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	06/16/2026

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 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident must receive and the facility must provide necessary behavioral health care and services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) was provided with necessary behavioral health assessments, care, and services for the treatment of Resident 1's schizophrenia (mental disorder which leads to hallucinations, irrational thoughts, and behaviors) by failing to: 1. Identify, address, and provide Resident 1 with the necessary behavioral health care and services. 2. Develop a behavioral health care plan for Resident 1. These deficient practices denied Resident 1 behavioral health care and services needed to maintain mental well-being and resulted in Resident 1 being unnecessarily admitted to General Acute Care Hospital (GACH) 1 on 6/3/2026.Findings: During a review of Resident 1's admission record, the admission record indicated that Resident 1 was admitted to the facility on [DATE] with diagnoses the included affective-mood disorder (a mental health condition that fundamentally alters your emotional state, causing persistent and severe periods of sadness, elation, or both), psychosis (a collection of symptoms that indicate a disconnection from reality. It affects an individual's thoughts and perceptions, making it difficult to distinguish between what is real and what is not), and dementia (a progressive state of decline in mental abilities) with psychotic disturbance (a severe mental health condition that causes a disconnect from reality. It affects a person's thoughts and perceptions, making it difficult to distinguish between what is real and what is imagined). During a review of Resident 1's GACH referral to the facility dated 5/22/2026 at 10:11 am, the GACH referral indicated discharge diagnoses including mood disorder/psychosis and dementia which required supportive care. During a review of Resident 1's baseline care plan (a personalized, written guide that outlines an individual's specific health needs, daily routines, and personal goals) dated 6/2/2026, the baseline care plan indicated a goal, Improve physical and functional status, avoid complications and minimize decline. The care plan indicated Resident 1 required two-person physical assistance for bed mobility and transfers. The care plan indicated Resident 1 was cognitively impaired due to dementia with behavioral concerns of agitation and striking out. The care plan did not list any interventions for the behavioral concerns. During a review of Resident 1's physician's orders dated 6/3/2026 at 10:57 am, the physician's orders indicated May transfer to California Hospital Medical Center for further evaluation and treatment d/t uncontrolled restlessness and agitation. During a review of Resident 1's Interdisciplinary Team (IDT - consist of a variety of medical professionals and supporting personnel, including physicians, therapists, nurses, social workers, dieticians, case managers and anyone else deemed necessary to help a patient recover from an acute injury or thrive in their current condition) conference dated 6/3/2026 at 12:03 pm, the IDT indicated psychiatry consults as needed per [Responsible Party - RP] and [Resident 1] was at another nursing home. He [Resident 1] has had behaviors and is on Quetiapine Fumarate [an atypical antipsychotic primarily prescribed to treat schizophrenia - a chronic and severe mental health disorder that affects how a person thinks, feels, and acts, bipolar disorder - a mental health condition that causes extreme, uncontrollable shifts in mood, energy, and activity levels, and major depressive disorder - a serious mental health condition that causes persistent feelings of sadness, hopelessness, and a loss of interest in activities you once (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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F 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	enjoyed] Oral Tablet 50 MG [milligrams - units of measure] (Quetiapine Fumarate) Give 2.5 tablet via PEG-Tube [Percutaneous Endoscopic Gastrostomy - a medical feeding tube surgically inserted directly through the abdomen into the stomach providing a direct route to deliver liquid nutrition, fluids, and medications to individuals who cannot safely swallow] three times a day for Psychosis m/b [manifested by] agitation Give 2.5 tab = 125 mg. Informed consent [the process of a patient voluntarily agreeing to a medical treatment or procedure after fully understanding the associated risks, benefits, and alternatives] obtained by MD [Medical Doctor - physician] from resident/responsible party. Mirtazapine [Remeron - an antidepressant] Tablet 15 MG Give 1 tablet via PEG-Tube at bedtime for Depression m/b little or no interest in doing things. Lorazepam [Ativan - a benzodiazepine that works in the brain to relieve symptoms of anxiety] Oral Tablet 1 MG (Lorazepam) *Controlled Drug-Give 1 tablet via PEG-Tube every 12 hours as needed for Anxiety m/b restlessness for 14 Days. During an interview with Certified Nursing Assistant (CNA) 1 on 6/13/2026 at 12:03 pm, CNA stated that she (CNA 1) was assigned to provide care for Resident 1 alongside another CNA (CNA 2) who was assigned to provide 1-to-1 sitter (a healthcare worker or aide who provides continuous, individualized observation to a single patient in a hospital or care facility) care to Resident 1. CNA 1 stated that Resident 1 required total assistance and was unable to get out of bed or ambulate (walk). CNA 1 stated that Resident 1 used foul language and was hitting and kicking the staff but was unable to confirm if she had been struck by Resident 1. During an interview with the Facility Marketer (FM) 1 on 6/16/2026 at 1:30 pm, FM 1 stated that one of her (FM 1) roles included marketing for the facility and connecting potential residents to the facility. FM 1 stated that residents would have to be appropriate for the facility before being admitted but was unable to state some of the reasons which would deem a resident inappropriate for the facility. FM 1 stated that when Resident 1 was initially referred to the facility, she (FM 1) had discovered that he (Resident 1) was denied admission to most facilities which deemed him (Resident 1) a hard placement. FM 1 stated that she (FM 1) had initially stated that he (Resident 1) was not appropriate when the GACH staff notified her that Resident 1 required a 1-to-1 sitter of which the staff retracted that he did not require one (1-to-1 sitter). FM 1 stated that she had gone to GACH (could not recall date) to assess Resident 1 for herself and found that there was a 1-to-1 sitter in Resident 1's room. FM 1 stated that when she asked about the 1-to-1 sitter, the GACH Social Worker (SW) stated that the 1-to-1 sitter was for a different patient in the same room. FM 1 did not ask the 1-to-1 sitter which resident they were monitoring. FM 1 stated that upon admitting Resident 1 to the facility, the staff realized that he (Resident 1) required a 1-to-1 sitter. FM 1 stated that the facility sent Resident 1 back to GACH because the facility was unable to accommodate Resident 1 because he required a 1-to-1 sitter. During an interview with the Facility Administrator on 6/16/2026 at 2:13 pm, the FA stated that the admission process included reviewing medical records which could possibly prompt a no admission depending on what it contains. The FA was unable to state if the clinicals were received before or after the FM went to see Resident 1 at GACH. The FA was unable to state if Resident 1 should have had a care plan because of the behaviors he was displaying (restlessness) stating that he would have to ask the Director of Nursing (DON). The FA was unable to respond when asked if the facility was able to provide all the necessary care a resident required once accepted to their facility. During an interview with the DON on 6/16/2026 at 3:09 pm, the DON stated that Resident 1 was in the facility less than 24 hours when the facility became aware that Resident 1 required a 1-to-1 sitter due to behaviors. The DON stated that there were concerns about safety for the staff and the residents' own but was unable to specify how Resident 1's safety was impacted. During a review of a Policy and Procedure titled, Transfer or Discharge, revised 4/2026 indicated, Once admitted to the facility, residents have the right to remain in the facility. Transfers and discharges must meet specific criteria and require resident/representative notification, orientation, and documentation in the medical record. The P&P indicated under Transfer or Discharge Documentation in the Medical Record that, if the basis for the transfer or discharge is that the transfer or discharge is necessary for the resident's welfare and the (continued on next page)

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F 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident's needs cannot be met in the facility, the resident's physician (or provider) documents:the specific resident needs that cannot be met. The P&P indicated a resident's refusal of treatment is not grounds for discharge unless the facility are unable to meet the needs to protect the resident. During a review of a P&P titled, Care Plans - Baseline, revised 5/2026 indicated, A baseline plan of care to meet the resident's immediate health and safety needs is developed for each resident. The P&P indicated, The baseline care plan includes instructions needed to provide effective, person-centered care of the resident that meet professional standards of quality care and must include the minimum healthcare information necessary to properly care for the resident. The P&P indicated that the baseline care plan is used to meet the needs of the resident until a person-centered care plan was developed no later than 21 days after a resident was admitted .