STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056451	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cheviot Hills Post Acute	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to develop and implement an individualized person-centered care plan for one of the three sampled residents (Resident 2) who was assessed to have dry skin to the face and Bilateral Lower Extremeties (BLE- both legs) upon admission. This deficient practice had the potential to result is further dryness, skin break, and infection.During a review of the admission record for Resident 2 indicated Resident 2 was admitted to the facility on [DATE] with diagnoses including sequelae of cerebral infarction are the long-term problems or lasting effects that occur after a stroke (brain tissue death from blocked blood flow), diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), and heart failure (the heart can't pump enough oxygen-rich blood to meet the body's needs). During a review of Resident 2's initial admission assessment dated [DATE] at 8:47 pm, the assessment indicated under the body check section that Resident 2 had excessive dry skin noted to the face and BLE (Bilateral Lower Extremities - both legs). During a review of Resident 2's care plans indicated Resident 1 did not have a care plan for dry skin. During an interview with the Assistant Director of Nursing (ADON) on 1/14/2026 at 1:26 pm, ADON stated that dry skin is considered a skin abnormality and must be care planned. ADON confirmed that Resident 2 was admitted to the facility with dry skin on the face and BLE but that there was no care plan. The DON stated that the potential of not accurately assessing Resident 2's dry skin could have resulted in broken skin or infection. During a review of the facility policy and procedures (P&P) titled, CARE PLAN COMPREHENSIVE, with a review date of 10/20/2025, indicated, The facility's Interdisciplinary Team, in coordination with the resident and/or his/her family or representative, must develop and implement a comprehensive person-centered care plan for each resident, that includes measurable objectives and timeframes to meet a resident's medical physical, and mental and psychosocial needs that arc identified in the comprehensive assessment. The same P&P indicated under procedure the following:Each resident' s comprehensive care plan is designed to: Incorporate identified problem areas.Incorporate risk and contributing factors associated with identified problems.Aid in preventing or reducing declines in the resident's functional status and/or functional levels.The same P&P indicated assessments are ongoing and care plans are reviewed and revised as information about the resident.

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: 056451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to ensure that one out of three sampled residents (Resident 2) who had dry skin to the face and both legs was assessed by a licensed nurse with a specific skill set within their scope. This deficient practice had the potential to result in skin breakdown and infection.During a review of the admission record for Resident 2 indicated Resident 2 was admitted to the facility on [DATE] with diagnoses including sequelae of cerebral infarction are the long-term problems or lasting effects that occur after a stroke (brain tissue death from blocked blood flow), diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), and heart failure (the heart can't pump enough oxygen-rich blood to meet the body's needs). During a review of Resident 2's initial admission assessment dated [DATE] at 8:47 pm, the assessment indicated under the body check section that Resident 2 had excessive dry skin noted to the face and BLE (Bilateral Lower Extremities - both legs). During a review of Resident 2's physician orders between 3/21/2025-to-12/17/2025 indicated there were no orders skin ointments/protectants for dry skin. During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool) dated 12/26/2025, indicated Resident 2 had mild cognitive impairments (poor decision-making requiring cues and supervision). The same MDS indicated Resident 2 required between setup or clean-up and substantial/maximum assistance for his Activities of Daily Living such as: (ADLs-routine tasks/activities such as oral hygiene, toileting hygiene, shower/bathe self, personal hygiene, lower/upper body dressing, putting on/taking off footwear).During a review of Resident 2's care plans indicated Resident 1 did not have a care plan for dry skin. During an interview with Licensed Vocational Nurse (LVN) 1 on 1/14/2026 at 11:11 am, LVN 1 stated that orders for A + D ointment (grease-based ointment used to soothe, protect, and heal irritated skin. Its primary function is acting as a barrier to lock in moisture and keep out irritants) are ordered for residents who experience dry skin. LVN 1 stated that the Charge Nurses (CNs- LVNs) complete residents' assessments on residents after Certified Nursing Assistants report abnormalities in resident's skin. LVN 1 stated that CNs constantly assess residents with every interaction such as blood sugar checks and medication administration and changes in conditions are reported to the Registered Nurse Supervisor (RNS) for additional assessment. During an interview with the RNS on 1/14/2026 at 12:38 pm, RNS stated that her roles included among other assessments. RNS stated that full body assessments are completed upon admission, readmission, or change of condition. During a review of the job description titled, Licensed Practical (Vocational) Nurse (LPN)/(LVN), revised 5/2022 indicated, The primary purpose of this position is to provide nursing care to residents under the supervision of a physician and/or registered nurse and within the scope of nursing practice for the state. During an interview with the Assistant Director of Nursing (ADON) on 1/14/2026 at 1:26 pm, ADON stated that dry skin is considered a skin abnormality and must be care planned. ADON confirmed that Resident 2 was admitted to the facility with dry skin on the face and BLE but that there was no care plan. The ADON stated that residents are assessed upon admission, readmission, and change of condition. The ADON stated that the night shift CNs complete a weekly head-to-toe assessment (a thorough, systematic physical check of a person's entire body, from their head down to their toes, to get a complete picture of their overall health, identify any existing or potential problems, and establish a health baseline). The ADON confirmed that none of the weekly summary documentation with the following assessment dates: 4/4/2025, 4/11/2025, 5/3/2025, 5/31/2025, 6/7/2025, 6/14/2025, 6/21/2025, 7/12/2025, 7/19/2025, and 9/2/2025 indicted that Resident 2 had dry skin which she admitted was inaccurate. The DON stated that the (continued on next page)

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	potential of not accurately assessing Resident 2's dry skin could have resulted in broken skin or infection. During a review of the job description titled, Registered Nurse (RN), indicated a primary purpose of the position, The primary purpose of this position is to provide skilled nursing care to residents under the medical direction of the residents' attending physician and within the scope of nursing practice for the state. The same job description indicated, Ensure initial baseline and periodic comprehensive assessments and care plans are completed within required timeframes. During a review of the facility policy and procedures (P&P) titled, CARE PLAN COMPREHENSIVE, with a review date of 10/20/2025, indicated, The facility's Interdisciplinary Team, in coordination with the resident and/or his/her family or representative, must develop and implement a comprehensive person-centered care plan for each resident, that includes measurable objectives and timeframes to meet a resident's medical physical, and mental and psychosocial needs that arc identified in the comprehensive assessment. The same P&P indicated under procedure the following:Each resident' s comprehensive care plan is designed to: Incorporate identified problem areas.Incorporate risk and contributing factors associated with identified problems.Aid in preventing or reducing declines in the resident's functional status and/or functional levels.The same P&P indicated assessments are ongoing and care plans are reviewed and revised as information about the resident. During a review of the Board of Vocation Nursing and Psychiatric Technicians (BVNTP) site indicated that LVNs CANNOT perform the following which included: Assessment or evaluation of observed and gathered data from chest auscultation, palpation, and percussion. https://www.bvnpt.ca.gov/