

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 11/17/2025
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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. (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

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 11/17/2025
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)		
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain resident clinical records that was complete, accurate and readily accessible for one of three sampled residents (Resident 1), who went Out on Pass (OOP, a temporary, authorized leave from a long-term care facility, allowing residents to leave and return for continued treatment) on 10/18/2025. This failure had the potential for Resident 1 to have gone OOP without proper assessment and placed the resident's safety in jeopardy while OOP which can lead to accidents and hospitalizations. Findings: During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was originally admitted to the facility on [DATE] with diagnosis of schizoaffective disorder (a mental illness that can affect thoughts, mood, and behavior) and alcohol dependence. The admission Record indicated Resident 1 had a public guardian (a legally appointed official authorized by a court to care for a person who is unable to manage their own affairs due to physical or mental incapacitation). During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool), dated 8/14/2025, the MDS indicated Resident 1 had no cognitive (the ability to think and reason) impairment. The MDS indicated Resident 1 required setup or clean-up assistance (helper sets up or cleans up; resident completes the activity) to perform Activities of Daily Living (ADLs) such as oral hygiene and personal hygiene. During a review of Resident 1's Order Summary Report for 9/1/2025 to 11/30/2025, the Order Summary Report dated 9/18/2025 indicated Resident 1's OOP order for 9/27/2025 to 10/27/2025. During a review of Resident 1's OOP Log, the OOP log indicated Resident 1 went OOP on 10/18/2025 at 12:40 p.m. with a family member (FM). During a review of Resident 1's progress notes dated 10/18/2025, the progress notes indicated Resident 1 left OOP at 3:30 p.m. on 10/18/2025. During a review of Resident 1's Conservatee Leave Request form dated 10/14/2025, the form indicated an OOP request for Resident 1 on 10/18/2025 at 12p.m. to 4 p.m. for a family gathering. The Conservatee Leave Request form indicated approval signatures by the treatment team. The Conservatee Leave Request form indicated checked mark for program participation, medication (med) compliance and indicated Resident 1 did not have disciplinary problems. The Conservatee Leave Request form indicated the OOP for 10/18/2025 was approved by the Public Guardian. During further review of Resident 1's clinical records, Resident 1's clinical records did not indicate OOP Request Form, for 10/18/2025 12 p.m. to 5p.m. Resident 1's clinical record did not indicate the document titled Signing Residents Out on Pass for 10/18/2025. During an interview on 11/14/2025 at 3:31 p.m. with Social Services Assistant (SSA) 1, the SSA 1 stated if a family member request to take resident OOP, the facility must obtain the Public Guardian's approval to go OOP. The SSA 1 stated SS department would fill out the Out On Pass Request Form, indicating resident's elopement score (a score that indicates the likelihood of resident eloping) and the details of the OOP. The SSA 1 stated the OOP Request Form must be signed by the Program Director, Social Services Director (SSD), and Director of Nursing (DON) and placed in the resident's chart. During an interview on 11/17/2025 at 11:07 a.m. with Registered Nurse (RN) 1, RN 1 stated residents without the OOP Request Form should not be approved to go OOP because the resident's safety for OOP had not been assessed by the Program Director, SSD and the DON. During a concurrent interview and record review on 11/17/2025 at 1:25 p.m., with the Medical Records Assistant (MRA) 1, Resident 1's clinical records for OOP on 10/18/2025 was reviewed. MRA 1 stated Resident 1's clinical records did not have the OOP Request Form for 10/18/2025. During a concurrent interview and record review on 11/17/2025 at 3:05 p.m. with the DON, Resident 1's OOP records and the facility's policy and procedure (P&P) titled, Out of Facility Pass with Conservator/Responsible Party, dated 6/2024, were reviewed. The DON stated an OOP Request Form should be signed by the DON, SSD, and Program Director, as part of the Interdisciplinary Team ([IDT] group of healthcare professionals, including resident/ resident representative, working together to provide residents with needed care) indicating that the resident was assessed and presented pro-social skills, medication compliance, able to perform ADLs, and had no significant change in behavioral condition. The DON stated the IDT must sign the OOP Request Form prior to residents leaving OOP. The DON stated if the OOP Request Form did not contain the three signatures, the resident's safety for OOP was not assessed. The DON stated Resident 1 did not have the OOP Request Form for 10/18/2025. During a review of facility's P&P titled, Out of Facility Pass with Conservator/Responsible Party, dated 6/2024, the P&P indicated resident's pass may be denied if no authorization was obtained from the program personnel or nursing personnel. The P&P indicated the interdisciplinary team would determine the extent of a pass hold</p>		