

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  08/15/2024
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44253</p> <p>Based on interview and record review, the facility failed to accurately code the Minimum Data Set (MDS - a standardized assessment and screening tool) for the section relating to Restorative Nursing Program (nursing aide program that helps residents maintain their function and joint mobility) use for one out of the four sampled residents (Resident 34).</p> <p>This deficient practice had the potential to incorrectly reflect Resident 34's plan of care and care and services received by the resident.</p> <p>Findings:</p> <p>During a review of Resident 34's Admission Record indicated the resident was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including but not limited to, neuralgia (severe, sharp pain that follows the path of a nerve) and neuritis (inflammation of the nerves), muscle weakness and right hand contracture (occurs when your muscles, tendons, joints, or other tissues tighten or shorten causing a deformity).</p> <p>During a review of Resident 34's Physician Orders, dated 5/2/2022, indicated the facility was to apply a cock-up splint (a device that keeps the wrist in a raised position, or cocked-up while allowing the fingers to move freely) for 6 hours daily five times a week.</p> <p>During a review of Resident 34's Restorative Nurse Aide (RNA) care plan, developed 7/31/2023, indicated the resident needed the exercise program due to a limitation in range of motion and Resident 34's right-hand contracture. A review of the care plan also indicated a goal was to increase the resident's endurance and regain strength. A further review of the care plan indicated the interventions included to provide gentle active/passive range of motion exercises as ordered, RNA to apply right cock-up splint for 6 hours daily five times a week and RNA program for bilateral lower extremity passive range of motion daily five times a week.</p> <p>During a review of Resident 34's Physician Orders, dated 12/14/2023, indicated the physician ordered the facility the following:</p> <p>RNA to provide PROM to LLE daily five times a week as tolerated.</p> <p>RNA to provide PROM to LUE daily five times a week as tolerated.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>RNA to provide PROM to RUE daily five times a week as tolerated.</p> <p>RNA to provide PROM to RLE daily five times a week as tolerated.</p> <p>During a review of Resident 34's Quarterly MDS, dated [DATE], indicated the resident's cognition was intact. The MDS indicated the resident had functional limitation in range of motion to both of his arms and legs and used a wheelchair for mobility. The MDS indicated the resident did not receive restorative nursing services. The MDS indicated Resident 34 received at least 15 minutes a day of passive range of motion on no days.</p> <p>During a review of Resident 34's RNA Administration Record for the month of July 2024, indicated the resident received 20 minutes in total of passive range of motion exercises for a total of 20 minutes a day for 18 of the 31 days of the month. The RNA Administration Record also indicated the RNA applied the resident's right cock-up splint for five hours on 17 of the 31 days of the month.</p> <p>During an interview on 8/13/2024 at 11:17 AM, Restorative Nurse Aide 1 (RNA 1) stated Resident 34 receives passive range of motion to the resident's arms and legs and has a splint applied to his right hand. RNA 1 stated Resident 34 prefers to wear the splint most of the day, so RNA 1 checks the resident's skin under the splint every 3 to 4 hours. During a concurrent review of the RNA Administration Records for July and August 2024, RNA 1 stated the 5 noted on each of the exercises indicates the resident received 5 minutes of therapy for each limb for a total of 20 minutes.</p> <p>During a concurrent interview and record review on 8/14/2024 at 9:08 AM, Resident 34's MDS for July 2024 and the RNA Administration Records for July and August 2024 were reviewed. The MDS Coordinator (MDSC) stated the MDS is the foundational assessment tool we send to CMS. The MDS give CMS an overall picture of the resident's care received at the facility. MDSC stated based on the July 2024 RNA Administration Record, the July MDS was completed incorrectly and the MDS does not reflect that the resident received RNA services or used a splint.</p> <p>During an interview on 8/15/2024 at 9:50 AM, the Director of Nursing (DON) stated the MDS was a comprehensive assessment of the resident. The DON further stated the MDS should reflect the care the resident is receiving. The DON also stated that incorrect coding of the MDS may result in the wrong assessment and reflection of care.</p> <p>During a review of the Centers for Medicare and Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual Version 3.0, dated October 2023, indicated in situations where the ongoing performance of a safe and effective maintenance program does not require any skilled services, once the qualified therapist has designed the maintenance program and discharged the resident from a rehabilitation (i.e., skilled) therapy program, the services performed by the therapist and the assistant are not to be reported in item O0400A, B, or C Therapies. The services may be reported on the MDS assessment in item O0500 Restorative Nursing Care, provided the requirements for restorative nursing program are met. o Services provided by therapy aides are not skilled services (see therapy aide section below). The manual also indicated under Steps for Assessment 1. Review the restorative nursing program notes and/or flow sheets in the medical record. 2. For the 7-day look-back period, enter the number of days on which the technique, training or skill practice was performed for a total of at least 15 minutes during the 24-hour period.</p> <p>(continued on next page)</p>		

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<p>F 0641</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&amp;P) titled, MDS Completion and submission Timeframes, dated 10/2023, indicated the assessment coordinator or designees is responsible for ensuring that resident assessments are submitted to CMS' Internet Quality Improvement Evaluation System (IQIES) in accordance with current federal and state guidelines.</p> <p>During a review of the facility's MDS/RAI Coordinator Job Description, undated, indicated the MDS/RAI Coordinator administrative functions included establishing the assessment reference date (ARD), reason for the assessment, accuracy, timely completion and submission for each assessment.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>44253</p> <p>Based on interview and record review, the facility failed to provide chest physiotherapy on 8/10/2024 and 8/12/2024 according to the physician order for one out of the two sampled residents (Resident 42).</p> <p>This deficient practice had the potential to result in Resident 42 becoming short of breath and could negatively impact the resident's health and well-being.</p> <p>Findings:</p> <p>During a review of Resident 42's Admission Record indicated the facility admitted the resident on 4/13/2024 with diagnoses including but not limited to, Parkinson's disease (a brain disorder that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance and coordination), aspiration pneumonia, dysphagia (difficulty swallowing), Stage IV pressure ulcer (deep wound reaching the muscles, ligaments, or bones) and Alzheimer's disease (a progressive disease that destroys memory and other important mental functions).</p> <p>During a review of Resident 42's Respiratory Treatments care plan, developed 7/11/2024, indicated the goal was to reduce the frequency of acute exacerbations. The care plan interventions indicated staff were to ensure adherence to the prescribed regimen and educate [resident/family] on potential side effects, use positioning techniques to facilitate lung expansion and secretion drainage, develop a tailored exercise program focusing on improving respiratory muscle strength and endurance and to conduct regular respiratory assessments to monitor progress and adjust the [resident's] care needs.</p> <p>During a review of Resident 42's Minimum Data Set (MDS - a standardized assessment and screening tool) dated 7/17/2024, indicated the resident's cognitive skills for daily decision making was severely impaired (never /rarely made decisions). The MDS also indicated the resident was dependent upon staff for all activities of daily living (ADLs -essential and routine activities include eating, dressing, getting into or out of a bed or chair, taking a bath or shower, and using the toilet).</p> <p>During a review of Resident 42's Physician Order, dated 8/8/2024, indicated Atrovent (a bronchodilator that relaxes muscles in the airways and increases air flow to the lungs) 1 vial inhale orally every six hours related to aspiration pneumonia for seven days.</p> <p>During a review of Resident 42's Physician Order, dated 8/9/2024, indicated the physician ordered the resident to receive chest wall manipulation (also known as chest physiotherapy or chest percussion, is a technique that may involve gently clapping or striking the chest wall with cupped hand to clear respiratory secretions) to facilitate lung function five times a day for 30 days for aspiration pneumonia.</p> <p>During a review of Resident 42's Respiratory Therapy Daily Note, 8/9/2024, indicated the respiratory treatments received included airway inhalation treatment, manual pulmonary (lung) hygiene/chest percussion and pulse oximetry for oxygen saturation. The note also indicated the resident's breathing was normal, the breathing treatment was given as ordered and well tolerated and manual pulmonary hygiene/chest percussion was provided, and the resident tolerated the procedure well.</p> <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 42's August 2024 Medication Administration Record (MAR - a tracking device that details medications administered to a resident) indicate manipulation of the resident's chest wall is not addressed on the MAR.</p> <p>During a review of Resident 42's electronic health chart, indicated there were no Respiratory Therapy Daily Notes for the dates 8/10/2024 and 8/12/2024.</p> <p>During a concurrent interview and record review on 8/13/2024 at 9:45 AM, Resident 42's physician order for chest wall manipulation was reviewed. Registered Nurse 1 (RN 1) stated Resident 42's physician ordered for chest physiotherapy was renewed on 8/9/2024. RN 1 stated chest physiotherapy is provided to the resident while a second nurse administers the resident's breathing treatment. RN 1 stated chest wall manipulation is given to Resident 42 to facilitate lung function and aid the resident's breathing. RN 1 stated the treatment is not documented on the MAR but is documented once a day on the Respiratory Therapy Daily Note. RN 1 stated there was no documentation that Resident 42 received the ordered chest physiotherapy treatment on 8/10/2024 or 8/12/2024. RN 1 further stated if there is no documentation then one can assume it was not done. RN 1 stated a possible outcome for not receiving the physician ordered chest physiotherapy was the resident's respiratory status could become compromised and the resident may be sent to the hospital.</p> <p>During an interview on 8/15/2024 at 9:54 AM, the Director of Nursing (DON) stated chest wall manipulation occurs during a resident's breathing treatment administration and is to be documented on the daily respiratory therapy note. The DON stated if it's not documented it's not done. The DON further stated not performing the chest physiotherapy as ordered may lead to shortness of breath or pneumonia (a lung infection).</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Respiratory Therapy Care Protocol or Part B Medicare Reimbursement, undated, indicated staff administer respiratory therapies as prescribed, including but not limited to:</p> <ul style="list-style-type: none"> <li>- Nebulizer treatments</li> <li>- Oxygen therapy management</li> <li>- Chest physiotherapy</li> <li>- Incentive spirometry</li> </ul> <p>The P&amp;P also indicated staff were to maintain thorough and accurate documentation of all respiratory therapy services provided, including:</p> <ul style="list-style-type: none"> <li>- Date and time of service</li> <li>- Type and duration of therapy</li> <li>- Resident's response to therapy</li> <li>- Any adverse reactions or changes in condition</li> </ul> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>40994</p> <p>Based on observation, interview, and record review, the facility failed to accurately account for one dose of a controlled medication (medications with a high potential for abuse) affecting Resident 28 in one of two inspected medication carts (Medication Cart 1.)</p> <p>This deficient practice increased the risk of diversion (any use other than that intended by the prescriber) of controlled medications and that Resident 28 could have received too much or too little medication due to lack of documentation possibly resulting in serious health complications requiring hospitalization .</p> <p>Findings:</p> <p>During an observation and concurrent interview of Medication Cart 1, on 8/13/2024 at 1:05 PM, with the Licensed Vocational Nurse (LVN 1), the following discrepancies were found between the Controlled Drug Record (a log signed by the nurse with the date and time each time a controlled substance is given to a resident) and the medication card (a bubble pack from the dispensing pharmacy labeled with the resident's information that contains the individual doses of the medication):</p> <p>1. Resident 28's Controlled Drug Record for lorazepam (a medication used to treat mental illness) one (1) milligram (mg - a unit of measure for mass) indicated there were 16 doses left, however, the medication card contained 15 doses.</p> <p>During a concurrent interview, LVN 1 stated he gave the missing dose of lorazepam to Resident 28 today around 12:30 PM but failed to sign the dose in the Controlled Drug Record at that time. LVN 1 stated he is required to sign all controlled medications off in the narcotic record immediately after it is administered to the resident. LVN 1 stated failing to sign it off could cause the medications to be administered more often than prescribed, possibly leading to medical complications.</p> <p>During a review of the facility's policy Controlled Substances, revised January 2024, indicated .an individual resident controlled substance record is made for each resident who will be receiving a controlled substance . this record contains . time of administration . signature of nurse administering medication .</p>		

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49836</p> <p>Based on observation, interview, and record review the facility failed to follow up the requested dental services for dentures for one of four sampled resident (Resident 25).</p> <p>This deficient practice resulted in a delay of Resident 25 being evaluated for dentures and increased Resident 25's risk for weight loss and loss of muscle mass.</p> <p>Findings:</p> <p>During a review of Resident 25's Admission Record, the Admission Record indicated Resident 25 was initially admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses that included anxiety (a feeling of fear, dread, and uneasiness), dorsalgia (back pain), and chronic obstructive pulmonary disease (COPD-a lung diseases that block airflow and make it difficult to breathe).</p> <p>During a review of Resident 25's Minimum Data Set (MDS- a standardized assessment and screening tool) dated 6/8/2023, the MDS indicated that Resident 25 had intact cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses). The MDS further indicated that Resident 25 was able to make needs known and was able to understand others. The MDS also indicated Resident 25 had obvious broken natural teeth.</p> <p>During a review of Resident 25's Nutritional assessment dated [DATE], the Nutritional Assessment indicated that Resident 25 was requesting for dentures.</p> <p>During a review of Resident 25's Physician Order Summery Report dated 3/14/2024, the report indicated an order for a dental (the branch of medicine that deals with the diagnosis, prevention, and treatment of teeth, gums, and other mouth structures) consult for dental impressions (imprints of your teeth, gums and surrounding oral structures) for possible dentures (an artificial replacement for one or more teeth).</p> <p>During a review of Resident 25's Dental Notes dated 6/21/2024, the dental note indicated that Resident 25 wanted a dental evaluation for partial dentures.</p> <p>During a concurrent interview and observation on 8/13/2024 at 9:13 AM, observed Resident 25 lying in bed watching television. Resident 25 was alert and able to make needs known. Resident was noted with missing upper front teeth. Resident 25 stated that his teeth were removed back in March of 2023 prior to being admitted to the facility. Resident 25 stated since being at the facility he was only seen by the dental hygienist who could not answer the questions he had about getting dentures. Resident 25 stated he eats regular textured food but stated sometimes it is difficult because he does not have teeth and mostly uses his bottom teeth to chew.</p> <p>During an interview on 8/13/2024 at 10:04 AM with the Social Services Director (SSD), the SSD stated that he (SSD) is responsible for coordinating appointments for resident's who have orders for consultations such as dental consults. SSD stated that he (SSD) was not aware of any issues or complaints regarding Resident 25's teeth nor the fact that Resident 25 was requesting for dentures. SSD stated that Resident 25 had a scheduled dental appointment on 8/26/2024.</p> <p>(continued on next page)</p>		

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 8/15/2024 at 10:52 AM with the Director of Nursing (DON), reviewed Resident 25's Nutritional assessment dated [DATE] and Physician Order for evaluation for dentures dated 3/14/2024. The DON stated that they were unsure as to why there was a delay in Resident 25 getting a dental examination for dentures. The DON stated that the delay could cause difficulty chewing and unintended weight loss.</p> <p>During a review of the facility's Policy and Procedure (P&amp;P) titled, Dental Services, revised 2016 and reviewed 2/21/2024, indicated that Residents have the right to select dentists of their choice when dental care or services are needed. Selected dentists must be available to provide follow-up care. Social services representatives will assist residents with appointments, transportation arrangements, and for reimbursement of dental services under the state plan.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38740</p> <p>Based on observation, interview, and record review, the facility failed to ensure safe and sanitary food storage and preparation practices when:</p> <ol style="list-style-type: none"> <li>1. Dishware were not sanitized with adequate amount of sanitizer per manufacture guidelines. Sanitizers and disinfectants are used on food contact surfaces such as pots, pans and dished helps to prevent the growth and spread of germs and the risk of food borne illness.</li> <li>2. The ice machine was not maintained in a clean manner and the inside compartment of ice machine was dirty.</li> <li>3. Individual juice cartons with manufactures instruction if frozen, thaw, refrigerate and use within 10 days, were not monitored for the date they were thawed to ensure expired juice were discarded. One large bowl holding 15 individual cartons of orange pineapple flavored juice were stored in the reach in refrigerator with no thaw date. One package of ham was labeled with open dates [DATE] and use by date of [DATE] exceeding the facility policy for food storage.</li> </ol> <p>These deficiencies had the potential to result in harmful bacteria growth and cross contamination (transfer of harmful bacteria from one place to another) that could lead to foodborne illness in 71 out of 75 residents who received food from the kitchen.</p> <p>Findings:</p> <p>a. During an observation in the dish machine area on [DATE] at 8:50 AM, Dietary Aide (DA 1) was loading dirty pots and pans in the dish machine. Then Dietary Aide (DA 2) was removing the cleaned and sanitized dishes from the dish machine to air dry.</p> <p>During the same observation and interview DA 1 and DA 2 on [DATE] at 9 AM, DA1 was asked to demonstrate dish machine operation and sanitizer effectiveness. DA 1 stated that the dish machine uses chlorine sanitizer to disinfect the dishes. DA 1 and DA 2 stated they tested the sanitizer in the morning, and it was normal. DA 1 continued to demonstrate the sanitizer effectiveness, and once the machine finished washing the dishes, DA1 used chlorine test strip to test for sanitizer effectiveness at dish surface and compared the strip to the color chart and it showed sanitizer was not in range. The recommended concentration level for chlorine sanitizer is between ,d+[DATE] parts per million (ppm). The test strip compared to color chart indicated less than 50ppm.</p> <p>During the same observation and interview Dietary Supervisor (DS) started the dishwashing machine and retested the sanitizer solution three times. DS verified that the sanitizer is less than 50 PPM and is not effective in sanitizing the dishes. DS stated the machine was working this morning and the sanitizer test was effective. DS replaced the chlorine container attached to the machine and retested the sanitizer and it was in range. DS stated the chlorine level in the container attached to the machine has decreased during the wash and staff should have replaced it with a new container. DS requested all the dishes to be rewashed and sanitized.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with DA1 on [DATE] at 9:05 AM DA 1 stated she made a mistake and did not notice the low levels of the chlorine in the container and continued washing dishes. She stated it is important to sanitize the dishes to prevent cross contamination and make residents sick.</p> <p>During a review of facility policy titled Dishwashing Machine Use, revised 2022, indicated Dishwashing machine chemical sanitizer concentrations and contact times will be as follows: Chlorine ,d+[DATE]ppm and contact time 10 seconds. Corrective action will be taken immediately if sanitizer concentrations are too low. The operator will check temperatures using the machine gauge with each dishwashing machine cycle .the operation will monitor the gauge frequently during dishwashing machine cycle.</p> <p>During a review of facility policy titled Sanitization, revised ,d+[DATE], indicated Dishwashing: The Chemical solution is maintained at the correct concentration, based on periodic testing, at least once per shift, and for the effective contact time according to manufactures guidelines.</p> <p>b. During an observation of the facility ice machine on [DATE] at 10 AM located in the kitchen, a clean paper towel swipe of the ice storage bin ceiling and behind the plastic covering of the ice dispensing area produced grey and black color buildup or residue. The residue was in the corners of the baffle (plastic board that hold the ice from falling out of the ice storage bin) and under the screws that holds this plastic board. During a concurrent interview with Dietary Supervisor (DS), DS stated the maintenance staff cleans the ice machine. DS verified that the corners of the plastic cover had residue and stated he will clean the ice machine. DS stated its important for ice machine to be clean to prevent cross contamination of ice.</p> <p>During an interview with Registered Dietitian (RD) on [DATE] at 10:10 AM, RD stated the corners need to be cleaned. She stated dietary staff are responsible for cleaning the outside of the ice machine daily and the storage bin once a month. RD stated there are once a month audits done by her to check the cleanliness of the ice machine. RD stated ice machine should be free from build up to prevent cross contamination.</p> <p>During an interview with Director of Maintenance (DM) on [DATE] at 11 AM, DM stated he cleans the ice machine every 3 months. DM stated he uses the chemicals per manufactures instruction and conducts a deep clean. DM sated on [DATE] there was a service call for the ice machine and the outside vendor did the deep cleaning of the ice machine and the ice storage bin. DM stated there should not be build up and residue in the ice machine since it was recently cleaned. The storage bin should be clean to prevent the residue build up that can contaminate ice.</p> <p>During a review of facility policy titled Sanitization, revised ,d+[DATE], indicated Ice machines and ice storage containers are drained, cleaned and sanitized per manufactures instruction.</p> <p>During a review of the 2022 U.S. Food and Drug Administration Food Code titled, Equipment Food-Contact Surfaces and Utensils Code# ,d+[DATE].11, indicated Surfaces of utensils and equipment contacting food that is not time/temperature control for safety food such as iced tea dispensers, carbonated beverage dispenser nozzles, beverage dispensing circuits or lines, water vending equipment, coffee bean grinders, ice makers, and ice bins must be cleaned on a routine basis to prevent the development of slime, mold, or soil residues that may contribute to an accumulation of microorganisms.</p> <p>(continued on next page)</p>		

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  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Alta View Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  831 S Lake Street Los Angeles, CA 90057	

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>c. During an observation in the kitchen on [DATE] at 8:30 AM there were 15 single serve cartons of orange pineapple juice stored [NAME] the refrigerator with a date of [DATE]. During a concurrent interview DS stated once thawed the juice is good for 10 days. DS agreed there should be a date on the juice to monitor date of thaw.</p> <p>During a concurrent review of manufactures instruction and interview with RD on [DATE] at 12:30 PM RD stated the juice is good for 10 days once thawed. RD stated once the juice is delivered it is stored in the refrigerator. RD stated there should be a use by date to monitor when to discard the juice.</p> <p>During an observation on the kitchen on [DATE] at 8:30 AM there was one package of sliced ready to eat deli meat ham stored in the reach in refrigerator with dates [DATE] and use by [DATE].</p> <p>During a concurrent review of the facility food storage guidelines and interview with DS on [DATE] at 09:00AM, DS stated ham is stored for 5 days. DS stated staff did not label the deli meat correctly. DS stated deli meat when open spoil fast and should not be stored for longer than 5 days. DS stated its important to label correctly to discard food before they are expired.</p> <p>During a review of facility policy titled Refrigerators and Freezer, revised ,d+[DATE], indicated all food shall be appropriately dated to ensure proper rotation by expiration dates. received dates (dates of delivery) will be marked on cases and on individual items removed from cases for storage. Use by dates will be completed with expiration dates on all prepared food in refrigerators. Expiration dates on unopened food will be observed and use by dates indicted once food is opened.</p> <p>During a review of facility Refrigerated Storage Guide, dated 2018, indicated luncheon meats, ham, bacon and frankfurters maximum refrigeration time once meat has thawed in five days.</p>