

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056078	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER Alta View Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 831 S Lake Street Los Angeles, CA 90057	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>36395</p> <p>Based on interview and record review the facility failed to notify the physician and the next of kin (NOK) when resident had a change in condition for one of three sampled residents (Resident 1). For Resident 1 whose weight was 126 pounds (lbs., unit of measurement) on 10/8/24 and on 11/4/24 Resident 1 weighed 118 lbs., the facility identified Resident 1 had a significant weight loss of eight lbs. in one month. The facility failed to notify Resident 1 ' s physician and Resident 1 ' s NOK in a timely manner.</p> <p>This deficient practice had the potential for delay in providing Resident 1 interventions to prevent further weight loss and the NOK not updated with Resident 1 ' s condition.</p> <p>Findings:</p> <p>During a review of the Admission Record indicated the facility admitted Resident 1 on 8/22/24 with diagnoses including dementia (progressive state of decline in mental abilities) and chronic kidney disease (CKD, disease characterized by progressive damage and loss of function in the kidneys [two bean shaped organs that filter waste in the blood]).</p> <p>During a review of the Minimum Data Set (MDS, resident assessment tool) dated 8/28/24 indicated Resident 1 had severe cognitive impairment. Resident 1 was dependent (helper does all the effort) with shower/bathe self, lower body dressing, putting on/taking off footwear and substantial assistance (helper does more than half of the effort) with eating, oral hygiene, toileting hygiene, upper body dressing and personal hygiene.</p> <p>During a review of Resident 1 ' s care plan dated initiated on 8/23/24 indicated Resident 1 was at nutritional risk related to which included variable oral intake. The care plan goal indicated to monitor weight, laboratory, and skin integrity. Interventions included to inform the physician about significant weight changes.</p> <p>During a review of Resident 1 ' s weight indicated on 9/3/24 Resident 1 weighed 127 lbs., on 10/8/24 126 lbs. and on 11/4/24 Resident 1 weighed 118 lbs.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the Situation, Background, Assessment, Recommendation (SBAR, a communication tool used by healthcare workers when there is a change of condition among the residents) Communication Form and Progress Note, dated 11/8/24 indicated Resident 1 had lost eight lbs. in one month. The SBAR indicated Resident 1 ' s primary physician was aware, and no new orders were given. The SBAR also indicated, for the notification of the family, Resident 1 was self-responsible. No other documentation found that the NOK was notified about the weight loss on 11/8/24.</p> <p>During an interview on 11/20/24 at 1:52 p.m., the director of staff development (DSD) stated Resident 1 had lost eight pounds in one month. DSD stated the interdisciplinary team members (IDT, various disciplines are coordinated toward a common goal) have to meet and find out the reasons why Resident 1 lost weight. DSD stated Resident 1 ' s NOK, physician and registered dietitian should be notified.</p> <p>During an interview on 11/20/24 at 3:03 p.m., the director of nursing (DON) stated Resident 1 ' s weight on 11/4/24 was 118 lbs. DON stated Resident 1 had significant weight loss of eight pounds in one month and had the potential for Resident 1 to have electrolyte imbalance (concentration of certain important minerals falls outside the normal range). DON stated Resident 1 was reweighed on 11/5/24 and Resident 1 ' s weight remained at 118 lbs. DON stated Resident 1 ' s physician was notified about the weight loss on 11/8/24.</p> <p>During a concurrent interview and record review on 11/20/24 at 3:19 p.m. with the licensed vocational nurse (LVN 1) the SBAR dated 11/8/24 was reviewed. For the notification of family, the SBAR indicated Resident 1 was self-responsible. LVN 1 stated the self-responsible was wrong. LVN 1 stated she notified Resident 1 ' s RP but entered the wrong information in the SBAR.</p> <p>During a review of the facility's policy and procedure (P&P) titled Change in a Resident ' s Condition or Status revised on 7/24, the P&P indicated the facility promptly notifies the resident, his or her attending physician and the resident representative of changes in the resident ' s medical/mental condition and/or status. The same Policy indicated the nurse will notify in a reasonable timely manner the resident ' s attending physician or physician on call when there has been that included a significant change in the residents physical/emotional/mental condition. The same policy indicated unless otherwise instructed by the resident, a nurse will notify the resident ' s representatives when there is a significant change in the resident ' s physical, mental or psychosocial status.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>36395</p> <p>Based on interview and record review the facility failed to maintain accurate record for one of three sampled residents (Resident 1). For Resident 1, who had a physician order to collect urine sample for urinalysis (UA, test of urine for the presence of infection and other problems), culture and sensitivity (C&S, determine the causative agent of the infection and the best way to treat it) on 10/25/24, the facility failed to ensure the Resident 1 ' s record reflected that the urine sample was not collected and the notification of Resident 1 ' s primary physician.</p> <p>These deficient practices resulted in inaccurate representation of Resident 1 ' s medical record.</p> <p>Findings:</p> <p>During a review of the Admission Record indicated the facility admitted Resident 1 on 8/22/24 with diagnoses including dementia (progressive state of decline in mental abilities) and chronic kidney disease (CKD, disease characterized by progressive damage and loss of function in the kidneys [two bean shaped organs that filter waste in the blood]).</p> <p>During a review of the Minimum Data Set (MDS, resident assessment tool) dated 8/28/24 indicated Resident 1 was cognitively impaired. Resident 1 was dependent (helper does all the effort) with shower/bathe self, lower body dressing, putting on/taking off footwear and substantial assistance (helper does more than half of the effort) with eating, oral hygiene, toileting hygiene, upper body dressing and personal hygiene.</p> <p>During a review of the Situation, Background, Assessment, Recommendation (SBAR, a communication tool used by healthcare workers when there is a change of condition among the residents) and Progress Note, dated 10/25/24 at 10:22 pm, indicated Resident 1 ' s next of kin (NOK) notified the facility that Resident 1 had complained of pain upon urination. The SBAR indicated Resident 1 ' s physician was notified and gave order for UA C&S.</p> <p>During a review of the Physician Order dated 10/25/24 at 11:06 p.m., indicated and order for UA, C&S to rule out possible urinary tract infection (UTI, an infection in the bladder/urinary tract).</p> <p>During a concurrent interview and record review on 11/20/24 at 1:52 p.m., with the director of staff development (DSD), the SBAR dated 10/25/24 was reviewed. The DSD stated she was unable to find documentation that she was unable to find the result of the UA C&S.</p> <p>During an interview on 11/20/24 at 2:56 p.m., the medical record director (MRD) stated she called the laboratory and was informed that there was no urine sample collected on 11/25/24 and 11/26/24. MRD stated the urine collection was not done.</p> <p>During an interview on 11/20/24 at 3:03 p.m., the director of nursing (DON) stated Resident 1 ' s urine sample was not collected because it was difficult to collect urine from Resident 1. DON stated Resident 1 ' s physician was notified, however there was no documentation found in Resident 1 ' s medical record.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure (P&P) titled Charting and Documentation revised on 7/24, the P&P indicated all services provided to the resident, progress toward the care plan goals or any changes in the resident ' s medical, physical, functional, or psychosocial condition shall be documented in the resident ' s medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident ' s condition and response to care. Documentation of procedures and treatments will include care-specific details including notification of family, physician or other staff if indicated.</p>		