

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 03/06/2026
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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed ensure its' policy and procedures (P&P) titled Transfer or Discharge, Preparing a Resident for, were implemented for one of three sampled residents (Resident 1).This failure resulted in Resident 1 being discharged to a board and care (without a post-discharge plan documented, and the potential to delay ordered home health services and missing the ordered follow-up doctor's appointment.During a review of Resident 1's admission Record , dated 3/6/26, indicated Resident 1 was admitted to the facility on [DATE], with diagnoses including hypertension (HTN - high blood pressure), hyperlipidemia (HLD - high cholesterol, epilepsy (chronic brain disorder characterized by recurrent, unprovoked seizures caused by sudden, abnormal electrical activity in the brain), and difficulty in walking.During a review of Resident 1's History and Physical (H&P), dated 1/19/26 indicated the resident had the capacity to understand and make own medical decisions.During a review of Resident 1's Order Summary Report, dated 3/6/26 indicated an order for discharge entered on 1/6/26 of: follow-up appointment with doctor on 2/23/26. Further review of the same report indicated an order entered on 1/30/26 of: may discharge on Friday 1/30/26 to board and care, home health for physical therapy (PT) and occupational therapy (OT), registered nurse (RN) for safety, and durable medical equipment (DME): wheelchair.During an interview with concurrent record review with the Director of Nursing (DON), Resident 1's order for discharge and follow-up doctor's visit orders were reviewed and the post-discharge plan was not verified as not documented in the residents' record. The DON agreed there is no way of knowing if the home health was arranged or the follow-up appointment with the resident's doctor communicated to the board and care, per the documentation.During a review of the facility's P&P titled Transfer or Discharge, Preparing a Resident for, revised November 2025, indicated, Residents will be prepared in advance for discharge. A post-discharge plan is developed for each resident prior to his or her transfer of discharge. Nursing services is responsible for: Preparing. post-discharge plan.</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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