

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2025
NAME OF PROVIDER OR SUPPLIER Cheviot Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3533 Motor Avenue Los Angeles, CA 90034	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observations, interviews, and record reviews, the facility failed to provide necessary services to maintain good personal hygiene and grooming to one out of three sampled residents (Resident 1), by failing to ensure Resident 1 did not have excessive dry skin to the face and overgrown toenails. This deficient practice placed Residents 1 at risk for skin infections, skin breakdown, and poor self-perception. Findings: During a review of Resident 1's admission record, the admission record indicated the facility admitted the resident on 3/21/2025 with diagnoses that included Type 2 Diabetes Mellitus (a disease in which your body does not produce enough insulin needed to control sugar levels in the blood), other sequelae of cerebral infarction (the long-term health problems or disabilities that remain after someone has a stroke), and dysphagia (difficulty swallowing). During a review of Resident 1's Body Check dated 3/21/2025 at 8:47 pm, the body check indicated Skin intact upon assessment. Excessive dry skin noted to the face and BLE [both lower legs]. During a review of Resident 1's minimum data set (MDS - standardized resident assessment) dated 9/26/2025, the MDS indicated the resident required substantial/maximal (Helper does more than half the effort. Helper lifts or holds trunks or limbs and provides more than half the effort) with showers and baths. During a review of Resident 1's care plan (a plan of care that summarizes a resident's health conditions, specific care needs, and current treatments) titled The resident has an ADL Self Care Performance Deficit r/ Impaired balance, Limited Mobility. Stroke dated 3/24/2025, the care plan did not indicate any interventions for Resident 1's Excessive dry skin noted to the face and BLE. During an observation in Resident 1's room on 12/18/2025 at 8:39 am, Resident 1 was observed lying down in bed, eyes closed. Resident 1 was observed to have dry white/gray flakes of skin on the face. During a concurrent observation in Resident 1's room and interview on 12/18/2025 at 10:31 am, Licensed Vocational Nurse 1 (LVN 1) observed Resident 1 and confirmed by stating Resident 1 had white/grayish skin flakes to the eyebrows, forehead, jaw and right cheek. LVN 1 also observed and stated Resident 1 had overgrown toenails on both feet. LVN 1 stated that the resident having white/grayish skin flakes on the eyebrows, forehead, jaw and right cheek and overgrown toenails was unacceptable and the resident was scheduled for a shower that day (12/18/2025). During an interview on 12/18/2025 at 11:11 am, Certified Nursing Assistant 2 (CNA2) was familiar with Resident 1 and stated she had showered the resident earlier that morning (12/18/2025) around 9am. CNA2 stated was alert, incontinent (loss of control of urine and/or bowel movements), and seldom refused showers. CNA2 stated Resident 1's skin was clear and confirmed by stating she say Resident 1's toenails were overgrown and should have reported the overgrown toenails to the charge nurse. When asked what CNA2 would think of she observed the surveyor with white/grayish skin flakes on the eyebrows, forehead, jaw and right cheek, CNA2 stated she (CNA2) would think the surveyor had poor hygiene. During a follow up interview on 12/18/2025 at 11:28 am, LVN 1 stated she was made aware of Resident 1's overgrown toenails a week and a half prior to the date of interview and had spoken to the case manager but did not hear back. During an interview on 12/18/2025 at 3:15 pm, the Assistant Director of Nursing (ADON) stated facility staff had just been instructed to check all residents' hygiene. The ADON was not aware of Resident 1's overgrown toenails and stated a podiatrist was going to be called. During a review of the facility's policy ad procedure titled Activities of Daily Living (ADLs), Supporting dated 10/20/2025, the policy indicated Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. The policy indicated 2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. Hygiene (bathing, dressing, grooming, and oral care);</p>		