STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056078	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alta View Post Acute	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interview and record review, the facility failed to implement their policy and procedures (P&P), titled, Infection Prevention and Control Program, revised in April 2025, during an outbreak (the sudden occurrence of two or more residents (or staff) getting the same illness within a short period) of Invasive Group A Streptococcus (IGAS - refers to a surge in rare, dangerous infections caused by common bacteria [Strep A] invading blood, muscles, or lungs, rather than just the throat or skin) for two of two sampled residents, (Resident 1 and Resident 2). By failing to implement transmission-based precautions (extra, targeted safety steps taken in healthcare settings to stop the spread of specific germs from infected or suspected-infected patients to others) including posting notification signage on the front door of the facility and in all common areas on 4/16/2026 when an outbreak of IGAS was declared in the facility. This deficient practice had the potential to transmit infectious diseases and increase the risk of infection to the residents, staff, and visitors.Findings: During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Streptococcus, Group A, hemiplegia and hemiparesis (loss of the ability to move in one side of the body) following cerebral infarction (lack of blood flow resulting in severe damage to some of the brain tissue) affecting left non-dominant side, and polyneuropathy (a condition in which a person's peripheral nerves are damaged). During a review of the Minimum Data Set (MDS - resident assessment tool) dated 3/11/2026, the MDS indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were severely impaired. The MDS indicated Resident 1 required maximal to total dependent from staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). During a review of facility's document titled, Infectious Disease Progress Note (IDPN - laboratory test result), dated 3/4/2026, the IDPN indicated Resident 1's laboratory test detected positive for Streptococcus pyogenes (Group A Strep or simply Strep A). During a review of Resident 1's Care Plan (CP) undated, the CP indicated Resident 1 was at risk for body rashes related to detection of Group A Streptococcus, the CP indicated interventions including to educate resident/family/caregivers of causative factors and measures to prevent skin injury. During a review of Resident 1's admission Nursing Risks Evaluation/Assessment (ANRE), dated 3/5/2026, the ANRE indicated Resident 1 arrived from a General Acute Care Hospital 1 (GACH 1) with admitting diagnosis of bacteremia cellulitis of right arm (serious bacterial skin infection that has spread from the tissue into the bloodstream) and was on cephalexin (antibiotic used to treat certain infections caused by bacteria) 500 milligram (mg - unit of measurement), and clindamycin (a strong, prescription antibiotic used to kill or stop the growth of bacteria causing infections, particularly in the skin, throat, teeth, and stomach) 300 mg. The ANRE indicated Resident 1 was not on any transmission-based precaution (extra, high-level safety rules used in healthcare settings to stop the spread of known or suspected germ infections, beyond routine, standard precautions). During a review of Resident 1's Order Summary Report, as of 4/30/2026, there was no physician's order for any transmission-based precautions. During an interview with Minimum Data Set Coordinator/Infection Preventionist Nurse 3 (continued on next page)

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

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	(MDSC/IPN3) on 4/30/2026 at 1:31 p.m., MDSC/IPN3 stated the facility was currently on outbreak for GAS with two residents who were diagnosed with Group A Streptococcus. MDSC/IPN3 stated IGAS was an invasive bacterium that could cause body rash and/or strep throat (a contagious bacterial infection of the tonsils and throat caused by Group A Streptococcus). MDSC/IPN3 stated the IGAS infection could be spread through person-to-person respiratory droplet (a tiny, wet particle of saliva or mucus released from your nose or mouth when you breathe, talk, cough, or sneeze), vomiting, etc. MDSC/IPN3 stated the spread of infection could be reduced by staff handwashing and using personal protective equipment (PPE-a barrier precaution which includes the use of gloves, gown, mask, face shield, when anticipating coming in contact with blood, body fluids or other communicable toxins or agents) and placing residents on transmission-based precautions. MDSC/IPN3 stated that Resident 1 was readmitted from GACH 1 with antibiotic treatment for cellulitis and was receiving wound care treatment. MDSC/IPN3 stated, Resident 1 was not on any transmission-based precaution upon readmission. MDSC/IPN3 further stated, the facility was not implementing surgical mask usage for staff, family members and visitors in the facility as of the date of interview (4/30/2026). During a review of Resident 2's admission Record, the admission Record indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Streptococcus, Group A, chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), heart failure (a condition in which the heart does not pump blood as well as it should) and cellulitis of left lower limb (leg). During a review of the MDS dated [DATE], the MDS indicated Resident 2's cognitive skills for daily decisions were intact. The MDS indicated Resident 2 required moderate assistance from staff for ADLs. During a review of facility's document titled, Infectious Disease Progress Note (IDPN - laboratory test result), dated 4/11/2026, the IDPN indicated, Resident 2's laboratory test detected positive for Streptococcus pyogenes.During a review of Resident 2's CP, dated 4/30/2026, the CP indicated Resident 2 is at risk for impaired airway related to detection of Group A Streptococcus, the CP indicated interventions including to ensure adherence to prescribed regimen. During a review of Resident 2's Progress Notes (PN) dated 4/9/2026, the PN indicated Resident 2 was noted with 88 percent (% - unit of measurement), oxygen saturation, tachycardia (fast heart rate) with heart rate (HR) of 139 (normal range is 60-100 beats per minute [bpm]). During a review of Resident 2's PN on 4/14/2026, the PN indicated, Resident 2 was readmitted from AGCH 1. Resident 2 on intravenous (giving fluids or medicine directly into a vein, usually through a small tube (catheter) inserted into the hand or arm) antibiotic (medication that fight bacteria). During an interview with MDSC/IPN3 on 4/30/2026 at 1:31 p.m., MDSC/IPN3 stated, Resident 2 was hospitalized and returned to the facility with antibiotic treatment. MDSC/IPN3 stated Resident 2 was not on any transmission-based precaution upon readmission. During a review of a letter from The Los Angeles County Department of Public Health (DPH) under Acute Communicable Disease Control (ACDC) on 4/16/2026, the letter indicated that ACDC have identified invasive GAS infection in two residents who resided at the facility and were ill on 2/28/2026 and 4/9/2026. The recommendation letter indicated to conduct a retrospective review of all patients in the facility to identify patients who developed invasive IGAS infection from 1/28/2026 to present and document, submit a copy of the facility map and indicating which rooms/units the positive residents were located and post a IGAS notification letter about the increased occurrence of IGAS infections at the facility. The letter instructed the facility to print the notification letter on the facility's letterhead and to place the notification in all common areas of the facility and consider distributing to all residents and staff.During a review of ACDC's letter to the facility on 4/29/2026, the letter indicated since there were two residents with confirmed cases of invasive IGAS infection within four-month period, The ACDC would designate the two confirmed residents as an outbreak of IGAS within the facility. The letter included recommendations of exercises in mask usage, hand hygiene, PPE donning/doffing, environmental and room cleaning procedures and wound dressing practices. During an observation of the facility on 4/30/2026 at 12:46 p.m., Resident 1 and Resident 2 were observed with no cohorting (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	(the practice of grouping together patients who have the same infection or have been exposed to the same pathogen in a designated area) and the residents were not placed in any transmission-based precaution rooms. The facility staff was observed not using surgical masks throughout the facility. There was no notification of outbreak letter observed at the entrance door and throughout the facility. During a concurrent interview and record review with the Director of Nursing (DON) on 4/30/2026 at 3:09 p.m. the DON stated the facility first received a letter from The Los Angeles County Department of Public Health (DPH), Acute Communicable Disease Control (ACDC) on 4/16/2026 indicating invasive GAS infection was identified in two residents who resided at the facility and were ill on 2/28/2026 and 4/9/2026. The DON stated she was unsure if residents who were diagnosed with IGAS infection had to be placed on a transmission-based precautions. The DON confirmed by stating there was no notification letter posted throughout the facility regarding the IGAS outbreak. The DON stated she was awaiting further instructions from ACDC on what to do during an IGAS outbreak. The DON reviewed facility's P&P titled, Infection Prevention and Control Program and stated facility staff should have been following the facility's P&P. The DON reviewed ACDC's guidance letter on 4/16/2026 and confirmed the letter indicated the facility had to post an IGAS notification letter about the increased occurrence of IGAS infections at the facility, print the notification letter on the facility's letterhead, place the notice in all common areas of the facility, and consider distributing to all residents and staff. The DON confirmed by stating the facility did not post any notification letter throughout the facility regarding the IGAS infectious disease. During a review of the facility's P&P titled, Infection Prevention and Control Program, revised 4/2025, the P&P indicated An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Outbreak management is a process that consists of:Determining the presence of an outbreak;Managing the affected residents;Preventing the spread to other residents;Documenting information about the outbreak;Reporting the information to appropriate public health authorities;Educating the staff and the public;Monitoring for recurrences;Reviewing the care after the outbreak has subsided; andRecommending new or revised policies to handle similar events in the future.The medical staff will help the facility comply with pertinent state and local regulations concerning the reporting and management of those with reportable communicable diseases. Prevention of infection: Important faces of infection prevention include: identifying possible infections or potential complications of existing infections;. educating staff and ensuring that they adhere to proper techniques and procedures. implementing appropriate isolation precautions when necessary; and following established general and disease-specific guidelines such as those of the Centers for Disease Control (CDC - main U.S. government agency responsible for protecting public health.) During a review of facility's P&P titled, Invasive Group A Streptococcus: An Overview for Long-Term Care Facilities, dated 2/2026, with facility review date of 4/29/2026, the P&P indicated In long-term care settings, outbreaks can occur due to lapses in infection preventions and control practices, including hand hygiene, PPE use, and wound care practices. Infection Prevention and Control for IGAS: wear gloves and gown for wound care as part of Enhanced Barrier Precautions (specific, extra infection-control steps taken in nursing homes to stop the spread of dangerous, drug-resistant germs, staff wear gowns and gloves during high-contact care like bathing or dressing for residents with wounds or tubes, even if they aren't on strict isolation) and add face shield if splash is anticipated. During an outbreak, healthcare personnel (HCP) should wear facemask during all wound care activities. Maintain appropriate precautions for residents with suspected or confirmed GAS until 24 hours after starting effective antibiotics. Use Contact (safety measures used in health care facilities to prevent the spread of infections transmitted by touching a patient or their surroundings. Key actions include mandatory hand hygiene, wearing a gown and gloves when entering the room, and using dedicated equipment for that patient) and Droplet Precautions (safety steps used in health care facilities to stop the spread of germs that travel short distances (about 3-6 feet) through germ-filled (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	droplets from coughing, sneezing, or talking. These precautions mean wearing a surgical mask when near the patient to prevent breathing in these large droplets) for wounds until drainage stops or is contained and apply Droplet Precautions for throat infections.