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	04/30/2026

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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to implement its' policy and procedures (P&P) titled, Transfer or Discharge, reviewed 10/20/2025 by failing to ensure that orientation was provided to the Responsible Party (RP 1) for one of the three sampled residents (Resident 1) who had a history of falls and a high fall risk when she (Resident 1) was discharged to her home under the care of RP 1. This deficient practice placed Resident 1 at risk for falls.During a review of Resident 1's admission record, the admission record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included hypertension (HTN-high blood pressure), Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) and congestive heart failure (CHF-a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling). During a review of Resident 1 ' s Minimum Data Set (MDS - a standardized assessment tool) dated 4/6/2026, the MDS indicated Resident 1 had moderate cognitive impairment (a stage between normal aging and dementia, where a person has noticeable memory or thinking problems that are clear to others, but they can still handle everyday tasks). The MDS indicated Resident 1 required substantial/maximal assistance from staff for most of his Activities of Daily Living (ADLs such as, toileting hygiene, shower/bathe self, upper and lower body dressing, and putting on/taking off footwear).^ During a review of Resident 1's physician's order dated 4/21/2026, the order indicated LCD [last covered day - the final day that an insurance plan, such as Medicare, will pay for all or part of a beneficiary's services like a hospital stay or skilled nursing care] 4/23/2026. Discharge to home on 4/24/2026. During a review of the Occupational Therapy (OT) notes with a completion date of 4/21/2026 indicated, fall; poor safety awareness, precautions. During a review of the Physical Therapy (PT) notes with a completion date of 4/22/2026 indicated, fall; poor safety awareness, precautions. During an interview with the Certified Occupational Therapist Assistance (COTA) 1on 4/29/2026 at 1:01 pm, COTA 1 stated that Resident 1 required minimal to moderate staff assist for walking to provide safety and positioning. COTA 1 stated that Resident 1 could fall if she (Resident 1) was not provided with the assistance level she (Resident 1) required. COTA 1 confirmed that there was no care giver training or orientation provided to Resident 1's RP. During an interview with the Physical Therapy Assistance (PTA) 1 on 4/29/2026 at 1:16 pm, PTA 1 stated that Resident 1 was impulsive, confused, and required cueing (both verbal and tactile) which made her (Resident 1) transfer levels vary from minimal to moderate staff assistance. PTA 1 stated that Resident 1 would require the same level of assistance in house otherwise she could suffer a fall. PTA 1 confirmed that he had not provided caregiver training and that he was not asked to do so. During an interview with the Assistant Director of Nursing (ADON) on 4/29/2026 at 2:47 pm, the ADON stated that a proper and safe discharge included physician orders as well as caregiver education. The ADON stated that caregiver training was important in ensuring the safety of the discharge. The ADON confirmed that there was no documented evidence of caregiver training and that the training should have been provided as a smooth transition to home for Resident 1. During a review of the facility's policy and procedures (P&P) titled, Transfer or Discharge, reviewed 10/20/2026, the P&P indicated, (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Transfers and discharges must meet specific criteria and require resident/representative notification, orientation, and documentation in the medical record. The same P&P defined discharge as, the movement of a resident from a bed in one certified facility to a bed in another certified facility or other location in the community, when return to the original facility is not expected.