STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056333	A. Building B. Wing	08/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain View Conv Hosp	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)
F 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident’s advance directives. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46008 Based on interview and record review, the facility failed to provide cardiopulmonary resuscitation (CPR - refers to any medical intervention used to restore circulatory [the system that moves blood throughout the body] and/or respiratory [breathing in and out] function that has stopped) to one of four sampled residents (Resident 4). Resident 4 ' s Advance Directive (a legally and ethically binding document used by people to state that their medical and end-of-life treatment decisions will be made by someone on their behalf when they become severely ill) Acknowledgment form, signed on [DATE], which was the most current and updated document, indicated Resident 4 was a full code (if a person ' s heart stopped beating or they stopped breathing, all resuscitation procedures will be provided to keep them alive). As a result, on [DATE] at 11:45 p.m., Certified Nursing Assistant 1 (CNA 1) saw Resident 4 sitting down in her wheelchair in her room unresponsive, called Licensed Vocational Nurse 1 (LVN 1), and did not provide CPR to Resident 4. On [DATE] at 12 a.m., Physician 1 pronounced Resident 4 dead. On [DATE] at 5:55 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 of a resident) situation under 42CFR S483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident ' s advance directives. The Regional Director of Operations and Director of Nursing (DON) were notified of the IJ situation from the facility ' s failure to ensure Resident 4 was provided basic life support (refers to maintaining an airway and breathing and the circulation and it comprises initial assessment, airway maintenance, expired air ventilation [rescue breathing; mouth-to-mouth ventilation] and chest compression), including CPR. On [DATE] at 1:52 p.m., the IJ situation was removed in the presence of the Administrator and DON, while onsite, and after verifying through observation, interview, and record review the implementation of the facility ' s submitted and accepted IJ Removal Plan. The IJ removal plan included the following summarized actions: (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056333	A. Building B. Wing	08/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain View Conv Hosp	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)
F 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	- On [DATE], Clinical Resource, DON, and Medical Records conducted an audit and review using the Advance Directive/POLST Audit Tool on all 88 residents in-house and 2 residents on bed holds with Advance Directive Acknowledgment Forms, Advance Directives, Physician Orders for Life-Sustaining Treatment (POLST - is a written medical order from a physician, nurse practitioner or a physician assistant that helps give people with serious illnesses more control over their own care by specifying the types of medical treatment they want to receive during serious illness), and physician (MD) orders, as applicable, to confirm that there is no conflicting information. One other resident was found to be affected, which was identified and corrected immediately. - On [DATE], Clinical Resource in-serviced DON, Assistant DON (ADON), and Medical Records and the DON in-serviced licensed nurses to ensure that there is no conflicting information between the Advance Directive Acknowledgment Form, Advance Directive, POLST, and MD orders. - On [DATE], DON in-serviced licensed nurses to provide Basic Life Support including CPR on residents who are on full code status including residents that have not completed an Advance Directive Acknowledgment Form or POLST. - Medical Records/Designee will audit Advance Directive Acknowledgment Form, Advance Directive, POLST, and MD orders for all new admissions and all residents twice a month for 90 days using the Advance Directive/POLST Audit Tool. - The Interdisciplinary Treatment Team will be held upon admission, quarterly, annually, and as needed to discuss resident's Advance Directive Acknowledgment Form/POLST. - The DON and ADON will ensure that all orders for Code Status are accurately entered into the residents ' electronic health record, which will give a visual cue to staff. The orders will be completed by [DATE]. The licensed staff will be in-serviced on how to accurately enter the order into the electronic health record and identify the visual cue starting on [DATE] and completion of the in-service will be on [DATE]. Cross-reference F684. Findings: A review of Resident 4 ' s Admission Record indicated the facility originally admitted the resident on [DATE] and was readmitted on [DATE] with diagnoses including COVID-19 (a highly infectious disease that is spread from person to person through droplets released when an infected person coughs, sneezes, or talks), chronic obstructive pulmonary disease (COPD - a group of diseases that cause airflow blockage and breathing-related problems), and type 2 diabetes mellitus (a condition that affects the way the body regulates and uses blood sugar). A review of Resident 4 ' s POLST, dated [DATE], indicated the following: 1. Do not attempt resuscitations. Allow natural death. 2. Comfort-focused treatment - primary goal of maximizing comfort. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056333	A. Building B. Wing	08/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain View Conv Hosp	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)
F 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	3. No artificial means of nutrition, including feeding tubes (medical device used to provide nutrition to people who cannot obtain nutrition by mouth). The POLST indicated, POLST does not replace the Advance Directive. When available, review the Advance Directive and POLST form to ensure consistency, and update forms appropriately to resolve any conflicts A patient with capacity can, at any time, request alternative treatment or revoke a POLST by any means that indicates intent to revoke. It is recommended that revocation be documented by drawing a line through Sections A through D (A-instruction about CPR, B-Medical Interventions, C-Artificially Administered Nutrition, and D-Information and Signatures), writing VOID in large letters, and signing and dating this line. A review Resident 4 ' s physician ' s order, dated [DATE], indicated Do Not Resuscitate (DNR - directs healthcare providers not to administer CPR in the event of cardiac [pertaining to heart] or respiratory [pertaining to the lungs] arrest). A review of Resident 4 ' s Advance Directive Acknowledgment form, signed by Resident 4 on [DATE] and signed by both Social Services Director 2 (SSD 2) and Physician 1 on [DATE], indicated the Preferred Intensity of Care Authorization / Decisions are the following: - Yes to cardio-pulmonary resuscitation; - Yes to hospitalization ; - Yes to intravenous fluids (IV fluids - fluids delivered to the body through a small tube inserted into a vein); - No to tube feeding; - No to medication restriction; - No to treatment restriction; - No to palliative care (comfort care with or without curative intent); - No to hospice care (comfort care without curative intent); and - CPR for 15 minutes only. A review of Resident 4 ' s Minimum Data Set (MDS - a standardized assessment and care screening tool), dated [DATE], indicated resident had the ability to make self understood and understand others. The MDS indicated Resident 4 required limited assistance (resident highly involved in activity; staff provide guided maneuvering of limbs) with bed mobility, transfer, walk in room, walk in corridor, dressing, toilet use, personal hygiene, and bathing; used a wheelchair (a chair with wheels used when walking is difficult or impossible due to illness or injury) and a walker (a device that gives additional support to maintain balance while walking). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056333	A. Building B. Wing	08/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain View Conv Hosp	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)
F 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	A review of Resident 4 ' s physician ' s order, dated [DATE] at 1:17 p.m., indicated an order for Resident 4 to undergo right total hip arthroplasty surgery (hip replacement) on [DATE] at General Acute Care Hospital 1 (GACH 1). A review of Resident 4 ' s Progress Notes, dated [DATE] at 4:43 p.m., indicated Resident 4 left for surgery on [DATE] at 4:10 a.m. to GACH 1. A review of Resident 4 ' s Progress Notes, dated [DATE] at 5:45 pm, indicated Registered Nurse 2 (RN 2) documented that at the facility Resident 2 was noted to be very sleepy and lethargic (slow or sleepy), unable to keep eyes open, and not able to answer questions appropriately. RN 2 notified Physician 1 with new order to transfer Resident 4 to GACH 2 and RN 2 called 911. A review of Resident 4 ' s physician ' s order, dated [DATE] at 7: 15 p.m., indicated an order for Resident 4 to be t transferred to GACH 2. A review of Resident 4 ' s Progress Notes, dated [DATE] at 12:53 a.m., indicated LVN 1 documented that CNA 1 found Resident 4 in her room unresponsive on [DATE] at 11:45 p.m. with absent radial pulse (pulse taken from the wrist) and apical pulse (heartbeat heard in the left center of your chest, just below the nipple)). The Progress Notes indicated on [DATE] at 12 a.m., Resident 4 was pronounced dead. During a record review on [DATE] at 9:55 a.m., together with ADON, Resident 4 ' s chart (a three-ring binder used to hold resident ' s paper medical records which can be found in the nurses station) was observed with POLST, signed by Resident 4 on [DATE], was on top of the Advance Directive Acknowledgment form, signed by Resident 4 on [DATE]. During a concurrent interview and record review of the POLST and Advance Directive Acknowledgment form, the ADON stated that she believed that LVN 1 who took care of Resident 4 on [DATE] followed the POLST, dated [DATE], that indicated DNR because it was what the LVN 1 first saw. The ADON stated that because there were two documents indicating two different things, these confused the nurse. The ADON stated that if it were her, she would have followed the most recent document which was the Advance Directive Acknowledgment form indicating Resident 4 was a full code. The ADON stated that because Resident 4 was a full code, and was found unresponsive on [DATE] at 11:45 p.m., LVN 1 should have started CPR while another nurse called 911. During an interview on [DATE] at 12:06 p.m., Physician 1 stated Resident 4 was his patient. Physician 1 stated he cannot remember the specific times when the documents were made or signed, but what he knew was that people can change their minds. Physician 1 stated if he was looking at the two documents (POLST and Advance Directive Acknowledgment form), he would go for the most recent one (Advance Directive Acknowledgment form). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056333	A. Building B. Wing	08/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain View Conv Hosp	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)
F 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an interview on [DATE] at 1:15 pm, the DON stated she would have followed the POLST signed by Resident 4 on [DATE] because it was in Resident 4 ' s chart and the Advance Directive Acknowledgment signed by Resident 4 on [DATE] was in the old chart (chart that was kept by the medical records department). During a concurrent record review, Resident 4 ' s POLST was on top of the Advance Directive Acknowledgment form on both the old chart and Resident 4 ' s current chart. The DON stated Resident 4 ' s POLST indicated DNR, but Resident 4 ' s Advance Directive Acknowledgment indicated full code. The DON stated that with two conflicting documents, the facility should have done an interdisciplinary (resident or resident representative, DON, social worker, physician) meeting with the resident to clarify Resident 4 ' s wishes. The DON stated the conflicting documents confused staff and lead to Resident 4 ' s wishes not determined. The DON stated that based on Resident 4 ' s Advance Directive Acknowledgment form signed on [DATE], resident wanted CPR for fifteen minutes which meant chest compressions and breaths for 15 minutes, to receive intravenous fluids which meant that Resident 4 wanted fluids that go through the vein, no treatment restriction, no medication restriction, no palliative care, no hospice care, and wanted hospitalization if the facility found Resident 4 in distress. During an interview on [DATE] at 2:22 p.m., and concurrent record review of the Advance Directive Acknowledgment and POLST, SSD 1 stated the Advance Directive Acknowledgment and POLST go together as part of resident admission packet and were created together at the same time and should have matching information. SSD 1 stated she was not employed yet at the time Resident 4 created the Advance Directive Acknowledgment that Resident 4 signed on [DATE]. SSD 1 further stated that once residents created and signed the Advance Directive Acknowledgment and POLST, the forms would be flagged (in a three-ring binder, only the middle and bottom holes of the paper are filed so that a portion of the paper is showing or sticking out of the binder) for the physician to sign. SSD 1 stated that it should have been a team effort of the social services, nursing, and medical records departments to ensure that these forms were accurate and signed by the resident and physician. SSD 1 stated there was an absence of a POLST that should have complemented Resident 4 ' s Advance Directive Acknowledgment that Resident 4 signed on [DATE]. SSD 1 stated that it was important that the Advance Directive Acknowledgment and POSLT had matching information, but because Resident 4 ' s chart did not have matching information in the Advance Directive Acknowledgment and the POLST, it created conflicting information which led to not respecting Resident 4 ' s wishes and death. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056333	A. Building B. Wing	08/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain View Conv Hosp	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)
F 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During a telephone interview on [DATE] at 2:39 p.m., LVN 1 stated that on [DATE] between 9:30 p.m. to 9:45 p.m., LVN 1 saw Resident 4 was seated in a wheelchair next to Resident 4 ' s bed watching television. LVN 1 stated that on [DATE] between 10:35 p.m. to 10:50 p.m., CNA 1 told LVN 1 to check Resident 4. LVN 1 stated that CNA 1 and LVN 1 went to check Resident 4 and saw Resident 4 in a sitting position with upper body leaning forward and was not responding after calling Resident 4 ' s name and patting Resident 4 ' s shoulders. LVN 1 stated he then left the room to get blood pressure machine and pulse oximeter machine (a device used to measure oxygen saturation) and told another staff to call 911. LVN 1 stated he went back to Resident 4 ' s room and checked Resident 4 ' s blood pressure and oxygen saturation. LVN 1 stated Resident 4 had no carotid pulse (pulse felt on a person ' s neck), no blood pressure, and no oxygen saturation. LVN 1 stated that LVN 1 and CNA 1 then transferred Resident 4 to Resident 4 ' s bed. LVN 1 stated that RN 1 came into the room and checked Resident 4 ' s pulses and did not feel any pulses. LVN 1 stated LVN 1 called and informed Physician 1 of Resident 4 ' s condition and Physician 1 pronounced Resident 4 dead on [DATE] at 12 a.m. LVN 1 stated that when the paramedics arrived, LVN 1 informed the paramedics that Resident 4 was pronounced dead by Physician 1. LVN 1 stated that LVN 1 did not check Resident 4 ' s POLST and assumed Resident 4 was DNR. LVN 1 stated that staff did not do CPR. LVN 1 stated that if CPR was not done it meant that staff did not try to revive Resident 4. During an interview on [DATE] at 4:15 p.m., and concurrent record review of the POLST (dated on [DATE]) and Advance Directive Acknowledgment form (signed on [DATE]), Medical Records Director (MRD) stated staff could have crossed out the old POLST. MRD stated there was no documented evidence there was a correction made for the inconsistencies of the POLST and Advance Directive Acknowledgment. During an interview on [DATE] at 8:12 a.m., and concurrent record review of the POLST (dated on [DATE]) and Advance Directive Acknowledgment form (signed on [DATE]), RN 2 stated whoever did the Advance Directive Acknowledgment form did not create an updated POLST. RN 2 stated medical records staff should have audited (physically checking records to ensure accuracy) the chart and if the discrepancy was found, should have clarified the conflicting information with Resident 4. During an interview on [DATE] at 12:02 p.m., the DON stated Resident 4 got COVID-19 last [DATE] and Resident 4 was asking to be sent to GACH 1. The DON stated the facility transferred Resident 4 to GACH 1 on [DATE] but discharged against medical advice and was readmitted back at the facility on [DATE]. The DON stated this readmission was a missed opportunity to clarify with Resident 4 her code status whether resident was DNR or full code. A review of facility ' s current policy and procedure, dated ,d+[DATE], titled, Advance Directives, indicated, Advance directives will be respected in accordance with state law and facility policy . 1. Upon admission, the resident will be provided with written information concerning the right to refuse or accept medical or surgical treatment and to formulate an advance directive if he or she chooses to do so . 8. If the resident indicates that he or she has not established advance directives, the facility staff will offer assistance in establishing advance directives . 10. The plan of care for each resident will be consistent with his or her documented treatment preferences and/ or advance directive .11. A resident will not be treated against his or her own wishes . 18. The interdisciplinary team will review annually with the resident his or her advance directives to ensure that such directives are still the wishes of the resident. Such reviews will be made during the annual assessment process and recorded on the resident assessment instrument (MDS) . 20. The director of nursing services or designee will notify the attending physician of advance directives so that appropriate orders can be documented in the resident ' s medical record and plan of care. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056333	A. Building B. Wing	08/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain View Conv Hosp	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)
F 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	A review of facility ' s current P&P, dated ,d+[DATE], titled, Emergency Procedure - Cardiopulmonary Resuscitation, indicated, 1. If an individual is found unresponsive, briefly assess for abnormal or absence of breathing. If sudden cardiac arrest is likely, begin CPR: a. Instruct a staff member to activate the emergency response system code (code) and call 911; b. Instruct a staff member to retrieve the automatic external defibrillator (AED - sends an electric shock to the heart to stop an extremely rapid, irregular heartbeat, and restore the normal heart rhythm); c. Verify or instruct a staff member to verify the DNR or code status of the individual; d. Initiate the basic life support (BLS) sequence of events. 2. The BLS sequence of events is referred to as C-A-B (chest compressions, airway, breathing). A review of facility ' s current P&P titled, Do Not Resuscitate Order, dated ,d+[DATE], indicated, 1. Do not resuscitate orders must be signed by the resident ' s attending physician on the physician ' s order sheet maintained in the resident ' s medical record. 2. A Do Not Resuscitate (DNR) order from must be completed and signed by the attending physician and resident (or resident ' s legal surrogate, as permitted by state law) and placed in front of the resident ' s medical record . 3. In addition to the advance directive and DNR order form, state-specific forms may be used to specify whether to administer CPR in case of a medical emergency. State-specific forms include a. Physician Orders for Life-Sustaining Treatment (POLST) . 5. Do not resuscitate (DNR) orders will remain in effect until the resident (or legal surrogate) provides the facility with a signed and dated request to end DNR order . 6. The interdisciplinary care planning team will review advance directives with the resident during quarterly care planning sessions to determine if the resident wishes to make changes in such directives .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056333	A. Building B. Wing	08/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain View Conv Hosp	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46008 Based on interview and record review, the facility failed to follow the Advance Directive (a legally and ethically binding document used by people to state that their medical and end-of-life treatment decisions will be made by someone on their behalf when they become severely ill) Acknowledgment form of one of four sampled residents (Resident 4). Resident 4 ' s Advance Directive, signed on [DATE], which was the most current and updated document, indicated Resident 4 was a full code (if a person ' s heart stopped beating or they stopped breathing, all resuscitation procedures will be provided to keep them alive). As a result, on [DATE] at 11:45 p.m., Certified Nursing Assistant 1 (CNA 1) saw Resident 4 sitting down in her wheelchair in her room unresponsive, called Licensed Vocational Nurse 1 (LVN 1), and did not provide cardiopulmonary resuscitation (CPR - refers to any medical intervention used to restore circulatory [the system that moves blood throughout the body] and/or respiratory [breathing in and out] function that has stopped) to Resident 4. On [DATE] at 12 a.m., Physician 1 pronounced Resident 4 dead. Cross-reference F678. Findings: A review of Resident 4 ' s Admission Record indicated the facility originally admitted the resident on [DATE] and was readmitted on [DATE] with diagnoses including COVID-19 (a highly infectious disease that is spread from person to person through droplets released when an infected person coughs, sneezes, or talks), chronic obstructive pulmonary disease (COPD - a group of diseases that cause airflow blockage and breathing-related problems), and type 2 diabetes mellitus (a condition that affects the way the body regulates and uses blood sugar). A review of Resident 4 ' s Physician Orders for Life-Sustaining Treatment (POLST - is a written medical order from a physician, nurse practitioner or a physician assistant that helps give people with serious illnesses more control over their own care by specifying the types of medical treatment they want to receive during serious illness), dated [DATE], indicated the following: 1. Do not attempt resuscitations. Allow natural death. 2. Comfort-focused treatment - primary goal of maximizing comfort. 3. No artificial means of nutrition, including feeding tubes (medical device used to provide nutrition to people who cannot obtain nutrition by mouth). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056333	A. Building B. Wing	08/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain View Conv Hosp	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The POLST indicated, POLST does not replace the Advance Directive. When available, review the Advance Directive and POLST form to ensure consistency, and update forms appropriately to resolve any conflicts A patient with capacity can, at any time, request alternative treatment or revoke a POLST by any means that indicates intent to revoke. It is recommended that revocation be documented by drawing a line through Sections A through D (A-instruction about CPR, B-Medical Interventions, C-Artificially Administered Nutrition, and D-Information and Signatures), writing VOID in large letters, and signing and dating this line. A review Resident 4 ' s physician ' s order, dated [DATE], indicated Do Not Resuscitate (DNR - directs healthcare providers not to administer CPR in the event of cardiac [pertaining to heart] or respiratory [pertaining to the lungs] arrest). A review of Resident 4 ' s Advance Directive Acknowledgment form, signed by Resident 4 on [DATE] and signed by both Social Services Director 2 (SSD 2) and Physician 1 on [DATE], indicated the Preferred Intensity of Care Authorization / Decisions are the following: - Yes to cardio-pulmonary resuscitation; - Yes to hospitalization ; - Yes to intravenous fluids (IV fluids - fluids delivered to the body through a small tube inserted into a vein); - No to tube feeding; - No to medication restriction; - No to treatment restriction; - No to palliative care (comfort care with or without curative intent); - No to hospice care (comfort care without curative intent); and - CPR for 15 minutes only. A review of Resident 4 ' s Minimum Data Set (MDS - a standardized assessment and care screening tool), dated [DATE], indicated resident had the ability to make self understood and understand others. The MDS indicated Resident 4 required limited assistance (resident highly involved in activity; staff provide guided maneuvering of limbs) with bed mobility, transfer, walk in room, walk in corridor, dressing, toilet use, personal hygiene, and bathing; used a wheelchair (a chair with wheels used when walking is difficult or impossible due to illness or injury) and a walker (a device that gives additional support to maintain balance while walking). A review of Resident 4 ' s Progress Notes, dated [DATE] at 12:53 a.m., indicated LVN 1 documented that CNA 1 found Resident 4 in her room unresponsive on [DATE] at 11:45 p.m. with absent radial pulse (pulse taken from the wrist) and apical pulse (heartbeat heard in the left center of your chest, just below the nipple)). The Progress Notes indicated on [DATE] at 12 a.m., Resident 4 was pronounced dead. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056333	A. Building B. Wing	08/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain View Conv Hosp	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a record review on [DATE] at 9:55 a.m., together with Assistant Director of Nursing (ADON), Resident 4 ' s chart (a three-ring binder used to hold resident ' s paper medical records which can be found in the nurses station) was observed with POLST, signed by Resident 4 on [DATE], was on top of the Advance Directive Acknowledgment form, signed by Resident 4 on [DATE]. During a concurrent interview and record review of the POLST and Advance Directive Acknowledgment form, the ADON stated that she believed that LVN 1 who took care of Resident 4 on [DATE] followed the POLST, dated [DATE], that indicated DNR because it was what the LVN 1 first saw. The ADON stated that because there were two documents indicating two different things, these confused the nurse. The ADON stated that if it were her, she would have followed the most recent document which was the Advance Directive Acknowledgment form indicating Resident 4 was a full code. The ADON stated that because Resident 4 was a full code, and was found unresponsive on [DATE] at 11:45 p.m., LVN 1 should have started CPR while another nurse called 911. During an interview on [DATE] at 12:06 p.m., Physician 1 stated Resident 4 was his patient. Physician 1 stated he cannot remember the specific times when the documents were made or signed, but what he knew was that people can change their minds. Physician 1 stated if he was looking at the two documents (POLST and Advance Directive Acknowledgment form), he would go for the most recent one (Advance Directive Acknowledgment form). During an interview on [DATE] at 2:22 p.m., and concurrent record review of the Advance Directive Acknowledgment and POLST, SSD 1 stated the Advance Directive Acknowledgment and POLST go together as part of resident admission packet and were created together at the same time and should have matching information. SSD 1 stated she was not employed yet at the time Resident 4 created the Advance Directive Acknowledgment that Resident 4 signed on [DATE]. SSD 1 further stated that once residents created and signed the Advance Directive Acknowledgment and POLST, the forms would be flagged (in a three-ring binder, only the middle and bottom holes of the paper are filed so that a portion of the paper is showing or sticking out of the binder) for the physician to sign. SSD 1 stated that it should have been a team effort of the social services, nursing, and medical records departments to ensure that these forms were accurate and signed by the resident and physician. SSD 1 stated there was an absence of a POLST that should have complemented Resident 4 ' s Advance Directive Acknowledgment that Resident 4 signed on [DATE]. SSD 1 stated that it was important that the Advance Directive Acknowledgment and POSLT had matching information, but because Resident 4 ' s chart did not have matching information in the Advance Directive Acknowledgment and the POLST, it created conflicting information which led to not respecting Resident 4 ' s wishes and death. During an interview on [DATE] at 4:15 p.m., and concurrent record review of the POLST (dated on [DATE]) and Advance Directive Acknowledgment form (signed on [DATE]), Medical Records Director (MRD) stated staff could have crossed out the old POLST. MRD stated there was no documented evidence there was a correction made for the inconsistencies of the POLST and Advance Directive Acknowledgment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056333	A. Building B. Wing	08/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mountain View Conv Hosp	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of facility ' s current policy and procedure, dated ,d+[DATE], titled, Advance Directives, indicated, Advance directives will be respected in accordance with state law and facility policy . 1. Upon admission, the resident will be provided with written information concerning the right to refuse or accept medical or surgical treatment and to formulate an advance directive if he or she chooses to do so . 8. If the resident indicates that he or she has not established advance directives, the facility staff will offer assistance in establishing advance directives . 10. The plan of care for each resident will be consistent with his or her documented treatment preferences and/ or advance directive .11. A resident will not be treated against his or her own wishes . 18. The interdisciplinary team will review annually with the resident his or her advance directives to ensure that such directives are still the wishes of the resident. Such reviews will be made during the annual assessment process and recorded on the resident assessment instrument (MDS) . 20. The director of nursing services or designee will notify the attending physician of advance directives so that appropriate orders can be documented in the resident ' s medical record and plan of care.