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	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cheviot Hills Post Acute	3533 Motor Avenue Los Angeles, CA 90034

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F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observe each nurse aide's job performance and give regular training. Based on interview and record review, the facility failed to ensure that annual performance review was completed for that one of two Certified Nursing Assistant (CNA) 7 according to facility's policy and procedures (P&P) titled Performance Evaluations, reviewed 10/20/2025.This deficient practice had the potential to result in facility staff to not meet standards of practice, duties and responsibilities and possibly cause harm to the residents. Findings: During a concurrent interview and record review, on 2/20/2026, at 8:35 A.M., with Director of Staff Development (DSD), CNA 7's employee file and facility's performance evaluation policy were reviewed. CNA 7 employee file indicated that the facility hired CNA 7 on 6/12/2023. DSD stated that CNA 7 did not have an annual performance evaluation done and there was no documented evidence that annual performance evaluation was completed for CNA 7 in the past year. DSD stated that CNA 7's annual performance evaluation was not done because DSD thought that competency and the annual performance evaluation were one and the same thing. DSD stated that the facility's policy indicated that a performance evaluation needs to be completed 90 days after probation and annually. During an interview on 2/19/2026, at 12:15 P.M., with the Director of Nursing (DON), the DON stated that, the facility process is that employee performance evaluations are done 90 days after employment, then annually and placed in the employee files. The DON stated that performance evaluations are done to see if the employees are meeting the standards of the job descriptions, duties and responsibilities. The DON stated if the performance evaluations are not done, the facility may not know if the employee is suitable to take care of the residents and possibly cause harm to the residents. A review of the facility's P&P tiled Performance Evaluations, reviewed 10/20/2025 indicated that: Policy StatementThe job performance of each employee shall be reviewed and evaluated at least annually.Policy Interpretation and Implementation1. A performance evaluation will be completed on each employee at the conclusion of his/her 90-day probationary period, and at least annually thereafter. The performance evaluation meeting will occur at the same time as the employee's compensation review.

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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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to observe its written standards, policies and procedures for infection control measures by failing to adhere to infection prevention standards for two out of five sampled residents Resident 71 and Resident 94) when: A. Certified Nursing Assistant (CNA) 1 and Licensed Vocational Nurse (LVN) 5 did not wear a gown while providing catheter care to one of five sampled residents (Resident 71) who was on enhanced barrier precautions (EBP- infection control measures in nursing homes requiring staff to wear gowns and gloves during high contact care for residents with specific risk factors such as wounds, indwelling devices, or known MDRO colonization [Multidrug Resistant Organisms - a person carrying organisms on or in the body without being sick or showing symptoms) according to the facility's policy and procedures (P&P) titled, Enhanced Standard/Barrier Precautions, revised 2/21/2025. This deficient practice had the potential to transmit infectious microorganisms to the other residents in the facility. B. The facility failed to change the Resident 94's Peripherally Inserted Central Catheter (PICC-a long, thin, flexible tube inserted into a peripheral vein in the arm and advanced to the heart used to deliver medication intravenously (IV-into a vein) access for weeks or months) dressing within 7 days according to the the facility's P&P titled, Peripheral and Midline IV Dressing Changes. This deficient practice placed the Resident 94 at risk for infection had the potential to result in blood stream infections through contamination of the Resident 94's PICC. A. A review of the admission record indicated the facility re-admitted Resident 71 on 6/5/2020 and re-admitted the resident to the facility on 1/21/2026, with diagnoses including obstructive and reflux uropathy (condition in which urine cannot drain properly, causing urine to back up and potentially damage the kidneys), benign prostatic hyperplasia (BPH- prostate gland enlargement) and heart failure (condition in which the heart muscle is unable to pump enough blood to meet the body's needs for blood and oxygen). A review of Resident 71's Physician Order, dated 1/21/2026, indicated facility staff were to observe EBP due to the presence of a urinary catheter (a flexible tube inserted into the blabber to drain urine). A review of Resident 71 's Indwelling Catheter Care Plan initiated on 6/15/2025, indicated that the resident had a catheter due to obstructive uropathy. The care plan interventions included to cleanse external catheter. A review of Resident 71 's Minimum Data Set (MDS - a resident assessment tool) dated 11/14/2025, indicated Resident 71 's cognition (ability to think, understand, and reason) was severely impaired. The MDS further indicated Resident 71 was totally dependent upon staff foe activities of daily living (ADL-for toileting hygiene, bathing, lower body dressing and personal hygiene). The MDS also indicated Resident 71 had an indwelling urinary catheter. During an observation on 2/17/2026 at 8:17 AM, outside the door next to Resident 71 's nameplate there was signage that indicated staff were to observe EBP and to wear gloves and gown when assisting/attending to Resident 71 with toileting and changing incontinence briefs, performing ADL activities, caring for devices and giving medical treatment, cleaning and disinfecting the environment, wound care and mobility assistance and preparing to leave the room. During a concurrent observation and interview on 12/2/2024 at 10:49 AM, CNA 1 was observed performing morning care for Resident 71. CNA 1 was observed not wearing a gown while providing (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	care. When asked should CNA 1 wear a gown while providing care, CNA 1 stated that CNA 1 should have been wearing a gown while providing care to Resident 71. CNA 1 stated that CNA 1 was not aware Resident 71 was under EBP. CNA 1 further stated wearing a gown prevents the spread of infection amongst other residents and staff. During a concurrent observation and interview on 2/19/2026 at 8:54 AM, LVN 5 was observed providing catheter care to Resident 71. During the catheter care, LVN 5 did not wear a gown. When asked about wearing a gown, LVN 5 stated he should have worn a gown in order to prevent spreading of infectious organisms to other residents and staff. During an interview on 02/20/2026 at 12:50 PM, the Director of Nursing (DON) stated the facility uses Enhanced Barrier Precautions for residents with multidrug-resistant organisms (MDROs), chronic wounds, and catheters. The DON also stated staff are required to use gown during catheter care. The DON further stated enhanced barrier precaution prevents the spread of any infection in the facility. A review of the facility's policy and procedures (P&P) titled, Enhanced Standard/Barrier Precautions, revised 2/21/2025, indicated, the facility implemented enhanced barrier precautions to prevent the transmission of multi-drug resistant organisms. The P&P also indicated personal protective equipment (PPE - clothing and equipment that is worn or used to provide protection against hazardous substances and/or environments) for enhanced barrier precautions is only necessary when performing high-contact care activities. The P&P further indicated High-contact resident care activities include: a. Dressing b. Bathing c. Transferring d. Providing hygiene e. Changing linens f. Changing briefs or assisting with toileting g. Device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes, hemodialysis catheters, PICC lines, mid line catheters h. Wound care: any skin opening requiring a dressing. B. A review of Resident 94's admission Record indicated the resident was admitted to the facility on [DATE], with diagnoses that included infection following a procedure, sternotomy (surgical procedure involving a vertical incision through the breastbone (sternum) to access the heart, lungs, and surrounding structures) surgical site, surgical site aftercare following surgery on the circulatory system, anemia (low levels of healthy red blood cells), hypertension (HTN-high blood pressure), muscle weakness, difficulty walking and gastro-esophageal reflux disease (GERD- condition where stomach contents (acid, bile, food) flow backward into the esophagus (throat), causing irritation and, esophageal damage). (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a facility tour on 2/16/2026 at 8:17 am, Resident 94 was observed to have a PICC line dressing on the left upper arm that was dated changed on 2/8/2026. A review of Resident 94's order summary report dated 2/19/2026 indicated a physician order for Daptomycin (antibiotic used to treat severe infections)-Sodium Chloride intravenous solution 500mg-0.9mg/50ml to be administered intravenously for Sternotomy infection and IV Central lines dressing change every 7 days and as needed (PRN). During an interview on 2/18/2026 at 2:45 p.m. Registered Nurse (RN2) stated PICC lines are changed once a week and as needed if soiled. RN2 stated the importance of changing PICC lines is to ensure the Resident does not acquire an infection to assess the skin and ensure Resident is not allergic to the dressing. RN2 stated she was unaware Resident94's PICC line had not been changed for 8 days. During an interview on 2/20/2026 at 12:57 p.m. the Director of Nursing (DON) stated PICC line changes are done every 7 days and as needed if soiled to prevent infection at the catheter site. DON stated the Resident can acquire infection that could result in sickness causing unnecessary hospitalization and extended antibiotic therapy. A review of the facility's policy and procedures (P&P) titled, Peripheral and Midline IV Dressing Changes indicated, the purpose of this procedure is to prevent complications associated with intravenous therapy, including catheter-related infections associated with contaminated, loosened, or soiled catheter-site dressings. Guidelines: .Change the dressing .at list every 7 days for Transparent semi-permeable Membrane (TSM) dressing for all peripheral catheter sites. A review of the facility's P&P titled Infection Prevention and Control Program dated 9/10/2024, subtitled Prevention of infection indicated, important facets of infection prevention include: Identifying possible infections or potential complications of existing infections Instituting measures to avoid complications or dissemination Following established general and disease-specific guidelines such as those of the Centers for Disease Control (CDC).

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. Based on observation, interview, and record review, the facility failed to accommodate the needs of one of five sampled residents (Resident 37) by failing to provide the resident a call device that the resident is able to use. This deficient practice had the potential for Resident 37 to be unable to call the facility staff for help when needed.Findings: A review of Resident 37's admission Record indicated the facility re-admitted the resident on 12/26/2023, with diagnoses including but not limited to encephalopathy (brain damage that causes severe confusion and forgetfulness), hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (mild or partial weakness or loss of strength on one side of the body)^ and muscle contractures (a stiffening/shortening at any joint, that reduces the joint's range of motion) of multiple sites. A review of Resident 37's Minimum Data Set (MDS - a resident assessment tool) dated 12/26/2025, indicated the resident's cognition (the mental ability to make decisions of daily living) was severely impaired. The MDS also indicated the resident was totally dependent upon staff for Activities of Daily Living (ADL- activities such as bathing, dressing and toileting a person performs daily)oral hygiene, toileting hygiene, showering lower body dressing and personal hygiene). The MDS further indicated the resident was incontinent of bowel and bladder. A review of Resident 37's at Risk for Fall care plan (CP) initiated 12/3/2024, indicated Resident 37 was at risk for falls due to severe impaired cognition, poor safety awareness and the diagnosis of hemiplegia and hemiparesis. The CP interventions included to ensure the resident's call light was within reach or close proximity to the bed. A review of Resident 37's at Risk for Decreased Ability to Perform ADLs CP initiated 8/19/2024, indicated the CP goal is to anticipate and meet the resident's ADL care needs. The CP interventions included to keep the call light within the resident's easy reach and to assist the resident in turning and/or repositioning. A review of Resident 37's Joint Mobility Screen, dated 1/2/2026, indicated Resident 37's left hand passive range of motion (PROM-is the maximum distance a joint can move) was moderately impaired (approximately 50% of full range of motion). The Joint Mobility Screen indicated Resident 37's right hand PROM was severely impaired (approximately 25% or less of full range of motion). During a concurrent observation and interview on 2/19/2026 at 9:13 AM with Licensed Vocational Nurse (LVN) 5 and Certified Nursing Assistant (CNA) 1 at Resident 37's bedside, Resident 37 and Resident 37's call bell was observed. The call bell had a red button to activate the device. Resident 37 was lying in bed with a hand roll in each hand and a brace on each arm. CNA 1 stated Resident 37 was not able to use her hands. LVN 5 stated Resident 37 would not be able to use the call bell located in the bed. CNA 5 further stated the call light is for assistance and it's for the resident's safety. During an interview on 2/20/2026 at 12:52 PM, the Director of Nursing (DON) stated the facility can give Resident 37 a sensitive call bell used for residents unable to use the usual call bell. The DON further stated the call ball is important because it is how the resident calls for assistance. A review of the facility's policy and procedures (P&P) titled, Answering the Call Light revised 10/20/2025, indicated Residents are provided with a means to call staff for assistance through a communication system that directly calls a staff member or a centralized workstation. The P&P also indicated if the resident has a disability that prevents him/her from making use of the call system, an alternative means of communication that is usable for the resident is provided and documented in the care plan.

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on observation, interview, and record review, the facility dietary staff failed to protect resident's right to privacy by tossing a meal ticket with a resident's name and room number dietary in the kitchen trash can for one of one resident (Resident 96). This deficient practice of failing to discard dietary document containing patient information in designated and secured location violate resident's right to privacy. Findings: During a concurrent interview and observation on 2/17/2026 at 7:38 AM with the acting dietary supervisor (ADS - manages daily food service operations, ensuring safe, nutritious, and appealing meals while supervising staff, controlling budgets, and upholding health regulations), a meal ticket containing a resident's dietary information was observed sitting on top of a pile of trash inside the step-on trash can located at the handwashing station. ADS stated that according to facility's policy, we do not toss any documents in the trash due to Health Insurance Portability and Accountability Act (HIPAA - privacy rule which establishes national standards to protect individuals' medical records and other individually identifiable health information) regulations. ADS further stated that all dietary documents are kept/placed inside a shredder box and are discarded when no longer needed. During an interview on 2/20/2026 at 12:38 PM with the registered dietitian (RD - a food and nutrition expert who can translate the science of nutrition into practical solutions for healthy living), the RD stated that all dietary documents containing patient information are put in the shredder and some in a wash bin where we put water and bleach to destroy the document; if they are not soiled they go in the shredder. RD further stated that all trash are discarded by dietary aides in the dumpster located outside in the back of the building. During a record review of the facility's policy and procedures (P&P - policy explains the rules and presents them in a logical framework while procedures outline the step-by-step implementation of various tasks) titled Patients'/Residents' Rights with a revision date of 4/2025 indicated, patient/resident medical records must not be left where others can see or have access to them.keep residents'/patients' records locked away and out of public areas. The P&P also indicated paper records must be treated as though they contain Personal Health Information and are confidential.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview and record review, the facility failed to provide a homelike environment one of four sampled residents (Resident 60) when Resident 60's dignity curtain (bed side curtain) had multiple scattered round/smeared brown spots and the dignity curtain was changed during room deep cleaning on 2/7/2026 according to the facility's policy and procedures (P&P) titled , titled Quality of Life _Home like Environment, reviewed 10/20/2025.This deficient practice resulted in an environment that was unclean, not homelike and had the potential for infection.Findings: A review of Resident 60's admission Record indicated the facility admitted Resident 60 on 2/20/2024 with diagnoses including hypertension (HTN-high blood pressure), hyperlipidemia (high fats levels in the blood), and hypothyroidism (low thyroid hormone [the body's metabolic thermostat]). A review of Resident 60's Minimum Data Set (MDS - a resident assessment tool) dated 11/21/2025, indicated Resident 60 was cognitively intact (when a person has no trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS indicated Resident 60 independent to dependency on staff with Activities of daily living (ADL- activities such as bathing, dressing and toileting a person performs daily) care. During a concurrent observation and interview on 2/19/2026, at 8:40 A.M., with Resident 60, in Resident 60's room, Resident 60's dignity curtain was seen with multiple scattered round/smeared brown spots. Resident 60 stated that the dignity curtain was dirty and that she has not seen the facility staff change the dignity curtain. During a concurrent observation and interview on 2/19/2026, at 8:50 A.M., with Certified Nursing Assistant (CNA) 5, in Resident 60's room, Resident 60's dignity curtain was seen with multiple scattered round/smeared brown spots. CNA 5 stated that Resident 60's dignity curtain has some brown stuff on it, it was dirty. During an interview on 2/19/2026, at 9:14 A.M., with House Keeping Account Manager (HKAM), HKAM stated that the facility process is that Residents rooms are deep cleaned once a month, per the monthly deep cleaning schedule, during that time, the resident's dignity curtains are changed and more frequently for dirty curtains. HKDM stated that dignity curtains integrity is checked daily by the housekeeping during regular daily cleaning and as needed. The HKDM stated once housekeeping has deep cleaned a resident's room, the House Keeping Manager or Supervisor validates that the deep cleaning was done correctly using the facility's Quality Control Inspection (QCI) form. HKDM stated that the QCI form indicated that Resident 60's room was deep cleaned on 2/7/2026, however, there is no documented evidence on the form that Resident 60's dignity curtain was changed. HKDM stated that dignity curtains were not on QCI form and that they should be on it. HKDM stated that the dignity curtains should be on the form to ensure that they were changed/washed during room deep cleaning. HKDM stated that residents' dignity curtains need to be washed/changed for sanitary purposes, for residents' dignity, have a clan environment and to prevent germs. A review of the Facility's policy and procedures (P&P), titled Quality of Life _Home like Environment, reviewed 10/20/2025, indicated that: Policy Statement: Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible.2. The facility staff and management maximizes, to the extent possible, the characteristics of thefacility that reflect a personalized, homelike setting. These characteristics include:a. clean, sanitary and orderly environment

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that the resident or their representative was notified timely in writing the facility's bed hold policy for one of four sampled residents (Resident 72).This deficient practice resulted in resident 72 and/or their representative not being aware of the facility's bed hold and reserve payment policy upon transfer to the hospital from the facility.Findings: A review of Resident 72's admission Record indicated the facility admitted Resident 72 on 8/7/2025 with diagnoses including COPD, hypertension (HTN-high blood pressure), and diabetes (DM -a disorder characterized by difficulty in blood sugar control and poor wound healing). A review of Resident 72's Minimum Data Set (MDS - resident assessment tool) dated 2/12/2026, indicated Resident 72 was cognitively intact (when a person has no trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS indicated Resident 72 required substantial/maximal assistance from staff with Activities of daily living (ADLs- activities such as bathing, dressing and toileting a person performs daily) care. A review of Resident 72's physician order dated 11/5/2025, at 2:11 P.M., indicated . Resident 72 was transferred to a general acute care hospital (GACH) . A review of resident 72's Behold Policy and Notification indicated for Resident 72, admit date [DATE] .To be completed upon transfer: Resident 72 has been transferred to GACH on 11/5/2025. The resident or resident representative has been notified of their right to hold a bed for the above-named person.Form of notification: Telephone . During a concurrent interview and record review, on 2/20/2026, at 8:02 A.M., with the Assistant Director of Nursing (ADON), Resident 72's Behold Policy and Notification, dated 8/7/2025 ND 11/5/2025, was reviewed. The Behold Policy and Notification indicated person notified was resident 72'S family member (FM) via telephone. The ADON stated that the Behold policy and Notification is given at the time of transfer and it is to notify the resident and their representatives that the resident will still have a bed in the facility, which is their primary home for 7 days on hold when they return. The ADON stated for resident 72's transfer to GACH on 11/5/2025, the bed hold notification was done with resident 72's FM because resident 72 at the time could not go through the process of the bed hold in the current health state she was in. The DON stated the bed hold notification was done via telephone with resident 72's FM. During an interview, on 2/20/2026, at 10:10 A.M., with the Director of Nursing (DON), the DON stated upon admission, the facility's 7 (seven) days bed hold policy is discussed with the resident and the resident's representative. The DON stated that the resident or the resident's representative signs the Behold Policy and Notification during admission that they have understood that Behold Policy and Notification information. The DON stated upon a resident's transfer to GACH, a written 7 day bed hold notification is provided to the residents in the facility or their representatives via mail. The DON stated that the resident and/or their representatives are aware that the resident can return to the facility and to the same bed with in 7 seven of discharge from GACH because the facility is the resident's home. A review of the facility's Policy &Procedures (P&P) titled Bed-Holds, Returns, Admissions, Discharges and Transfers with revision date 10/20/2025, indicated,Policy StatementResidents and/or representatives are informed (in writing) of the facility and state (ifapplicable) bed-hold policies.Policy Interpretation and Implementation1. All residents/representatives are provided written information regarding the facilityand state bed-hold policies, which address holding or reserving a resident's bedduring periods of absence (hospitalization or therapeutic leave). Residents,regardless of payer source, are provided written notice about these policies at leasttwice:a. notice 1: well in advance of any transfer (e.g., in the admission packet); andb. notice 2: at the time of transfer (or, if the transfer was an emergency, within 24hours).

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility staff failed to provide an environment that is free from accidents and hazards by failing to ensure that staff did not pour and leave orange liquid bathing soap in cups that the residents use to drink fluids unattended inside residents bathroom for one of one resident (Resident 94) according to facility's policy and procedures titled Quality of care: Safety of Residents dated 10/20/2025.This deficient practice had the potential for the Resident 94 and residents who are confused and/or have wandering behavior to accidentally ingest the orange liquid bathing soap. Findings: During record review, Resident 94's admission Record indicated that the resident was admitted to the facility on [DATE], with diagnoses that included infection following a procedure, sternotomy (surgical procedure involving a vertical incision through the breastbone (sternum) to access the heart, lungs, and surrounding structures) surgical site, surgical site aftercare following surgery on the circulatory system, anemia (low levels of healthy red blood cells), hypertension (HTN-high blood pressure), muscle weakness, difficulty walking and gastro-esophageal reflux disease (GERD- condition where stomach contents (acid, bile, food) flow backward into the esophagus (throat), causing irritation and, esophageal damage) During record review, Resident 94's general acute care hospital (GACH) Acute Care Assessment Plan dated 2/8/2026, indicated that Resident 94 was an independent historian. During record review, Resident 94's GACH Acute Care Physical Therapy Evaluation document dated 2/9/2026, indicated that Resident could ambulate (walk) without assistive device at bedside, required minimum contact guard assistance for sit to stand to sit and sit to stand and is able to ambulate up to 150 feet (ft-unit to measure distance) with standby assistance. During a facility tour on 2/16/2026 at 8:40 a.m., 2 ounces (oz-unit of measurement) of orange liquid was observed inside a clear 8 oz drinking cup used by residents to drink fluids (water and juice) on top of the bathroom sink counter in Resident 94's bathroom. During an interview on 2/16/2026 at 8:50 a.m., Certified Nurse Assistant (CNA) 6 stated the orange liquid in the Residents 8oz drinking cup was soap used to bathe residents. CNA6 stated he was unaware that bathing liquid soap had been poured into a cup that is used to provide drinks to residents and was left inside the Residents bathroom. CNA6 stated it is unsafe to pour soap inside a cup used by residents to drink fluids and to place it on top of the Resident bathroom sink where it can be easily reached and consumed by a resident. During an interview on 2/20/2026 at 1:01 pm, the Director of Nursing (DON) stated pouring liquid bath soap inside residents drinking cup, placing the cup on top of the Resident bathroom sink counter, and leaving the cup unattended places the residents at risk of ingesting the liquid soap which can cause irritation of gastrointestinal (GI) lining, nausea, vomiting, diarrhea, cramps, abdominal pain, unnecessary hospitalization and even poor outcomes for the resident. During record review, the facility's policy and procedures (P&P) titled Quality of care: Safety of Residents dated 10/20/2025, indicated Resident safety and supervision and assistance to prevent accidents are facility wide priorities. Safety risks and environmental hazards are identified through employee training, employee monitoring and reporting and facility wide commitment to safety at all levels of the organization.

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	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cheviot Hills Post Acute	3533 Motor Avenue Los Angeles, CA 90034

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, and interview, the facility failed to observe and maintain their infection control measures for one of four sampled residents (Resident 72) when Resident 70's nebulizer (a small electric machine that turns liquid medication into fine mist) tubing and mask was on Resident 72's night stand not stored in a plastic bag or labelled with a the residents name/date according to facility's policies and procedures (P&P), titled Infection Prevention and Control Program, reviewed 10/20/2025, and Administering Medication through a small Volume (Handheld) Nebulizer reviewed 10/2025. This deficient practice had the potential to cause infection and/or hospitalization for Resident 72.Findings: A review of Resident 72's admission Record indicated the facility admitted Resident 72 on 8/7/2025 with diagnoses including COPD, hypertension (HTN-high blood pressure), and diabetes (DM -a disorder characterized by difficulty in blood sugar control and poor wound healing). A review of Resident 72's Minimum Data Set (MDS - resident assessment tool) dated 2/12/2026, indicated Resident 72 was cognitively intact (when a person has no trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS indicated Resident 72 required substantial/maximal assistance from staff with Activities of daily living (ADL- activities such as bathing, dressing and toileting a person performs daily) care. During a concurrent observation and interview on 2/17/2026, at 9:19 A.M., with Resident 72, in Resident 72's room, a nebulizer machine was on Resident 72's nightstand and was connected to a tubing which was attached to an undated mask. The mask was not stored in a bag. Resident 72 stated that she had chronic obstructive pulmonary disease (COPD - on going lung disease causing difficulty in breathing), uses the nebulizer as needed (PRN) and that the last time she used the nebulizer machine was yesterday, 2/16/2026. During a concurrent observation and interview on 2/17/2026, at 9:33 A.M., with Licensed Vocations Nurse (LVN) 2, in Resident 72's room, a nebulizer machine was on Resident 72's nightstand, connected to a tubing and a mask attached to it without with no date and was not in a bag. LVN 2 stated that nebulizer tubing and mask need to be in a bag, covered with the resident's name on it and the date the tubing/mask was first opened. LVN 2 stated that the tubing and mask need to be bagged/dated to prevent infection control, to prevent the resident from getting respiratory viruses and getting sick. LVN 2 stated she will go ahead, disinfect the nebulizer machine, get a new tubing and mask for the nebulizer, put them in a bag and put a date on it. During an interview with on 2/19/2026, at 10:01 A.M., with the Director of Nursing (DON), the DON stated that nebulizer tubing and mask needs to be stored in a bag with the resident's name and date on it. The DON stated nebulizer tubing/masks need to be changed weekly and as needed. The DON sated that, having a date on the tubing/mask is so that staff know when the tubing/mask needs to be changed. The DON stated that having the nebulizer tubing and mask in the bag with the date is done so that germs may be prevented which may lead to an infection. A review of the facility's P&P titled Infection Prevention and Control Program, reviewed 10/20/2025, indicated that:PurposeAn infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.PolicyThe infection prevention and control program is developed to address the facility-specific infection control needs and requirements identified in the facility assessment and the infection control risk assessment. The program is reviewed annually and updated as necessary.11. Prevention of Infection.(3) educating staff and ensuring that they adhere to proper techniques and procedures. A review of the facility's P&P titled Administering Medication through a small Volume (Handheld) Nebulizer, reviewed 10/2025, indicated that:PurposeThe purpose of this procedure is to safely and aseptically administer aerosolized particles ofmedication into the resident's airway.Steps in the Procedure26. Rinse and disinfect the nebulizer equipment according to facility protocol.28. When equipment is completely dry, store in a plastic bag with the resident's name and the date on it.29. Change equipment and tubing every seven days, or according to facility protocol.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a resident's clinical record was maintained in accordance with accepted professional standards and practice that are accurate, by failing to document rehabilitative care (a set of medical and therapeutic interventions designed to help individuals regain, maintain, or improve physical, mental or cognitive abilities lost due to injury, illness, surgery or disability) in the Restorative Administrative Record for one out of two sampled residents (Resident 9) according to facility's policy and procedures (P&P) titled Charting and Documentation dated, 10/20/2025. This deficient practice had the potential to result in a lack and/or a delay in communication between the staff and cause an interruption in the provision of Restorative care/intervention for Resident 9.Findings: A review of Resident 9's admission record indicated the resident was originally admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses that included hypertension (high blood pressure), transient ischemic attack (TIA- is a mini-stroke caused by a temporary blockage of blood flow to the brain, lasting from a few minutes to 24 hours), cerebral infarction (is the death of brain tissue caused by lack of oxygen due to blocked blood flow to the brain), dysphagia (difficulty swallowing) following cerebral infarction muscle weakness, contracture of right elbow, contracture of left elbow and, contracture of right hand,. A review of the Resident 9's Minimum Data Set (MDS - a resident assessment tool) dated 1/23/2026, indicated Resident 9 cognitive skills (mental ability to make decisions of daily living) were severely impaired. Resident 9 was totally dependent on staff for activities of daily living (ADL-oral hygiene, shower/bathing, bed mobility, dressing, toilet use and hygiene upper and lower dressing). A review of Resident 9's Order Summary Report dated 2/20/2026, indicated Restorative Nurse Assistant (RNA) to apply hand roll splint (is a medical device used to iummobilize, support, or position the hand and fingers in a functional or neutral posyure) to RUE 5X/WEEK(five times a week), 4-8 hours as tolerated with skin check every day shift every Monday, Tuesday, Wednesday, Thursday, and Friday. A review of Resident 9's Restorative Administration Record for the period of 2/1/2026-2/28/2026 printed on 1/30/2026 indicated no documentation for Restorative Nursing care from 2/1/2026 to 2//20/2026. During an interview on 2/20/2026 at 8:50 am, Restorative Nurse Assistant (RNA) 1, stated that she (RNA1)has consistently carried out the orders by apply hand roll splint to RUE 5X/WEEK, 4-8 hours as tolerated with skin check every day shift every Monday, Tuesday, Wednesday, Thursday, and Friday. RNA1 stated she did not realize that there was a 2nd page to the Restorative Administration Record as her reason for failing to document. During an interview on 2/20/2026 at 1:47 pm, the Director of Nursing (DON) stated documentation is a primary communication tool among the healthcare team and provides legal protections for practitioners. DON stated that, if a service is provided and not documented, it was not done. A review of facility's policy and procedures (P&P) titled Restorative Nursing Services dated 10/20/2025 indicated, Residents will receive restorative nursing services as needed to help promote optimal safety and independence. A review of facility's P&P titled Charting and Documentation dated, 10/20/2025 indicated, Services provided to the residents . shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team.

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that a call button was within reach for one of five sampled residents (Resident 38) according to the facility's policy and procedures (P&P) titled, Call System Resident dated reviewed 10/20/2025. This deficient practice had the potential to result in delay of necessary care including emergency response for Resident 38.Findings: A review of Resident 38's admission Record indicated Resident 38 was admitted to the facility on [DATE], with medical diagnoses that included: Muscle weakness (a lack of physical or muscle strength, throughout the body), anemia (lower than normal amount of red blood cells in the body), and Type 2 diabetes (a disease characterized by elevated levels of blood sugar). A review of Resident 38's Minimum Data Set (MDS - resident assessment tool), dated 12/26/2025, indicated Resident 38's cognition (the mental ability to make decisions of daily living) was moderately impaired. The MDS indicated Resident 38 required moderate to maximal assistance from staff for activities of daily living (ADL-toileting, hygiene, bathing, upper and lower body dressing, and personal hygiene). During observation and concurrent interview on 02/17/2026 at 7:53 AM, Resident 38 was lying in bed, and the resident's the call light cord was hanging off the bed, the call light button was on the floor on the left side of the bed, and out of Resident 38's reach. Resident 38 stated he did not know where the call light was, it has to be here somewhere. During an interview on 02/17/2026 at 07:54 AM, with Certified Nurse Assistant (CNA) 3. CNA 3 stated she had checked on Resident 38 when she got report from the night shift CNA at change of shift. CNA 3 stated she was not sure how the call light got on the floor. During an interview on 02/18/2026 at 3:24 PM Director of Nursing (DON) stated it is important for the residents to have the call lights available for them to call for assistance when they need help. During a review of the facility's policy and procedures (P&P) titled, Call System Resident dated reviewed 10/20/2025, the P&P indicated, Policy Statement: Residents are provided with a means to call staff for assistance through a communication system that directly calls a staff member or a centralized workstation.Policy Interpretation and ImplementationEach resident is provided with a means to call staff directly for assistance from his/her bed, from toileting/bathing facilities.