

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 01/13/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36331</p> <p>Based on interview, and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Report the facility's 24 Coronavirus Disease 2019 ([COVID-19] highly contagious viral infection) positive residents to the California Department of Public Health (CDPH) confirmed cases as indicated in the All facilities Letter 23-08 ([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) dated 1/18/2023, which indicated to report outbreaks (the occurrence of cases of a disease or condition above the expected or baseline level, usually over a given period of time, in a geographic area or facility, or in a specific population) and unusual infectious disease occurrences to the local public health officer and the California Department of Public Health (CDPH) . 2. Implement its policy and procedure (P&P) titled, COVID-19 Facility Mitigation Management Plan, which indicated all Health Care Personnel (HCP) will be provided facemask or N95 masks for use while working in the facility. <p>These failures resulted in the delay of the investigation by the CDPH and had the potential to increase the spread of COVID-19 infections to all the residents, staff, and visitors.</p> <p>Findings:</p> <p>During a review of the Medical Provider Report of Laboratory Results, dated 12/15/2024, the report indicated the facility had reported to the Acute Communicable Disease Control (ACDC) agency that Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10, tested positive for COVID-19 on 12/13/2024 and were symptomatic.</p> <p>During a record review of the Complaint/Incident Intake Report (HS 802) form dated 12/31/2024 at 5:30 p.m., the HS 802 indicated an anonymous (not identified by name) person reported the COVID-19 outbreak to the Licensing and Certification District Office with 24 residents infected with COVID-19.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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 diagnosis of paranoid schizophrenia (a pattern of behavior where a person feels distrustful and suspicious of other people and acts accordingly), primary insomnia (a sleep disorder that makes it difficult to fall asleep, stay asleep, or get quality sleep) and low back pain.</p> <p>During a review of Resident1 ' s Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 11/13/2024, indicated Resident 1 had clear speech, the ability to express ideas and wants, and understands. The MDS indicated Resident 1 required set up or clean up assistance with oral hygiene and personal hygiene, and able to eat independently.</p> <p>During a review of Resident 1 ' s COVID-19 test result, dated 12/13/2024, the test result indicated the sample origin was a nasal swab and resulted positive for SARS-COV-2 antigen (a protein found in the SARS-CoV-2 virus that can be detected using a COVID-19 rapid antigen test).</p> <p>During a review of Resident 1 ' s Change of Condition (COC) Evaluation, dated 12/13/2024 at 4:54 p.m., the COC indicated Resident 1 had a Rapid Positive COVID test result and was seen by the physician via Zoom (a brand name for computer software that allows a group of two or more people to see and talk to each other over the internet using their computers, tablets, or smartphones) and there are no new orders at this time.</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 diagnosis of schizophrenia disorder (a chronic mental illness that affects how a person thinks, feels, and behaves), primary insomnia, and alcohol dependence.</p> <p>During a review of Resident 2 ' s MDS, dated [DATE], indicated Resident 2 had clear speech, the ability to express ideas and wants, and understands. The MDS indicated Resident 2 was independent with eating, toileting, and personal hygiene.</p> <p>During a review of Resident 2 ' s COVID-19 test result, dated 12/13/2024, the test result indicated the sample origin was a nasal swab and resulted positive for SARS-COV-2 antigen.</p> <p>During a review of Resident 2 ' s COC Evaluation, dated 12/14/2024 at 2:22 p.m., the COC indicated Resident 2 had a Rapid Positive COVID test result and the physician was made aware and gave a new order of Paxlovid (300/100) Oral Tablet therapy.</p> <p>During a review of Resident 2 ' s care plan, dated 12/13/2024, the care plan indicated Resident 2 tested positive for COVID-19. The care plan goal indicated Resident 2 will maintain and comply with infection prevention strategies. The care plan nursing interventions included to encourage Resident 2 to wash hands often, encourage to stay in room, and give prescribed medication as ordered.</p> <p>During a review of Resident 3 ' s Admission Record, the Admission Record indicated Resident 3 was admitted on [DATE] with diagnosis of schizophrenia, hypertension (high blood pressure), and alcohol dependence.</p> <p>During a review of Resident 3 ' s MDS, dated [DATE], the MDS indicated Resident 3 had clear speech, the ability to express ideas and wants, and understands. The MDS indicated Resident 2 was independent with eating, toileting, and shower/bathe self.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 3 ' s COVID-19 test result, dated 12/13/2024, the test result indicated the sample origin was a nasal swab and resulted positive for SARS-COV-2 antigen.</p> <p>During a review of Resident 3 ' s COC Evaluation, dated 12/13/2024 at 4:10 p.m., the COC indicated Resident 3 was seen by the physician via Zoom after testing positive for COVID-19. Resident 3 has a dry cough and encouraged to increase fluid intake, wash hands often, wear a mask and encouraged to stay in room at this time.</p> <p>During a concurrent observation and interview on 1/6/2025 at 10:20 a.m., in the activities room, an Activity Assistant (unidentified) was observed monitoring residents with an N95 mask below her nose, top strap of mask hanging loose, and a bottle of water. The Activity Assistant stated she was not wearing her mask properly because she was drinking water and failure to wear mask properly may increase the spread of infection among staff and residents.</p> <p>During a concurrent observation and interview on 1/6/2025 at 11:05 a.m. with the Laundry Assistant 2, in the laundry room, the Laundry Assistant 2 was observed wearing a surgical mask below her nose, laundry assistant 2 stated she should wear an N 95 mask covering her nose during the COVID-19 outbreak to prevent the spread of COVID-19 to residents, staff and visitors.</p> <p>During a telephone interview on 1/6/2025 at 3:55 p.m., with the Infection Preventionist (IP), the IP stated she was unaware of COVID-19 outbreak reporting to the district office (DO). The IP stated she thought she was reporting the COVID 19 outbreak correctly. The IP stated failure to report the COVID outbreak to the DO left the DO unaware of the severity of the COVID-19 outbreak.</p> <p>During a telephone interview on 1/14/2025 at 8 :50 a.m., with the Public Health Nurse (PHN), the PHN confirmed a COVID 19 outbreak was reported on 12/16/2024 and the PHN did an onsite visit to the facility and spoke with the IP nurse and made her aware to report the outbreak to the Licensing and Certification district office.</p> <p>During a review of the AFL (All Facilities Letter) 2309, dated 1/18/23, the AFL indicated a reminder to licensed health facilities' requirements to report outbreaks and unusual infectious disease occurrences to the local health department (LHD) and Licensing and Certification District Office. The AFL indicated to provide the DO investigation and reporting thresholds for reporting for COVID-19. The AFL also indicated a reminder to licensed health facilities of the requirements to report outbreaks and unusual infectious disease occurrences to the LHD pursuant to Title 17 CCR sections 2500, 2501, and 2502, and to their Licensing and Certification District Office pursuant to Title 22 CCR sections 70737, 70739, 72523, 72539, and 72541.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility ' s policy and procedure (P&P) titled, COVID-19 Facility Mitigation Management Plan, undated, the P&P indicated it is the policy of this facility to protect the residents, staff and others who may be in the facility from harm during emergency events. The P&P indicated, the facility reports data pertaining to COVID-19 to California Department of Public Health no later than 12 p.m. daily via online survey tool. The P&P indicated the reporting includes reporting on Saturday and Sunday, the number of confirmed positive COVID-19 patients, number of suspected COVID-19 patients, facility staffing levels, Personal Protective Equipment (PPE) availability and other needs of the facility. The P&P also indicated all HCP will be provided facemask or N95 masks for use while working in the facility. The P&P indicated while there are positives cases in the facility, all HCP will be required to wear N95 respirators, gowns, face shields/eye goggles and gloves while working directly with residents.</p>		