

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056417	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER View Heights Conv Hosp		STREET ADDRESS, CITY, STATE, ZIP CODE 12619 S. Avalon Blvd Los Angeles, CA 90061	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45657</p> <p>Based on interview and record review, the facility failed to ensure allegation of physical abuse by a facility staff to one of three sampled residents (Resident 2), was reported to California Department of Public Health (CDPH) within two (2) hours, as indicated in the facility's policy and procedure (P&P) titled, Reporting Abuse.</p> <p>This failure resulted in the delay of investigation by CDPH and placed the resident and other residents at risk for further physical abuse.</p> <p>Findings:</p> <p>During a review of Resident 2 ' s Admission Record, the Admission Record indicated Resident 2 was admitted to the facility on [DATE], with a diagnosis that included schizoaffective disorder (a mental illness that can affect thoughts, mood, and behavior), nicotine dependence (compulsive craving to use a drug), and homelessness (unhoused or unsheltered).</p> <p>During a review of Resident 2 ' s History and Physical (H&P) dated 7/17/2024, the H&P indicated Resident 2 neurologic was grossly intact and symmetric.</p> <p>During a review of Resident 2 ' s Minimum Data Set ([MDS] a federally mandated resident assessment tool) dated 7/30/2024, the MDS indicated Resident 2 had the capacity to make self-understood and the ability to understand others. The MDS indicated Resident 2 was independent with activities of daily living (ADLs) such as dressing, toilet use, personal hygiene, transfer (moving between surfaces to and from bed, chair, and wheelchair) and bed mobility (how resident moves from lying to turning side to side).</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056417	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER View Heights Conv Hosp		STREET ADDRESS, CITY, STATE, ZIP CODE 12619 S. Avalon Blvd Los Angeles, CA 90061	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 2 ' s final investigation report dated 9/23/2024, regarding the allegation against facility staff, the final investigation report indicated, on 9/22/2024 at approximately 2:30 p.m., Resident 2 requested a pickle juice and became irritated when another (unidentified) male resident asked for the same (pickle juice), Resident 2 thought was copying and mocking (teasing) him (Resident 2). The notes indicated Resident started pacing the hallway, hitting, and banging the nurse ' s station window. The notes indicated the (unidentified) Nurse Practitioner was made aware and ordered medication. The notes indicated on 9/23/2024 at approximate 3:40 p.m., Resident 2 reported to a staff (unidentified) that he (Resident 2) was hit, kicked, and kneed (pushed) by staff when he lost his temper (mind) and became agitated towards another resident and staff. The report indicated Resident 2 hit and tried to get inside the nurse station on 9/22/2024.</p> <p>During a review of Resident 2 ' s progress notes dated 9/23/2024, the progress notes did not indicate documented evidence Resident 2 ' s allegation was reported to the CDPH.</p> <p>During an interview on 10/4/2024 at 9:20 a.m. with the Registered Nurse (RN), the RN stated, when an employee to resident abuse is observed, we separate the resident and staff immediately. The RN stated, the observed abuse should be reported to the facility Administrator (ADM), Ombudsman and CDPH immediately, within two (2) hours, for investigation and resident safety.</p> <p>During a concurrent interview and record review on 10/4/2024 at 12:53 p.m. with Director of Nursing (DON), the DON stated any allegations of abuse should be reported to the CDPH within two hours for investigation. The DON stated the facility attempted to send a fax report on 9/23/24 at 6: 28 p.m., but the transmission showed error. The DON stated the second fax attempt was on 9/23/2024 at 6:34 p.m., however, the transmission was not completed. The DON stated, we were unaware the fax did not go through.</p> <p>During a review of the facility ' s P&P titled, Reporting Abuse, dated 2023, the P&P indicated the facility should report physical abuse to the Department of Health Services within 2 hours.</p> <p>During a review of the All Facilities Letter ([AFL] a letter from the Center for Health Care Quality (CHCQ), Licensing and Certification (L&C) Program to health facilities that are licensed or certified by L&C with information that include changes in requirements in healthcare, enforcement, new technologies, scope of practice, or general information that affects the health facility) 21-26, dated 7/26/2021, the AFL indicated, the facility must file a written or electronic report to the District Office (DO) within 2 hours, for all incidents involving abuse.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056417	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER View Heights Conv Hosp		STREET ADDRESS, CITY, STATE, ZIP CODE 12619 S. Avalon Blvd Los Angeles, CA 90061	
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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prepare residents for a safe transfer or discharge from the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45657</p> <p>Based on interview and record review, the facility failed to ensure safe planning for transfer and discharge was conducted, followed up and documented for one of five sampled residents (Resident 1).</p> <p>This failure resulted in delayed discharge as requested by the resident and family member, and had the potential to affect Resident 1 ' s psychosocial and emotional weelbeing.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE], with a diagnosis that included schizoaffective disorder bipolar type (a mental illness that can affect thoughts, mood, and behavior), tobacco dependence (compulsive craving to use nicotine), and insomnia (trouble falling asleep or staying asleep).</p> <p>During a review of Resident 1 ' s Minimum Data Set ([MDS] a federally mandated resident assessment tool) dated 8/10/2024, the MDS indicated Resident 1 had the capacity to make self-understood and the ability to understand others. The MDS indicated Resident 1 was independent with activities of daily living (ADLs) such as dressing, toilet use, personal hygiene, and transfer.</p> <p>During a review of Resident 1 ' s progress notes dated 8/16/2024 at 11:37 a.m., the progress notes indicated the Interdisciplinary team (group of healthcare professionals, including resident/ resident representative, working together to provide residents with needed care) had a phone meeting with Resident 1 ' s Conservator and discussed plan of action and treatment goals. The progress notes indicated the Conservator expressed concerns and stated that he (Conservator) wanted Resident 1 be transferred (moved to another SNF). The progress notes indicated the Department of Mental health (DMH) liaison and team had informed the Conservator regarding the discharge process, lateral transfers, and referral process.</p> <p>During a review of Resident 1 ' s progress notes dated 8/16/2024 at 1:53 p.m., the progress notes indicated the IDT met with Conservator and Resident 1 and discussed discharge plans of lateral transfer (Skilled Nursing Facility [SNF] to another SNF).</p> <p>During an interview on 10/3/2024 at 12:10 p.m. with Resident 1, Resident 1 stated they (Resident 1 and Family Member 1 [FM1]) had a meeting with the facility to assist FM1 in finding a facility closer to FM 1. Resident 1 stated FM1 lived two and a half (2 1/2) hours drive from the current SNF. Resident 1 stated he did not receive any update from the facility on the request in finding a facility closer to FM1.</p> <p>During an interview on 10/3/2024 at 1:50 p.m. with facility ' s Case Manager (CM), the CM stated after the case conference on 8/9/2024 with Resident 1 and conservator and the case conference on 8/16/2024 with the Ombudsman (patient advocate), Resident 1 and Conservator, the CM stated she (CM) did not have any update. The CM stated the referral package should have been sent by the Social Services Director (SSD) to the DMH Liaison. The CM stated, as soon as the DMH liaison received the referral package, the DMH liaison would start looking for a SNF for Resident 1.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056417	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER View Heights Conv Hosp		STREET ADDRESS, CITY, STATE, ZIP CODE 12619 S. Avalon Blvd Los Angeles, CA 90061	
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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/3/2024 at 1:39 p.m. with the SSD, the SSD stated the referral package had been sent to DMH liaison via email, however, the SSD stated I do not have proof of the e-mail because the facility staff who submitted the package does not work at the facility anymore. The SSD stated there was no log to track Resident 1 ' s referral package sent to the DMH liaison.</p> <p>During an interview on 10/4/2024 at 10:33 a.m. with the CM, the CM stated from 8/16/2024 to 9/23/2024, we did not receive e-mailed communication from DMH liaison regarding Resident 1 regarding the referral package.</p> <p>During an interview on 10/4/2024 at 12:53 p.m. with the Director of Nursing (DON), the DON stated Resident 1 ' s conservator had signed the paper for Resident 1 ' s lateral transfer to the same level of care close to FM1. The DON stated the facility should have informed the DMH the Liaison to find a place for Resident 1.</p> <p>The DON stated they do not have a log of the resident referral package requested by the DMH Liaison. The DON stated the facility needs to have a process in place to proof of the discharge planning, the facility is working on. The DON stated having that documentation will be determined where the discharge planning process is.</p> <p>During a review of the facility ' s undated policy and procedure (P&P) titled, Documentation of Transfers/ Discharges, the P&P indicated all documentation concerning the transfer or discharge of a resident must be recorded in the resident ' s medical record.</p>		