

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/15/2024
NAME OF PROVIDER OR SUPPLIER  View Park Convalescent Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3737 Don Felipe Drive Los Angeles, CA 90008	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44252</b></p> <p>Based on interview, and record review, the facility failed to ensure one of three sampled residents (Resident 1), had an order for nothing by mouth (NPO-an acronym for the Latin phrase nil per os, which translates to nothing by mouth) as well as fingerstick blood sugar checks every six hours for a resident that as a NPO order and is on a gastrostomy (Gtube-a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems) feeding.</p> <p>This failure had the potential to result in inaccurate blood sugar monitoring for someone that is not taking nutrition by mouth and affect the care and services received.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Admission Record dated 11/19/24, indicated Resident 1 was admitted to the facility on [DATE], with diagnoses including, type two diabetes (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) hypertension (high blood pressure), heart failure (a condition where the hear does not pump as well as it should), gastrostomy, dysphagia (problems swallowing) and muscle weakness.</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS, a resident assessment tool), dated 11/12/24 indicated Resident 1 had severely impaired cognition (ability to think, understand and make daily decisions) and was dependent on staff for eating oral hygiene, toileting, bathing, dressing, personal hygiene, and bed mobility.</p> <p>A review of Resident 1 ' s Care plan for diabetes mellitus initiated on 10/17/24 indicated intervention of Accu-checks (brand of blood sugar monitoring system) as ordered.</p> <p>During a concurrent interview and record review on 11/15/24 at 2:26 pm with Licensed Vocational Nurse 1 (LVN 1) Resident 1 ' s physicians orders were reviewed on the computer charting system. The orders indicated no order for NPO or separate order for fingerstick blood glucose checks, separate from the insulin orders. The LVN verified the orders were not made and stated we know to check the sugars with the with the insulin orders.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 11/15/24 at 3:00 pm with the Registered Nurse Supervisor 1 (RNS 1), the orders for insulin were reviewed. The RNS 1 verified the order for insulin is three times a day before meals and at bedtime the blood sugar would be checked before meals, and at bedtime. The RNS 1 further stated the if the resident is NPO blood sugar checks should be checked every six hours</p>		