

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  06/13/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, facility failed to ensure dignity and respect for two of three sampled residents (Resident 1 and 3).</p> <p>This failure resulted in Resident 1 and 3 not being treated with dignity and respect when communicating with a mediation nurse and had the potential to affect the residents' self-esteem and self-worth.</p> <p>Cross reference with F558</p> <p>Findings:</p> <p>During a review of Resident 1's admission Record dated 6/20/25, indicated Resident 1 was admitted to the facility on [DATE], with hypertension (HTN&amp;mdash;high blood pressure), diabetes mellitus type two (DM&amp;mdash;a condition were your body has trouble controlling the level of sugar in the blood), arthritis (inflammation in the joints causing pain, stiffness and reduced mobility), and acquired absence of left leg above the knee (AKA&amp;mdash;above the knee amputation, surgical removal of limb).</p> <p>During a review of Resident 1's History and Physical (H&amp;P), dated 5/17/25, indicated, Resident 1 had the capacity to understand and make decisions.</p> <p>During a review of Resident 1's Minimum Data Set (MDS&amp;mdash;a resident assessment tool), dated 5/20/25 indicated Resident 1 was cognitively (thinking, reasoning, remembering, learning, and making decisions) intact and required substantial/maximal assistance with most activities of daily living (ADLs&amp;mdash;routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). The same MDS indicated the resident had a language preference other than English.</p> <p>During a review of Resident 3's admission Record dated 6/20/25, indicated Resident 3 was admitted to the facility on [DATE], with diagnoses including, hemiplegia (paralysis on one side) and hemiparesis (weakness on one side) following unspecified cerebrovascular (brain circulation) disease affecting the left dominant side, muscle weakness, HTN, and hyperlipidemia (HLD - a condition characterized by elevated levels of lipids (fats) in the bloodstream).</p> <p>During a review of Resident 3's H&amp;P, dated 4/6/25, indicated, Resident 3 had the capacity to understand and make decisions.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555065
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 3's MDS, dated [DATE] indicated Resident 3 was cognitively intact and was independent to requiring supervision touching assistance with most ADLs. The same MDS indicated the resident had a language preference other than English.</p> <p>During an interview on 6/13/25 at 1:05 pm with Resident 1, the resident stated has been treated disrespectfully and talked to with an attitude by a medication nurse on the evening shift. The resident further stated she does not speak to me in a language that I can understand and will not take any steps to try and communicate with him in a way he can understand.</p> <p>During an interview on 6/13/25 at 2:16 pm with Resident 3, the resident stated he has witnessed the evening medication nurse get into arguments with Resident 1 and tried to step in to help with the miscommunications they were having since he can understand and speak a bit of English. He further stated his efforts to help were met with a dismissive mind your own business from the nurse.</p> <p>During an interview on 6/13/25 at 5:04 pm with the Director of Nursing (DON), the DON stated miscommunications could lead to frustration with the care for the residents and an intervention should be to obtain another staff to interpret for the residents so that can understand.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled Resident rights , reviewed and revised on 3/21/25, indicated Employees shall treat all residents with kindness, respect and dignity . Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's rights to be treated with respect, kindness, and dignity .</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, facility failed to ensure (Resident 1 and 3) were communicated in their preferred language.</p> <p>This failure resulted in Resident 1 and 3 not being able to understand some of the nursing staff this failure had the potential to affect the residents' self-esteem and self-worth.</p> <p>Cross reference with F550</p> <p>Findings:</p> <p>During a review of Resident 1's admission Record dated 6/20/25, indicated Resident 1 was admitted to the facility on [DATE], with hypertension (HTN&amp;mdash;high blood pressure), diabetes mellitus type two (DM&amp;mdash;a condition were your body has trouble controlling the level of sugar in the blood), arthritis (inflammation in the joints causing pain, stiffness and reduced mobility), and acquired absence of left leg above the knee (AKA&amp;mdash;above the knee amputation, surgical removal of limb).</p> <p>During a review of Resident 1's History and Physical (H&amp;P), dated 5/17/25, indicated, Resident 1 had the capacity to understand and make decisions.</p> <p>During a review of Resident 1's Minimum Data Set (MDS&amp;mdash;a resident assessment tool), dated 5/20/25 indicated Resident 1 was cognitively (thinking, reasoning, remembering, learning, and making decisions) intact and required substantial/maximal assistance with most activities of daily living (ADLs&amp;mdash;routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). The same MDS indicated the resident had a language preference other than English.</p> <p>During a review of Resident 3's admission Record dated 6/20/25, indicated Resident 3 was admitted to the facility on [DATE], with diagnoses including, hemiplegia (paralysis on one side) and hemiparesis (weakness on one side) following unspecified cerebrovascular (brain circulation) disease affecting the left dominant side, muscle weakness, HTN, and hyperlipidemia (HLD - a condition characterized by elevated levels of lipids (fats) in the bloodstream).</p> <p>During a review of Resident 3's H&amp;P, dated 4/6/25, indicated, Resident 3 had the capacity to understand and make decisions.</p> <p>During a review of Resident 3's MDS, dated [DATE] indicated Resident 3 was cognitively intact and was independent to requiring supervision touching assistance with most ADLs. The same MDS indicated the resident had a language preference other than English.</p> <p>During an interview on 6/13/25 at 1:05 pm with Resident 1 stated he often has trouble communicating with the medication nurses about this care, and they do not offer any way to help him communicate in his preferred language.</p> <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/13/25 at 5:04 pm with the DO, the DON stated if the resident does not understand the language the staff are using to communicate it could lead to frustration with the care for the residents and an intervention should be to obtain another staff to interpret for the residents so that can understand.</p> <p>During a review of the facility's P&amp;P titled Accommodation of Needs Related to Communication Deficits , reviewed and revised on 3/21/25, indicated Communication needs with be identified and appropriate interventions, including care planning, will be developed in order to accommodate the needs of the resident .</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, facility failed to ensure ordered pain medication was administered and the resident was educated on the ordered pain medications for one of three sampled residents (Resident 1).</p> <p>This failure resulted in Resident 1 being confused as to what the ordered pain medications were and therefore not receiving the as needed pain medications for two days.</p> <p>Cross reference with F558</p> <p>Findings:</p> <p>During a review of Resident 1's admission Record dated 6/20/25, indicated Resident 1 was admitted to the facility on [DATE], with hypertension (HTN&amp;mdash;high blood pressure), diabetes mellitus type two (DM&amp;mdash;a condition were your body has trouble controlling the level of sugar in the blood), arthritis (inflammation in the joints causing pain, stiffness and reduced mobility), and acquired absence of left leg above the knee (AKA&amp;mdash;above the knee amputation, surgical removal of limb).</p> <p>During a review of Resident 1's History and Physical (H&amp;P), dated 5/17/25, indicated, Resident 1 had the capacity to understand and make decisions.</p> <p>During a review of Resident 1's Minimum Data Set (MDS&amp;mdash;a resident assessment tool), dated 5/20/25 indicated Resident 1 was cognitively (thinking, reasoning, remembering, learning, and making decisions) intact and required substantial/maximal assistance with most activities of daily living (ADLs&amp;mdash;routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). The same MDS indicated the resident had a language preference other than English.</p> <p>During an interview on 6/13/25 at 1:05 pm with Resident 1, the resident stated he has not been receiving the other pain medications that he once was and stated he thinks he is getting Tylenol (over the counter pain medication) for pain now.</p> <p>During a concurrent interview and record review of the resident's medication list printed on 6/12/25 indicated ibuprofen (over the counter anti-inflammatory pain medication) 600 mg, give one tablet by mouth for mild pain, Percocet oral tablet 5-325 milligrams (mg &amp;ndash; metric unit of measure) (Oxycodone [opioid pain medication] with Acetaminophen [Tylenol]) give 1 tablet by mouth every 6 hours as need for moderate pain 4-6 hold for drowsy or Respiratory Rate less than 12., and Percocet oral tablet 5-325 milligrams (Oxycodone with Acetaminophen) give 2 tablets by mouth every 6 hours as need for severe pain 7-10. There was a X hand drawn over each of the Percocet medications listed in blue pen and the resident stated a nurse had brought him this paperwork on yesterday and made a gesture with forearms crossed in front of her to indicate no more . The resident further stated he was not given the information or communicated anything related to pain medication in a language he could understand.</p> <p>During a review of Resident 1's Medication Administration Record (MAR), dated June 2025, indicated the resident had been receiving Ibuprofen for mild pain the last couple of days and the last time he received Percocet was at 4:44 am on 6/11/25.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with concurrent record review on 6/13/25 at 5:04 pm with the DON, Resident 1's MAR dated June 2025 was reviewed. The DON verified the resident had not received the Percocet after 6/11/25 and stated if the Percocet's are still active in the orders they can be given is there is pain.</p> <p>During a review of the facility's P&amp;P titled Pain Medication , reviewed and revised on 3/21/25, indicated Purpose: To provide guidelines for the consistent assessment, management, and documentation of pain for the resident, in order to provide maximum comfort and quality of life . General Guidelines . Effective pain control is an important part of a resident's treatment . health professionals are to respond quickly to a resident's reports of pain.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview and record review, the facility failed ensure proper sanitation and food handling practices by kitchen staff failing to ensure:</p> <ol style="list-style-type: none"> <li>1. cilantro, lettuce and carrots were properly labeled with delivery date and use by date when stored in the fridge and disposed of when brown and wilted.</li> <li>2. one out of three dietary staff failed to wash their hands upon entry to the kitchen, after use of hairnet and before touching food in the refrigerator.</li> </ol> <p>This deficient practice had the potential to result in unsafe food management, and foodborne illness.</p> <p>Findings:</p> <p>During an observation on 6/13/25 at 1:34 pm with Dietary Supervisor (DS), the DS was observed donning a hairnet and proceeding to the do the refrigerator review without washing their hands.</p> <p>During an observation with concurrent interview on 6/13/25 at 1:34 pm with Dietary Supervisor (DS) the kitchen refrigerators were reviewed. There were about 10 heads of lettuce in a large plastic bag sitting inside a bind labeled 6/3/25. The DS stated those came in this morning and have not been labeled yet, with the received date, this was confirmed with [NAME] 1, stating they were received today and they should have been labeled with today's date and the use by date.</p> <p>During further review of the same refrigerator, there was another bin with no label on it that had a variety of different vegetables sitting inside of it. One bag of cilantro was observed to have some browning and wetness inside a plastic bag. The DS stated he will throw it out, there were also some carrots and lettuce and various other vegetables and fruits, some of which were brown. The DS stated we are going to throw the ones out that are spoiled.</p> <p>During a further interview with DS, they stated when they should have washed their hands before entering the kitchen and touching the refrigerator.</p> <p>During a review of the facility's policy and procedures (P&amp;P), titled Dating and labeling , revised 3/21/25, indicated, POLICY To ensure food safety and prevent contamination within the facility, all food items should be properly covered, dated and labeled in dry storage and refrigerator/freezer areas . All items should be properly covered, dated and labeled. Food items should have the appropriate dates: a. Delivery date &amp;ndash; upon receipt b. Open date &amp;ndash; opened containers . Expiration dates . Refrigerator/ Freezer area: dietary staff refer to the Refrigerator and freezer storage chart posted outside the refrigerator .</p> <p>During a review of the facility's P&amp;P titled Preventing Foodborne Illness &amp;ndash; Food Handling , revised 3/21/25, indicated, Food will be stored, prepared and handled and served so that the risk of foodborne illness is minimized . All employees who handle, prepare or serve food will be trained in the practices of safe food handling and preventing foodborne illness.</p>		