, and as directed by your supervisors. The job description indicated that essential duties and responsibilities included, Dressing wounds and Accurate and detailed charting of resident ' s progress notes.</p> <p>A review of the facility ' s policy and procedure titled, Care Plans, Baseline, last revised on ,d+[DATE], indicated that the baseline care plan included instructions needed to provide effective, person-centered care of the resident that meet the professional standards of quality of care.</p> <p>A review of a facility ' s policy and procedure titled, Activities of Daily Living (ADL), Supporting, last revised on ,d+[DATE], indicated, Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>A review of the facility ' s policy and procedure titled, Tracheostomy Care, last revised ,d+[DATE], indicated procedure guidelines to inspect skin and stoma (surgical opening) site for signs or symptoms of infection, leakage, subcutaneous crepitus (air pockets under the skin) or dislodged tube. Document the procedure, condition of the site, and the resident ' s response.</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37861</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of eight sampled residents (Resident 1), who was dependent on staff for all activities of daily living (ADLs, such as dressing, personal hygiene, and incontinent care), was in persistent vegetative status (showing no signs of awareness related to brain dysfunction), and was dependent on a ventilator (a mechanical breathing machine to provide oxygen [a chemical element found in the air as a colorless odorless tasteless gas that is necessary for life) to the body when the person is unable to breath on his/her own), was free from neglect (the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress). On [DATE], Family Member 1 (FM 1) noticed the area surrounding the tracheostomy (a surgical hole [stoma] created at the front of the neck so a tube can be inserted into the windpipe to assist in breathing; the tube is connected to the ventilator), had maggots infestation (fly larvae soft bodied , worm-like immature form of an insect that feed on the host ' s dead or living tissue and liquid body substances; myiasis is the infection of a fly larva in human tissue).</p> <p>As a result, Resident 1 was placed at great risk of breathing complications including spread of the larva into the windpipe.</p> <p>On [DATE] at 5:10 p.m., the State Survey Agency (SSA) identified an Immediate Jeopardy (a situation in which the facility ' s noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident) under 42CFR S483.80 Infection Control. The Administrator (ADM) and the Director of Nursing (DON) were notified of the IJ from the failure to ensure Resident 1 was free from infection to the stoma site caused by flies.</p> <p>On [DATE] at 4:45 p.m., the IJ was removed, while onsite, after verifying the implementation of the IJ Removal Plan which included the licensed nurses assessing Resident 1 and all other 17 residents with tracheostomy tubes to rule out any maggot infestation and any other sign of neglect; the Maintenance Department inspected environmental surroundings of residents ' rooms for fly infestation; and the pest control company was contacted for additional services for the external building to help prevent flies from entering the building.</p> <p>Cross Reference with F600, F695, and F925.</p> <p>Findings:</p> <p>On [DATE] at 1:05 p.m., during entrance conference, the ADM stated the in-house census (population count) in the Sub-Acute (a lower level of care setting from a General Acute Care Hospital [GACH]) unit was nineteen (19) residents.</p> <p>On [DATE] at 1:09 p.m., during observation and concurrent interview with the Infection Control nurse (IP), IP observed and confirmed the presence of a live fly resting on the window curtains of the conference room.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1 ' s Admission Record indicated the facility admitted the resident on [DATE] with diagnoses including chronic respiratory failure (when airways carrying oxygen to the lungs are narrow or damaged), tracheostomy tube, dependence on ventilator, and persistent vegetative state.</p> <p>A review of Resident 1 ' s current Care Plan for Tracheostomy, last revised on [DATE], included in the interventions changing the tracheostomy dressing every shift and as needed for soiling (when dirty) and observing the (stoma) site every shift and document findings.</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS, a standardized assessment and care-screening tool) dated [DATE] indicated the resident was unable to communicate and required total care from staff for all ADLs.</p> <p>A review of Resident 1 ' s Care Plan for Activities of Daily Living Function last revised on [DATE], included in the interventions anticipating and meet the resident ' s needs daily, and conducting skin inspection every shift and as needed, observing for redness, open areas, scratches, cuts, bruises, and report changes to the nurse.</p> <p>A review of Resident 1 ' s Change in Condition Evaluation, dated [DATE] at 1:45 p.m., indicated the resident had small white bugs noted around tracheostomy.</p> <p>On [DATE] at 1:24 p.m., during an interview, Respiratory Therapist (a health care discipline specializing in the promotion of optimum cardiopulmonary function) 1 (RT 1) stated the RTs in the Sub-Acute unit assessed the residents ' respiratory status, oxygen saturation (amount of oxygen measured in the blood), changing and checking tracheostomy and securing the ties (to hold the tube in place) and checking the ventilators setting and proper functioning. RT 1 stated calling off for [DATE] and notifying the DON 24 hours prior to the scheduled shift but no replacement was provided to the unit. RT 1 stated it was very important to have RTs around the clock due to the residents having tracheostomy and ventilators. RT 1 indicated neglect was a form of abuse and not providing the residents with RT services was an example of neglect. During the interview, a fly was observed in the conference room which was confirmed by RT 1.</p> <p>On [DATE] at 1:57 p.m., during an interview, Registered Nurse 1 (RN 1) stated assessing Resident 1 ' s tracheostomy on [DATE] after 1:20 p.m. RN 1 stated, I have never encountered anything like that before. RN 1 indicated the gauze (a loosely woven, almost translucent fabric that is used to bandage wounds) was clean on the outside. RN 1 stated, When we opened up the gauze, it looked like fly larvae or maggots. RN 1 stated the licensed nurses were assigned to do the tracheostomy care for that morning as there was no RT on duty. RN 1 said Resident 1 did not receive tracheostomy care for the shift prior to identifying the maggots. RN 1 stated, this was sad, really horrible. RN 1 then stated, It is true, the maggots, it is what I saw. I never want to see that again.</p> <p>On [DATE] at 2:50 p.m., during an interview, Licensed Vocational Nurse 1 (LVN 1) stated on [DATE], Resident 1 ' s tracheostomy had maggots around the stoma, and they were alive and moving. LVN 1 confirmed that there was no RT in the morning and the tracheostomy care was not provided to Resident 1 until after FM 1 saw the maggots.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 2:15 p.m., during a telephone interview, the facility ' s contracted pest control company Service Manager 1 (SM 1), stated flies land on food sources where they can leave their eggs, which then become larvae (maggots). SM 1 stated that for the eggs to develop into maggots, it could be from twenty-four (24) hours to a week.</p> <p>On [DATE] at 3:52 p.m., during an observation of Resident 1 in the presence of LVN 1, Resident 1 ' s tracheostomy and surrounding skin was observed to be reddened in color.</p> <p>On [DATE] at 4:43 p.m., a live fly was observed at the lobby doors beside the ADM ' s office. The DON present at the lobby confirmed the sighting of the live fly.</p> <p>On [DATE] at 4:52 p.m., during an interview, the DON stated for the tracheostomy, the dressing used is a T-drain (a gauze with a T-slit to provide a snug fit around tubes) and is not taped down onto the resident ' s skin. The DON stated staff do not open (remove) the wound dressing if it does not look soiled from the outside. DON stated having maggots in the tracheostomy can lead to infection because flies transmit bacteria.</p> <p>On [DATE] at 2:49 p.m., during interview and record review with Infection Prevention Nurse (IP), IP stated flies can cause infection. The IP stated there were goats in the neighboring building and flies rested on the goats ' droppings. IP stated Resident 1 ' s tracheostomy care plan included observing the site every shift and any findings should be documented. Concurrent record review with IP of Resident 1 ' s Medication Administration Record (MAR) for the month of ,d+[DATE], indicated for staff to monitor tracheostomy tube placement and signs and symptoms of infection every shift, and to notify the physician if positive for infection. Concurrent record review on Resident 1 ' s MAR indicated that on [DATE], the 7a.m. to 7p.m. and the 7 p.m. to 7 a.m. shifts the licensed nurses documented the resident was negative for signs and symptoms of infection. IP was informed that on [DATE] at 3:52 p.m., Resident 1 ' s tracheostomy was observed with reddened skin. IP was unable to answer why the documentation was different from the observation but stated that the assessments should be consistent with what is being seen on Resident 1.</p> <p>On [DATE] at 5:52 p.m., while exiting the facility, a live fly was observed at the glass exit doors. The observation was made in the presence of the Activity Director (AD). The AD confirmed the sighting of the fly.</p> <p>On [DATE] at 7:24 p.m., during interview, the DON stated the Sub-Acute unit licensed nurses and the RTs chart on the form titled, Daily Sub-Acute Charting. During concurrent review with the DON, the Daily Sub-Acute Charting had no documentation of the stoma status on:</p> <ul style="list-style-type: none"> - [DATE], timed at 12:01 a.m., and at 10:33 a.m. - [DATE], timed at 1:58 a.m. and at 10:44 a.m. - [DATE], timed at 10:57 p.m. <p>The DON stated 24 to 48 hours is what was understood on the developmental stages from fly eggs to becoming maggots. The DON stated staff were to document their assessment every shift.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A review of the facility ' s current policy and procedure titled, Departmental (Respiratory Therapy) - Prevention of Infection, revised on ,d+[DATE], indicated, The purpose of this procedure is to guide prevention of infection associated with respiratory therapy tasks and equipment, including ventilators, among residents and staff The following information should be recorded in the resident ' s medical record: . 4. All assessment data obtained during the treatment.</p> <p>A review of an undated document provided to the facility by the pest control company titled, House Fly Larvae, indicated, House fly populations can be harmful to human health: they carry multiple pathogens (microorganisms that cause or can cause diseases) and have been linked to the spread of a number of diseases . House fly eggs look like small grains of rice. Eggs hatch within 24 hours, and house fly larvae emerge. House fly larvae, or maggots, appear similar to pale worms.</p> <p>A review of a facility ' s current policy and procedure titled, Activities of Daily Living (ADL), Supporting, last revised ,d+[DATE] indicated, Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>A review of the facility ' s current policy and procedure titled, Tracheostomy Care last revised ,d+[DATE], indicated procedure guidelines to inspect skin and stoma (surgical opening) site for signs or symptoms of infection, leakage, subcutaneous crepitus (air pockets under the skin) or dislodged tube. The policy also states, Document the procedure, condition of the site, and the resident ' s response.</p> <p>A record review of an undated facility provided job description titled Respiratory Therapist indicated the position summary as, The purpose of your job is to perform the duties of respiratory care upon the physician ' s request by following the federal, state, and local guidelines that govern the facility and as directed by the DON and Administrator. The job description also stated that Respiratory Therapists will Relate all pertinent information concerning a resident ' s condition to a charge nurse as required. They will be committed to always doing the right thing.</p> <p>A record review of an undated facility provided job description titled Licensed Vocational Nurse indicated the position summary, The purpose of your job position is to provide each resident with routine daily nursing care in accordance with current federal, state, and local standards that govern the facility, and as directed by your supervisors. The job description also indicated that essential duties and responsibilities include, Dressing wounds and Accurate and detailed charting of resident ' s progress notes.</p> <p>A review of the facility provided Policy & Procedure titled Safety and Supervision of Residents last revised , d+[DATE] stated, Our facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities. The policy also indicated that when accident hazards are identified, the Quality Assurance and Performance Improvement (QAPI)/safety committee shall evaluate and analyze the cause(s) of the hazards and develop strategies to mitigate (to lessen severity) or remove the hazards to the extent possible.</p>		

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<p>F 0925</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37861</p> <p>Based on observation, interview, and record review, the facility failed to maintain an effective pest control program and be free of flies for one of eight sampled residents (Resident 1).</p> <p>As a result, on [DATE], Resident 1 had growth and presence of multiple fly larva ([maggots] soft bodied , worm-like immature form of an insect) surrounding the tracheostomy (a surgical hole [stoma] created at the front of the neck so a tube can be inserted into the windpipe to assist in breathing) which could lead to respiratory tract infection. Based on the reasonable person concept, due to Resident 1 ' s severely impaired cognition and medical condition, an individual with growth of worms on the body may have psychological effects including feelings of hopelessness and helplessness.</p> <p>Cross Reference with F600, F695, and F880.</p> <p>Findings:</p> <p>On [DATE] at 1:05 p.m., during entrance conference, the ADM stated the in-house census (population count) in the Sub-Acute (a lower level of care setting from a General Acute Care Hospital [GACH]) unit was nineteen (19) residents.</p> <p>On [DATE] at 1:09 p.m., during observation and concurrent interview with the Infection Control nurse (IP), IP observed and confirmed the presence of a live fly resting on the window curtains of the conference room.</p> <p>A review of Resident 1 ' s Admission Record indicated the facility admitted the resident on [DATE] with diagnoses including chronic respiratory failure (when airways carrying oxygen to the lungs are narrow or damaged), tracheostomy tube, dependence on ventilator, and persistent vegetative state.</p> <p>A record review of Resident 1 ' s current Care Plan for the resident having a tracheostomy, last revised on [DATE], included in the interventions changing the tracheostomy dressing every shift and as needed for soiling (when dirty) and observing site every shift and document findings.</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS, a standardized assessment and care-screening tool) dated [DATE] indicated the resident was unable to communicate and required total care from staff for all ADLs.</p> <p>A review of Resident 1 ' s Change in Condition Evaluation, dated [DATE] at 1:45 p.m., indicated the resident had small white bugs noted around tracheostomy.</p> <p>A review of the Pest Control Report dated [DATE] indicated the pest to be treated were house flies.</p> <p>(continued on next page)</p>

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<p>F 0925</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 1:24 p.m., during an interview, Respiratory Therapist (a health care discipline specializing in the promotion of optimum cardiopulmonary function) 1 (RT 1) stated the RTs in the Sub-Acute unit assessed the residents' respiratory status, oxygen saturation (amount of oxygen measured in the blood), changing and checking tracheostomy and securing the ties (to hold the tube in place) and checking the ventilators setting and proper functioning. RT 1 stated calling off for [DATE] and notifying the DON 24 hours prior to the scheduled shift but no replacement was provided to the unit. RT 1 stated it was very important to have RTs around the clock due to the residents having tracheostomy and ventilators. RT 1 indicated neglect was a form of abuse and not providing the residents with RT services was an example of neglect. During the interview, a fly was observed in the conference room which was confirmed by RT 1.</p> <p>On [DATE] at 1:57 p.m., during an interview, Registered Nurse 1 (RN 1) stated assessing Resident 1's tracheostomy on [DATE] after 1:20 p.m. RN 1 stated, I have never encountered anything like that before. RN 1 indicated the gauze (a loosely woven, almost translucent fabric that is used to bandage wounds) was clean on the outside. RN 1 stated, When we opened up the gauze, it looked like fly larvae or maggots. RN 1 stated the licensed nurses were assigned to do the tracheostomy care for that morning as there was no RT on duty. RN 1 said Resident 1 did not receive tracheostomy care for the shift prior to identifying the maggots. RN 1 stated, this was sad, really horrible. RN 1 then stated, It is true, the maggots, it is what I saw. I never want to see that again.</p> <p>On [DATE] at 2:50 p.m., during an interview, Licensed Vocational Nurse 1 (LVN 1) stated on [DATE], Resident 1's tracheostomy had maggots around the stoma, and they were alive and moving. LVN 1 confirmed that there was no RT in the morning and the tracheostomy care was not provided to Resident 1 until after FM 1 saw the maggots.</p> <p>On [DATE] at 2:15 p.m., during a telephone interview, the facility's contracted pest control company Service Manager 1 (SM 1), stated flies land on food sources where they can leave their eggs, which then become larvae (maggots). SM 1 stated that for the eggs to develop into maggots, it could be from twenty-four (24) hours to a week.</p> <p>On [DATE] at 2:15 p.m., during a telephone interview with the facility's contracted pest control company Service Manager (SM 1), SM 1 indicated flies land on food sources where they can leave their eggs, which then become larvae (maggots). SM 1 stated that for the eggs to develop into maggots, it could be from 24 hours to a week.</p> <p>On [DATE] at 4:43 p.m., a live fly was observed at the facility lobby doors beside the Administrator's (ADM) office. The live fly was concurrently observed by the Director of Nursing (DON).</p> <p>On [DATE] at 4:52 p.m., during an interview with the DON, DON indicated that having maggots in the tracheostomy can lead to infections because flies transmit bacteria.</p> <p>On [DATE] at 2:49 p.m., during interview and record review with Infection Prevention Nurse (IP), IP indicated that for flies to be present in the facility, they can cause infection. Flies seek trash or food or debris. IP indicated that there are goats in the neighboring building, and flies rest on the goats' droppings.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/05/2022
NAME OF PROVIDER OR SUPPLIER Mountain View Conv Hosp		STREET ADDRESS, CITY, STATE, ZIP CODE 13333 Fenton Avenue Sylmar, CA 91342	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0925</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 5:52 p.m., while exiting the facility, a live fly was observed at the glass exit doors. The observation was made in the presence of the Activity Director (AD), who confirmed the fly sighting.</p> <p>A review of an undated document provided to the facility by the pest control company titled, House Fly Larvae, indicated, House fly populations can be harmful to human health: they carry multiple pathogens (microorganisms that cause or can cause diseases) and have been linked to the spread of a number of diseases . House fly eggs look like small grains of rice. Eggs hatch within 24 hours, and house fly larvae emerge. House fly larvae, or maggots, appear similar to pale worms.</p> <p>A review of the facility ' s current policy and procedure titled, Pest Control with a revised date of ,d+[DATE] indicated, Our facility shall maintain an effective pest control program. The policy also stated, This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents.</p>