

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 12/05/2025
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)
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. (continued on next page)

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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to allow one sampled resident (Resident 1) to return to the facility following a hospitalization on 12/3/2025, Resident 1 was transferred to general acute care hospital (GACH) on 11/11/2025. This deficient practice delayed Resident 1's return to the facility and had the potential to result in psychosocial harm for Resident 1, and Resident 1's responsible party. Findings:During a review of Resident 1's admission Records, the Records indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including hemiplegia and hemiparesis (severe or complete loss of strength or paralysis on one side of the body and mild or partial weakness or loss of strength on one side of the body), morbid (severe) obesity (a disorder that involves having too much body fat, which increases the risk of health problems) , type 2 diabetes mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), functional quadriplegia (paralysis below the neck that affects all of a person's limbs).During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool), dated 11/11/2025, the MDS indicated, Resident 1 had impaired cognitive skills (mental action or process of acquiring knowledge and understanding) to make decisions on self-care activities; Resident 1 was dependent on staff for rolling left and right, sitting to lying ,sitting to standing, and transferring from chair/bed to chair. During a review of Resident 1's History and Physical (H&P) dated 7/10/2025, the H&P indicated Resident 1 had a history of cerebral infarction (a type of stroke caused by blood clot cutting off oxygen and nutrient to brain cells), encephalopathy (permanent brain damage that causes severe confusion and forgetfulness), urinary tract infection (UTI- an illness in any part of the urinary tract, the system of organs that makes urine).During a review of Resident 1's GACH (General Acute Care Hospital) Discharge Orders dated 11/27/2025, the order indicated, Resident 1 to be discharged from GACH to Skilled Nursing Facility (SNF) on 11/27/2025During a review of Resident 1's GACH Care Management Progress Note dated 11/28/2025, the progress note indicated, GACH discharge planner (DCP) contacted the facility on 11/28/2025. DCP note indicated, they do not have admission for today, they'll be available on Monday. DCP faxed Resident 1's clinical inquiries to the facility on [DATE].[YW1] During a review of Resident 1's GACH Care Management Progress Note dated 12/2/2025, the progress note indicated, DCP followed up with facility marketer (Mktg) and documented per facility personnel, they do not have open female bed available at this time and will let me know once open bed becomes available.During a review of Resident 1's GACH Patient Records dated 12/2/2025, the patient records indicated an order to discharge Resident 1 to SNF.During a review of the facility census, it indicated the following:11/27/2025 total census 91, two female empty beds open.11/28/2025 total census 90, three female empty beds open.11/29/2025 total census 90, two female empty beds open.11/30/2025 total census 90, two female empty beds open.12/1/2025 total census 92, one female empty bed open.12/2/2025 total census 92, one female empty bed open.12/3/2025 total census 91, one female empty bed open.12/4/2025 total census 91, one female empty bed open.12/5/2025 total census 91, one female empty bed open. During an interview on 12/5/2025 at 10:05 AM with GACH case manager, the GACH-case manager stated, Resident 1 had discharge orders as of 11/27/2025, but the facility staff have been telling us there is no bed and no mattress and bed.During an interview on 12/5/2025 at 11:58 AM with the facility admissions director (AD), the AD stated the resident with readmission request gets priority for available beds, the first time I was contacted from GACH was on 12/1/2025. AD also stated, the facility received Resident 1's inquiry from GACH on 12/1/2025. On 12/1/2025 the facility did not have a mattress. AD further stated, the facility had room and bed available but there was no mattress. AD stated, potential harm for delay and denial of readmission could result in the resident and family member being upset, it is their home and bed, the resident is entitled to come back.During an interview on 12/5/2025 at 12:23 PM with the director of social services (SS), SS stated, residents past seven-day bed hold have the right to come back to the facility post transfer to GACH. Resident 1 has been in and out of the facility to GACH and always gets readmitted . SS stated, I was informed that the hospital has been trying to send Resident 1 back to the facility as of a couple of days ago. I was informed there was no bariatric (beds specifically designed to accommodate individuals with limited mobility or health issues, providing a higher weight capacity) bed available. SS stated, I am not sure for how long the hospital (GACH) attempted to transfer Resident 1 back to the facility.During an interview on 12/5/2025 at 12:45 PM with the assistant Director of Nursing (ADON), ADON stated Resident 1 is a long-term resident at the facility. In the last two months Resident 1 was in and</p>		