STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555065	A. Building B. Wing	04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
View Park Convalescent Center	3737 Don Felipe Drive Los Angeles, CA 90008

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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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45455 Based on observation, interview, and record review, the facility failed to ensure three medications were not left with the resident who was not capable to self-administer medications for one of 18 sample residents (Resident 77). This deficient practice had the potential to result in, 1. Harm through drug interactions and/or allergic reactions, unnecessary hospitalization s, and even death for Resident 77. 2. Access to the medication by unintended person/residents. Findings: A review of Resident 77's admission record indicated Resident 77 was initially admitted to the facility on [DATE], and was readmitted on [DATE], with diagnoses that included diabetes mellitus (high sugar in the blood) and traumatic subdural hemorrhage (bleeding in the area between the brain and the skull from a head injury), atrial fibrillation (afib - an irregular and often very rapid heart rhythm), and syncope and collapse (fainting or passing out). A review of Resident 77's Minimum Data Set (MDS - a standardized assessment and care screening tool) dated 1/22/2024, indicated Resident 77's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was severely impaired. The MDS indicated Resident 77 required supervision or touching assistance with eating and partial/moderate assistance with oral hygiene. During an observation of Resident 77's room on 4/24/2024, at 8:24 AM, Resident 77 was sitting on the edge of the bed with feet down to the floor. Three oval shaped pills were on top of Resident 77's bedside drawer. During a concurrent interview with Resident 77, Resident 77 stated the three pills were medications for headaches. Resident 77 further stated Resident 77's friend brought the medications for Resident 77 because the facility staff were not responding to Resident 77's requests for medication for headache. A review of Resident 77's medication administration record (MAR) for 4/2024, indicated Resident 77 had a pain medication order for Norco (pain reliever) 5-325 milligrams (mg-unit of measure) to be administered by mouth (PO) as needed. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident 77's clinical record titled Licensed Nurse Note, dated 4/2/2024, indicated there was no documented evidence Resident 77 was assessed to self-administer medication. During an interview with Licensed Vocational Nurse 6 (LVN 6) on 4/24/2024 at 8:53 AM, LVN 6 stated LVN 6 did not know why Resident 77 had the medications at bedside. LVN 6 stated LVN 6 did not know what condition Resident 77 was taking the medications for. LVN 6 further stated, Resident 77 did not have an order to self-administer medications and therefore, Resident 77 should not have any medications at bedside. During an interview with Director of Nursing (DON) on 4/4/2024, at 2:19 PM, DON stated, for a resident to self-administer medications, the resident must: Be awake, alert, and oriented to person, place, time, and events, Be determined by the Interdisciplinary team (IDT - a group of health care professionals with various areas of expertise who work together toward the goals of their clients), by skill assessment. Demonstrate the ability to safely self-administer medications. During the same interview, DON stated Resident 77 did not meet the criteria for self-medication administration. DON further stated the facility contacted Resident 77 friends and families regarding the medications at bedside, and all denied seeing and/or giving Resident 77 the medications found at bedside. DON also stated Resident 77 having possession of non-prescribed medications, placed Resident 77 at risk for potential harm through drug interactions such as overdose and/or allergic reactions that could result in unnecessary hospitalization s and even death. A review of the facility's policy and procedures (P&P) titled Self-Administration of Medications revised on 2/20/2024, indicated, the interdisciplinary team determines the resident's ability to self-administer medications by means of skill assessment conducted on a routine basis. 1. The resident is instructed in the use of the package, purpose of the medication, reading of the label, and scheduling of medication doses. 2. The resident is then requested to read the label on each package and indicate what time the medications should be taken and any other special instruction for use. 3. The resident is asked to demonstrate the removal of the medication from the package and ., to verbalize the steps involved in the administration. The P&P further indicated, the results of the interdisciplinary team assessment are recorded in the Resident's medical record, if the Resident demonstrates the ability to safely self-administer medications, a further assessment of the safety of the bedside medication storage is conducted.

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45528 Based on interview, and record review, the facility failed to ensure that advanced healthcare directive information was provided to the resident's responsible party (RP) for two of eight sampled residents (Resident 1 and Resident 3). This deficient practice resulted in violation of Resident 1 and Resident 3's representative's rights to receive information on advanced healthcare directive and to formulate advanced healthcare directive for Resident 1 and Resident 3. Findings: A review of Resident 1's Admission Record indicated the resident was admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses that included Alzheimer's disease (brain disorder that slowly destroys memory and thinking skills and, eventually, the ability to carry out the simplest tasks), schizophrenia (a serious mental illness that affects how a person thinks, feels, and behaves), and hypertension (HTN -elevated blood pressure). A review of Resident 1's History and Physical (H&P -complete assessment of the patient and the problem), dated 4/6/2023, indicated Resident 1 did not have capacity to make medical decision due to underlying psychiatric disorder (significant disturbance in an individual's cognitive, emotional regulation, or behavior) and dementia (loss of cognitive function such as thinking, remembering, and reasoning to an extent that interferes with an individual's daily life and activities). A review of Resident 1's Minimum Data Set (MDS - a standardized assessment and care-screening tool), dated 1/23/2024, indicated Resident 1 had impaired cognition (when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life) and was dependent on staff for activities of daily living (ADL - eating, toilet use, oral hygiene, and personal hygiene). During a concurrent interview and record review with Social Services Director (SSD) on 4/3/2024, at 3:30 PM, Resident 1's advanced directive acknowledgement (ADA) form dated 4/5/2023 and H&P dated 4/6/2023 were reviewed. SSD stated that upon admission, if the resident has capacity to make decisions, the resident is asked or assisted with completing an ADA form. SSD stated, if the resident does not have the capacity to make decisions, then the resident's RP is asked to complete ADA. SSD stated the RP needs to sign the ADA form in person. SSD stated Resident 1 did not have ADA and did not have the capacity to sign the ADA form. SSD stated Resident 1 has a power of attorney whom the facility should have contacted to complete the ADA form. SSD stated, It (ADA) was not done. I just sent out the email today. SSD stated not completing ADA form can be life threatening, and the resident's right wishes may not be in the chart. A review of Resident 3's Admission Record indicated the resident was admitted to the facility on [DATE] and was readmitted on [DATE] with medical diagnoses that included adult failure to thrive, dementia (impaired ability to remember, think or make decisions that interferes with doing everyday activities), and hypertension (HTN -elevated blood pressure). (continued on next page)

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident 3's H&P, dated 6/29/2021, indicated Resident 3 did not have the capacity to understand and make decisions; however, the H&P indicated Resident 3 was able to make decisions for ADL. A review of Resident 3's MDS, dated [DATE], indicated Resident 3 had impaired cognition and was dependent on staff for ADL (feeding, toilet use, oral hygiene, and personal hygiene). During a concurrent interview and record review with SSD on 4/3/2024, at 4:32 PM, Resident 3's H&P dated 6/29/2021 and ADA form dated 12/6/2021, were reviewed. SSD stated that upon admission, if the resident has capacity to make decisions, the resident is asked or assisted with completing an ADA form. SSD stated, if the resident does not have the capacity to make decisions, then the resident's RP is asked to complete ADA. SSD stated the RP needs to sign the ADA form in person. SSD stated Resident 1 did not have ADA and did not have the capacity to sign the ADA form. SSD stated ADA form is completed to make the residents wishes known, nurses can make an informed decision based on the information if the resident if full code or no code. SSD stated the potential adverse outcome for not completing ADA form included, Maybe the residents wish regarding their health care may not be followed leading to the violation of their rights. During an interview with Director of Nursing (DON) on 4/3/2024, at 4:32 PM, DON stated that advanced healthcare directive is completed upon admission by the resident or the residents RP so the facility is aware and honors those wishes whether the resident is full code (if a person's heart stopped beating and/or they stopped breathing, all resuscitation procedures will be provided to keep them alive) or no code. DON stated, If the ADA form is not completed accurately then the residents' wishes may not be followed leading to the violation of their rights. A review of the facility's policy and procedures titled Advance Directive, Preferred Intensity of Treatment, revised 2/20/2024, indicated, A healthcare provider or institution must comply with the following: . comply with a healthcare decision for the patient made by a person then authorized to make healthcare decisions for the patient to the same extent as if the decision had been made by the patient while having capacity.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48903 Based on observation, interview, and record review, the facility failed to provide a safe environment by failing to secure/cover multiple exposed sheathed wires and connectors on the bed side rail for one of six residents (Resident 29). This deficient practice had the potential to result in injury/harm to Resident 29. Findings: A review of Resident 29's Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses that included unspecified dementia (loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life), psychotic disturbance (severe mental disorders that cause abnormal thinking and perceptions), and anxiety (persistent and excessive worry that interferes with daily activities). A review of Resident 29's History and Physical Examination dated 12/26/2023, indicated, Resident 29 did not have the capacity to understand and make decisions. A review of Resident 29's Minimum Data Set (MDS - a standardized assessment and care screening tool), dated 2/23/2024, indicated the resident did not have intact cognition (capacity to remember, learn new things, concentrate, or make decisions that affect everyday life) and required assistance from staff for eating, hygiene (oral and physical), and toileting. A review of Resident 29's care plans, indicated, Resident is at risk for behavioral or psychological symptoms of dementia manifested by: anxiety, fidgeting, indifference in surroundings, restlessness and uncooperativeness. During an observation in Resident 29's room on 4/1/2024 at 9:19 AM, Resident 29's bed side rail had multiple exposed sheathed wires and connectors on the bed side rail. During a concurrent observation, interview, and record review with Maintenance Supervisor (MS) on 4/1/2024 at 1:58 PM, Resident 29's bed side rails were observed, and Maintenance Log was reviewed. MS stated, no request order is found for [Resident 29's bed]. There are loose wires sticking out of [Resident 29's] bed without any cover. This is dangerous for the resident because they can pull on the wires and be exposed to electricity. They can be harmed by exposed wires. No one has reported this to me, so I don't know how long the bed has been like this. During an interview with Director of Nursing (DON) on 4/3/2024 at 11:42 AM, DON stated, CNAs (Certified Nursing Attendants) report if a bed is not working. CNA's or whoever identifies it reports it to the maintenance supervisor. It is not acceptable to have a resident be on a bed with wires sticking out, if there is electric current and resident is pulling on it, the patient can get electric shocked. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility's policy and procedures (P&P) titled, Avoidance of Environmental Hazards, dated 2/20/2024, indicated, items that pose harm to residents, due to accessibility by vulnerable residents will be removed. The direct care givers will randomly check the resident's unit, to identify and/or remove items that may present a risk to the resident's safety.

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48903 Based on observation, interview, and record review, the facility failed to ensure one of six Residents (Resident 288) was free from physical restraint. This deficient practice had the potential to result in lowered and or lost dignity and self-esteem and increased the risk for injury or death for Resident 288. Findings: A review of Resident 288's Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses that included anxiety disorder (persistent and excessive worry that interferes with daily activities). A review of Resident 288's Minimum Data Set (MDS - a standardized assessment and care screening tool) dated 2/19/2024, indicated the resident had moderately intact cognition (capacity to remember, learn new things, concentrate, or make decisions that affect everyday life), required assistance from staff for eating, hygiene (oral and physical), and toileting. A review of Resident 288's care plans, indicated, Resident is at Risk of Falls/Injury related to impaired cognition, weakness, poor safety awareness/judgement. Goals: reduce risk of falls and injury. During a concurrent observation in Resident 288's room and interview with Certified Nursing Attendant 1 (CNA 1) on 4/3/2024 at 9:15 AM, Resident 288 was in bed and bilateral (both) full size bed side rails were pulled up. CNA 1 confirmed and stated, two elevated metal side rails are up on the bed, we are using them because the resident is a fall risk, to prevent the resident from falling, and keeps resident in bed. CNA 1 stated Resident 288, could get tangled in the side rails if the resident is not monitored. During an interview with Licensed Vocational Nurse 2 (LVN 2) on 4/3/2024 at 9:26 AM, LVN 2 stated, I've seen some residents get their legs or a body part stuck in these types of rails. During a concurrent interview and record review with LVN 3 on 4/3/2024 at 9:40 AM, Resident 288's physical medical chart was reviewed. LVN 3 stated, Resident 288, has bilateral side rails elevated. The side rails are physical restraints. LVN 3 stated, There is no order for restraints found in the resident chart. LVN 3 stated residents can injure themselves if residents are not assessed and do not have a consent or order to use bed side rails. LVN 3 stated residents can get tangled in the bed side rails. LVN 3 confirmed and stated Resident 1 did not have an order for restraints and no care plan for bedside rails. (continued on next page)

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent observation in Resident 288's room and interview with Director of Nursing (DON) on 4/3/2024 at 11:28 AM, Resident 288 was in bed and bilateral full size bed side rails were pulled up. DON stated, the side rails are elevated on the resident's bed, for protection, need consent, need doctors order, they are restraints, If there is no order for restraints it can result in disrespect of patients' rights. It's potentially dangerous because a resident can possibly get stuck in the rails. During a concurrent interview and record review with DON on 4/3/2024 at 11:33 AM, Resident 288's physical medical chart and electronic chart were reviewed. DON stated, there is no order found in chart for restraints, no consent found. There has to be an order and a consent. It is a dignity issue and can potentially harm the resident. DON stated confirmed and stated Resident 1 did not have an order for restraints and no care plan for bedside rails. A review of the facility's policy and procedures (P&P) titled, Physical Restraints, dated 2/20/2024, indicated, Physical Restraints are any mechanical device or equipment which restricts freedom of movement. The licensed nurse is responsible for obtaining an order from the attending physician which is to include: type of restraint, purpose of the restraint, time and place of application and informed consent. The Plan of Care shall specify the reason for the use of the restraint, the type, when and where it is to be used.

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F 0635 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide doctor's orders for the resident's immediate care at the time the resident was admitted. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48903 Based on observation, interview, and record review, the facility failed to obtain a physician's order for a low air loss mattress (LALM - a mattress designed to distribute the patient's body weight over a broad surface area and help prevent skin breakdown) for one of six sampled residents (Resident 9). This deficient practice had the potential to harm Resident 9 and for Resident 9 not to receive appropriate treatment and interventions. Findings: A review of Resident 9's Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses that included Type 2 Diabetes (elevated blood sugar), abnormalities of mobility, and muscle weakness. A review of Resident 9's History and Physical Examination dated 7/16/2023 indicated, Resident 9 did not have the capacity to understand and make decisions. A review of Resident 9's Minimum Data Set (MDS - a standardized assessment and care screening tool), dated 3/12/2024, indicated the resident did not have intact cognition (capacity to remember, learn new things, concentrate, or make decisions that affect everyday life), required assistance from staff for eating, hygiene (oral and physical), and toileting. During a concurrent observation in Resident 9's room, interview, and record review with Licensed Vocational Nurse 1 (LVN 1) on 4/3/2024 at 2:37 PM, Resident 9 was observed in bed and on a LALM. Resident 9's Order Summary Report was reviewed. LVN 1 stated there was no physician's order for the LALM for Resident 9. LVN 1 stated, The resident can be harmed if there are no orders for treatments and may receive inappropriate treatments or interventions. The skin condition can get worse if they are using interventions without a doctor's order. During an interview with Director of Nursing (DON) on 4/3/2024 at 2:46 PM, DON stated, there needs to be an order for use of an air mattress. It is not professional nursing practice to do things without an order. Resident can be potentially harmed. A review of the facility's policy and procedures (P&P) titled, Physician Orders and Telephone Orders, dated 2/20/2024, indicated, Physician's orders shall be obtained prior to the initiation of any medication or treatment.

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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** 48903 Based on observation, interview and record review, the facility failed to create a patient centered care plan (a plan of care that summarizes a resident's health conditions, specific care needs, and current treatments) for two of six sampled Residents (Residents 9 and 288) by failing to: 1. Develop and implement a care plan for Resident 9's low air loss mattress (LALM: special mattress designed to distribute the patient's body weight over a broad surface area and help prevent skin breakdown). 2. Develop and implement a care plan for Resident 288's full bed length side rails. These deficient practices: 1. Had the potential to delay healing, and placed Resident 9 at increased risk for developing new pressure injuries, worsening of existing ones, and complications resulting from untreated or improperly treated pressure injuries. 2. Placed Resident 288 at increased risk for unnecessary restraints, which could result in physical and emotional harm. Findings: 1. A review of Resident 9's Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses that included Type 2 Diabetes (a disease in which your body does not produce enough insulin needed to control sugar levels in the blood), abnormalities of mobility, and muscle weakness. A review of Resident 9's History and Physical Examination dated 7/16/2023 indicated, Resident 9 did not have the capacity to understand and make decisions. A review of Resident 9's Minimum Data Set (MDS- standardized data collection tool used to assess cognitive and functional status, and care needs) dated 3/12/2024, indicated the resident did not have intact cognition (capacity to remember, learn new things, concentrate, or make decisions that affect everyday life), required assistance from facility staff for eating, hygiene (oral and physical), and toileting. A review of Resident 9's care plans, indicated a care plan for the LALM was not created or implemented. During an observation in Resident 9's room on 4/1/2024 at 10:34 AM, Resident 9 was observed lying in bed on a LALM which was set to 280 pounds. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 4/3/2024 at 2:37 PM, Licensed Vocational Nurse 1 (LVN 1) reviewed Resident 9's care plans. LVN 1 stated, There is no care plan for Resident 9's low air loss mattress (LALM). If there is no care plan, we are not able to monitor the effectiveness of an interventions. There would not be a detailed report on the effectiveness of an intervention. During an interview with the Director of Nursing (DON) on 4/3/2024 at 2:46 PM, DON stated, If the resident is using an air mattress, they would need a care plan. Without a care plan you would not be able to see if a treatment is effective. 2. A review of Resident 288's Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses that included anxiety disorder (persistent and excessive worry that interferes with daily activities). A review of Resident 288's MDS dated [DATE], indicated the resident had moderately intact cognition, required assistance from facility staff for eating, hygiene (oral and physical), and toileting. A review of Resident 288's care plans, indicated a care plan for the restraints was not created or implemented. During an observation of Resident 288's room on 4/2/2024 at 11:29 AM, the resident was observed lying in bed with metal side rails on each side of the bed that extended from the head of the bed to the foot of the bed (full size bedside rails). During a concurrent interview and record review on 4/3/2024 at 11:33 AM, DON reviewed Resident 288's comprehensive care plan and stated, no care plan for restraints is found in the chart or electronic chart for Resident 288. A review of the facility's policy and procedures (P&P) titled, The Resident Care Plan dated 2/20/2024, indicated, The Care Plan includes reassessment and change as needed to reflect current status. It is the responsibility of the DON to ensure that each professional involved in the care of the resident is aware of the written plan of care, including its location, the current problems of the resident, and the goals or objectives of the plan.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45528 Based on observation, interview and record review, facility failed to meet professional standards of quality for one of four sampled residents (Resident 3). This deficient practice had the potential to cause underdosing, overdosing and hospitalization . A review of Resident 3's Admission Record indicated the resident was admitted to the facility on [DATE] and was readmitted on [DATE] with medical diagnoses that included adult failure to thrive, dementia (impaired ability to remember, think or make decisions that interferes with doing everyday activities), and hypertension (HTN -elevated blood pressure). A review of Resident 3's physicians orders (doctors written instructions to be followed), dated 12/29/2023, indicated Aspirin (medication used to reduce the risk of blood clots) tablet (a drug in solid form taken by mouth) chewable, give 1 tablet via gastrointestinal tube (G-tube -a tube inserted through the belly that brings nutrition directly to the stomach) one time a day for cardiac (heart) prophylaxis(prevent something from happening). A review of Resident 3's Minimum Data Set (MDS - a standardized assessment and care-screening tool), dated 1/12/2024, indicated Resident 3 had impaired cognition (when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life) and dependent on staff for feeding, toilet use, oral hygiene, and personal hygiene. During an interview on 4/3/2024, at 9:00 A.M., Licensed Vocation Nurse 1 (LVN 1), LVN 1 stated there was no dosage on the Aspirin in the computer, it just says chewable aspirin, so we give the 81miligrams (mg -unit of measure), that's just how we do it. LVN 1 further stated a complete medication order should have the name of the medication, dosage and route of administration. Potential adverse outcome of giving an incomplete order may lead to medication not having any effect at all or cause an overdose of the medication which may be fatal to the resident. During an interview on 4/4/2024, at 4:20 P.M., Director of Nursing (DON), The DON stated a completed medication order includes the medication dosage, route of administration and diagnosis. The aspirin order for the resident (Resident 3) should have mgs on it. Potential adverse outcome of not having a complete order may lead to facility staff not knowing the right dosage to give the resident and if resident is giving more than ordered it may lead to bleeding and if underdosed may lead to blood clots. A review of the facility's Medication Pass Tips, Revised 2/20/2024 indicated, remember the ten (10) rights of medication pass: .Right dose.

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View Park Convalescent Center	3737 Don Felipe Drive Los Angeles, CA 90008

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45037 Based on interview and record review, the facility failed to provide activities of daily living (ADL-such as bathing, showering, toileting, and mobility) for two of six sampled residents (Residents 6 and 54) This deficient practice resulted in Residents 6 and 54 feeling angry and also had the potential to develop skin infections, skin irritation, and foul odor. Findings: 1. A review of Resident 54's Admission Record indicated the resident was admitted to the facility on [DATE], with diagnoses including muscle weakness (a decrease in muscle strength), and Type 2 diabetes mellitus (elevated blood sugar). A review of Resident 54's History and Physical (H&P) dated 2/18/2024, indicated Resident 54 had the capacity to understand and make decisions. A review of resident 54's Minimum Data Set (MDS- a standardized assessment and care screening tool) dated 2/23/2024, indicated Resident 54's cognitive skills (the core skills your brain uses to think, read, learn, remember, reason, and pay attention) for daily decision making were intact. The MDS further indicated Resident 54 needed extensive assistance with ADL's (bathing, showering, toileting, and mobility). During an observation on 4/2/2024 at 10:25 AM, Resident 54 sitting on the patio. Resident 54 was noted with unshaven facial hair. During an interview with Resident 54 on 4/2/2024 at 10:28 AM, Resident 54 stated Resident 54 usually shaves facial hair daily when Resident 54 is able to do it himself. Resident 54 stated, It makes me mad that the staff doesn't assist me with shaving daily. Resident 54 stated staff showers Resident 54 once a week. Resident 54 stated Resident 54 asked the resident's nurse for a shower, but the nurses would tell Resident 54, we don't have time to give you a shower. Resident 54 stated, I feel angry, unclean, and angry due to not getting showers twice a week. During an interview with Resident 54 on 4/2/2024 (scheduled shower day) at 2 PM, Resident 54 stated Resident 54 had not showered or receive a bed bath today (4/2/2024). Resident 54 stated Resident 54 did not refuse to shower and did not receive a bed bath. Resident 54 stated during the month of 3/2024 there were multiple days Resident 54 did not get shaved or take showers. Resident 54 stated Resident 54 shower days are on Tuesdays and Fridays on the day shift (7AM-3PM). Resident 54 stated Resident 54 never takes showers on the evening (3PM-11PM) or night shift (11PM-7AM). During an interview with Resident 54 on 4/4/2024 at 3:59 PM, Resident 54 stated Resident 54 had not showered or received a bed bath today (4/2/2024) and had not refused to shower or received a bed bath. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident 54's shower/bathe day shift record for the month of 3/2024, indicated Resident 54 did not receive showers/bathes on the following dates: 3/1/2024 (shower day), 3/5/2024 (shower day), 3/6/2024, 3/7/2024, 3/8/2024 (shower day), 3/9/2024, 3/12/2024 (shower day), 3/14/2024, 3/15/2024 (shower day), 3/16/2024, 3/17/2024, 3/19/2024 (shower day), 3/25/2024, 3/26/2024 (shower day), 3/27/2024, 3/28/2024, 3/29/2024 (shower day), and 3/30/2024. 2. A review of Resident 6's Admission Record indicated the resident was readmitted to the facility on [DATE], with diagnoses including morbid obesity (is weighing more than 80 to 100 pounds above their ideal body weight), muscle weakness (a decrease in muscle strength). A review of Resident 6's H&P dated 3/19/2024, indicated Resident 6 had the capacity to understand and make decisions. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident 6's MDS dated [DATE], indicated Resident 6's cognitive skills for daily decision making was intact. The MDS further indicated Resident 6 needed maximal assistance with ADL's (bathing, showering, toileting, and mobility). A review of Resident 6's shower/bathe for the month of 3/2024, indicated Resident 6 did not receive showers/bathes on day shift and evening shift on the following dates: 3/1/2024, 3/16/2024 (shower day), 3/20/2024 (shower day), 3/26/2024, and, 3/30/2024. During an observation on 4/2/2024 at 9:44 AM, Resident 6 was sitting up in bed in Resident 6's room wearing a hospital gown. During an interview with Resident 6 on 4/2/2024 at 9:46 AM, Resident 6 stated Resident 6 was not getting a shower twice a week. Resident 6 stated Resident 6 had not showered in about two weeks. Resident 6 stated when Resident 6 asked assigned nurses to give Resident 6 a shower on scheduled shower days, however, the nurses would tell Resident 6 they were too busy. Resident 6 stated, it makes me angry because of not feeling clean when I do not take a shower. Resident 6 stated Resident 6 does not like taking bed baths every day. During an interview with Director of Staff Development (DSD) on 4/2/2024 at 10:10 AM, DSD stated, No, when asked if there were any reasons why certified nurse assistants (CNAs) did not shower residents on scheduled shower days. DSD stated per the facilities policy, the residents are supposed to get a shower twice a week unless the resident is sick or refuses. DSD stated, if the resident is refusing a shower the staff tries to encourage the resident to take a shower. DSD stated the facility had adequate staffing. DSD stated residents shower schedule was as follows: A Bed showered on Mondays and Thursdays, B Bed showered on Tuesdays and Fridays, and C Bed on Wednesdays and Saturdays. DSD stated CNAs are supposed to report to licensed vocational nurses (LVNs) or to DSD if any residents did not get a shower. DSD stated residents could have an unpleasant body smell, develop skin breakdown, develop bed sores, and change the mood of the resident if they did not shower or bathe. During an interview with CNA 3 on 4/2/2024, at 2:26 PM, CNA 3 stated residents are supposed to shower two times a week. CNA 3 stated CNA 3 did not give Resident 54 a shower today (4/2/2024), because Resident 54 refused to shower. CNA 3 stated CNA 3 did not report to LVN Charge Nurse that Resident 54 refused to shower. CNA 3 stated the residents could get rashes, sores, and have a foul odor if they did not shower. During an interview with Treatment Nurse (TN) on 4/3/2024 at 12:43 PM, TN stated residents could develop skin breakdown and develop a foul odor if they did not shower. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with LVN 4 on 4/3/2024 at 1:17 PM, LVN 4 stated there was no reason for residents not to shower unless there was a change in condition, or the resident refused. LVN 4 stated none of the CNA's reported to LVN 4 that any of the residents refused to take a shower. During an interview with CNA 2 on 4/3/2024 at 12:53 PM, CNA 2 stated, residents can be smelly, itchy, and get skin rashes if they did not shower/bathe. CNA 2 stated Resident 6 refused shower and reported to the LVN charge nurse that Resident 6 had refused to shower. During an interview with Resident 6 on 4/3/2024 at 4:37 PM, Resident 6 stated CNA 2 did not shower Resident 6 today (4/3/2024). A review of the facility's policy and procedures titled Assisting with shower, revised on 2/20/2024, indicated, The facility will assist resident in shower two times per week or per resident preferences.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48903 Based on observation, interview, and record review, the facility failed to ensure that the settings for a Low Air Loss Mattresses (LALM - a pressure-relieving mattress used to prevent and treat pressure injuries) were correct and appropriate to the weight of one of six sampled residents (Resident 9). This deficient practice had the potential for Resident 9 to develop pressure injuries (injuries to the skin and underlying tissue, primarily caused by prolonged pressure on the skin). Findings: A review of Resident 9's Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses that included Type 2 Diabetes (a disease in which your body does not produce enough insulin needed to control sugar levels in the blood), abnormalities of mobility, and muscle weakness. A review of Resident 9's History and Physical Examination dated 7/16/2023 indicated, Resident 9 did not have the capacity to understand and make decisions. A review of Resident 9's Minimum Data Set (MDS- standardized data collection tool used to assess cognitive and functional status, and care needs) dated 3/12/24, indicated the resident did not have intact cognition (capable of remembering, learning new things, concentrating, or making decisions that affect everyday life) and required assistance from facility staff for eating, hygiene (oral and physical), and toileting. A review of Resident 9's Care Plan titled Resident 9 is at risk for developing pressure sores and other types of skin breakdown related to: Aging process, and Diabetes initiated and revised on 6/15/2022, indicated the goal was to minimize the risk of skin breakdown/pressure sore daily. A review of Resident 9's care plans, indicated no care plan for the LALM was created. During an observation in Resident 9's room on 4/1/2024 at 10:34 AM, Resident 9 was lying in bed on a LALM and the LALM was set to 280 pounds (lbs- unit of measurement). During a concurrent observation, interview, and record review, with Registered Nurse Supervisor 1 (RNS 1) on 4/1/2024 at 2:17 PM, Resident 9's air mattress settings were observed, and electronic medical record (eMAR) was reviewed. RNS 1 stated, The air mattress is set at the weight of the patient, it's set at 280 lbs. right now. The resident's documented weight on her eMAR was 184 lbs. on 3/2/24. The mattress is not set at the correct setting. Residents will not get the correct amount of air flow that needs to be delivered if it's at the wrong setting. They can develop a pressure sore. If they already have a pressure ulcer it will not improve if it's at the wrong settings. During an interview with Director of Nursing (DON) on 4/3/2024 at 11:41 AM, DON stated, You can harm a resident if the air mattress is not set at the correct weight. It defeats the purpose of the air mattress. If they have a pressure issue it will not improve and may get worse. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of [NAME] (LAL mattress) User's Manual, undated, indicated, Weight/Pressure set up: users can adjust air mattress firmness to a desired firmness according to patient's weight or the suggestion from a health care professional. A review of the facility's policy and procedures (P&P) titled, Pressure Reducing Mattress, dated 2/20/2024, indicated, Objective: to provide mattresses that will prevent and/or minimize pressure on the skin. Placement of the mattress is to be documented.

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45528 Based on observation, interview, and record review the facility failed to ensure the tube feeding product/formula was not hanged for more than 48 hours per manufacturer's instructions and facility's policy and procedures for one of two sampled residents (Resident 3), These deficient practices had the potential to result in abdominal pain, vomiting, and loose bowel movement because of bacteria growth for Resident 3. Findings: A review of Resident 3's Admission Record indicated the resident was admitted to the facility on [DATE] and was readmitted on [DATE] with medical diagnoses that included, adult failure to thrive (syndrome of weight loss, decreased appetite and poor nutrition, and inactivity, often accompanied by dehydration), dementia (impaired ability to remember, think or make decisions that interferes with doing everyday activities), and hypertension (HTN -elevated blood pressure). A review of Resident 3's History and Physical (H&P- physician's examination of a resident, in which the physician obtains a thorough medical history from the resident or resident representative, performs a physical examination, and then documents the findings) dated 6/29/2021, indicated Resident 3 was able to make decisions for activities of daily living (ADL's: activities related to personal care. They include bathing or showering, dressing, getting in and out of bed or a chair, walking, using the toilet, and eating). A review of Resident 3's Minimum Data Set (MDS - a standardized assessment and care-screening tool) dated 1/12/2024, indicated Resident 3 had impaired cognition (when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life) and was dependent on facility staff for feeding, toilet use, oral hygiene, and personal hygiene. During a concurrent observation in Resident 3's room and interview with Licensed Vocational Nurse 5 (LVN 5) on 4/1/2024, at 9:58 AM, a bottle of Glucerna (liquid nutrition designed to minimize blood sugar spikes) dated 3/26/2024, was turned off but was still connected to Resident 3's gastrostomy tube (G-tube: a tube surgically placed directly into the stomach that is attached to a machine that infuses fluid nutrition, water, and medicine). LVN 5 confirmed by stating the date on the feeding formula bottle was 3/26/2024. LVN 5 stated tube feeding is changed every day to make sure the resident did not get an upset stomach. LVN 5 stated, the feeding bottle is dated 3/26/2024, it has been the same bottle for 6 days. LVN 5 stated the Glucerna bottle should have been changed to prevent infection. During an interview Director of Nursing (DON) on 4/3/2024, at 4:32 PM, DON stated, tube feeding bottles should be changed every 24 to 48 hours. DON stated, tube feeding dated 3/26/2024, should have been changed on 3/28/2024 because the milk (Glucerna) might get bad and cause the resident abdominal pain, loose bowel movement because of bacteria growth in it. (continued on next page)

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility's policy and procedures titled Enteral Feeding, revised 11/2018 indicated, the purpose was to ensure the safe administration of enteral nutrition . Sterile formula in a closed system has a maximum hang time of 48 hours. A review of the Manufacturer's instructions for Glucerna, revised 11/14/2023, indicated, Unless a shorter hang time is specified by the set manufacturer, hang product for up to 48 hours after initial connection when clean technique and only one new set are used. Otherwise hang for no more than 24 hours.

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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** 45037 Based on interview and record review, the facility failed to ensure five of five staff were assessed for competency upon hire and annually. This deficient practice had the potential for a knowledge, training, and certification deficit among staff, leading to inadequate or delayed resident care. Findings: During an interview with Treatment Nurse (TN) on 4/3/2024 at 12:43 PM, TN stated TN has been employed with the facility for seven years. TN stated TN did not remember the last time TN completed an annual skills competency training. TN stated staff could forget important tasks that can interfere with daily care of the residents, if an annual skills competency training was not performed. TN further stated nurses could forget how to complete certain tasks to help the residents. During an interview Certified Nurse Assistant 2 (CNA 2) on 4/3/2024 at 12:53 PM, CNA 2 stated CNA 2 has been employed with the facility for one year. CNA 2 stated CNA 2 completed annual skills competency two weeks ago with Director of Staff Development (DSD). During an interview with Registered Nurse Supervisor 2 (RNS 2) on 4/3/2024 at 1:25 PM, RNS 2 stated RNS 2 had only worked at facility two times. RNS 2 stated RNS 2 had never completed a competency check list with the facility or with the staffing registry. RNS 2 stated if staff do not have reinforcement of daily tasks, staff could forget how to perform certain tasks that could cause a delay with residents' care. During an interview LA (Laundry Aid) on 4/4/2024 at 9:11 AM, LA stated LA has been employed with the facility for [AGE] years. LA stated LA sometimes worked in housekeeping. LA further stated LA has always cleaned the facility and did the laundry since hired. LA stated LA had never completed an annual skills competency evaluation. During an interview with DSD on 4/4/2024 11:30 PM, DSD stated the facility does not keep employee files for registry nurses. DSD stated Director of Nursing (DON) keeps the employee files for the Registered Nurse staff. DSD further stated skills competency should be completed annually for all staff. During an interview with DON on 4/4/2024 12:48 PM, DON stated the facility does not keep registry nurses/employee files in the facility. DON confirmed and stated the registry nurses' credentials, background check, skills, and competencies are verified through a registry APP (could not remember the name of the APP). During an interview with DON on 4/4/2024 6:15 PM, DON confirmed and stated there was no way to identify the registry nurses or clarify if the nurses have valid nursing licenses, when asked what could happen if the facility do not keep registry nurses employee files in the facility. DON further stated the Registry Nurses are identified through a Registry APP. (continued on next page)

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Licensed Vocational Nurse/TN employee file, indicated there was no skills competency check list or a completed staff competency assessment in the employee file. A review of CNA 2 employee file, indicated there was no skills competency check list or a completed staff competency assessment in the employee file. A review of CNA 3 employee file, indicated there was no skills competency check list or a completed staff competency assessment in the employee file. A review of LA employee file, indicated there was no skills competency check list or a completed staff competency assessment in the employee file. A review of the facility's policy and procedures titled Competency Assessment, revised on 2/20/2024, indicated, employees will be assessed for competency upon hire and annually . Competencies will be utilized to identify areas that need to be incorporated into the in-service education for each department.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45455 Based on interview and record review, the facility failed to provide pharmaceutical services to meet the needs of residents by failing to ensure facility policy for multi-use medications in medication cart (Medication Cart B #2). This deficient practice had the potential to cause inability of the facility to readily identify medications that have a limited time for use once opened and had the potential for poor therapeutic outcomes due unintentional administration of expired medication. Findings: On [DATE], at 10:11 a.m., during a record review of the multi-use medication containers, and a concurrent interview with Licensed Vocational Nurse 4 (LVN 4), LVN4 counted 34 multi-use open medication containers in Medication Cart B, #2, that were in-use and did not have an open for use date per facility policy. During an interview, LVN 4 stated she did not know the facility's policy for labeling multi-use medication container's, LVN4 further stated she has been employed at the facility since [DATE]. On [DATE], at 2:40PM during an interview, Director of Nursing (DON) stated she did not know multi-use open medications containers or bottles must have an open for use date. DON also stated she did not know the facility policy for labeling of open medications in a bottle or container. A review of the facility's policies and procedures titled Labelling of Medication Containers, revised February 20, 2024, indicated for medications stored in a bottle or a container, Label the open date once the medication container is opened.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45528 Based on observation, interview and record review, the facility failed to ensure one of three sampled residents (Resident 3) was free of significant medication error. This deficient practice had the potential to lead ineffective medication therapy, and result overdose or underdose, which could be fatal to Resident 3. Findings: A review of Resident 3's Admission Record indicated Resident 3 was initially admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses that included adult failure to thrive and dementia (impaired ability to remember, think or make decisions that interferes). A review of Resident 3's Physician Orders, dated 12/29/2023, indicated an active order for Aspirin (medication used to reduce the risk of blood clots) tablet (a drug in solid form taken by mouth) chewable, (to) give 1 tablet via gastrointestinal tube (G-tube -a tube inserted through the belly that brings nutrition directly to the stomach) one time a day for cardiac (heart) prophylaxis (prevent something from happening). A review of Resident 3's Minimum Data Set (MDS - a standardized assessment and care-screening tool), dated 1/12/2024, indicated Resident 3 had impaired cognition (when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life) and dependent on staff for activities of daily living (ADLs - feeding, toilet use, oral hygiene, and personal hygiene). During a concurrent observation, interview, and record review with Licensed Vocation Nurse 1 (LVN 1) during medication administration on 4/3/2024, at 9 AM, Resident 3's physician's order for Aspirin dated 12/29/2023, was reviewed. LVN 1 stated, there was no dosage on the Aspirin in the computer, it just says chewable aspirin, so we give the 81miligrams (mg -unit of measure). That's just how we do it. LVN 1 further stated a complete medication order should have, the name of the medication, dosage and route of administration. LVN 1 stated, Potential adverse outcome of giving an incomplete order may lead to medication not having any effect at all or cause an overdose of the medication which may be fatal to the resident. During an interview with Director of Nursing (DON) on 4/4/2024 at 5:37 PM, DON the pharmacist did not complete the Medication Regimen Review (MRR) for Aspirin for Resident 3. DON stated the dosage for Aspirin should have been completed. DON stated adverse outcome for not having the dosage for Aspirin could result Aspirin overdose or under dose. DON stated the facility did not call Resident 3'sphysician to clarify the right order for Aspirin. DON stated, we just called today, someone should have called to get the right dose for the medication. A review of the facility's policy and procedures titled Labeling of Medication Containers, revised 2/20/2024 indicated, All medications maintained in the facility are properly labeled in accordance with current state and federal guidelines and regulations . Follow the manufacturer's instructions on the expiration date once opened.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
View Park Convalescent Center	3737 Don Felipe Drive Los Angeles, CA 90008

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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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 45455 Based on observation, interview, and record review the facility failed to ensure medications were stored and or disposed per the facility's policy and procedures titled Disposal of Medications and Medication-Related Supplies, subtitled, Controlled Medication Disposal revised 2/20/2024, and Labelling of Medication Containers revised 2/20/2024, by failing to: 1. Safely dispose wasted medications in one of four medication carts (Medication Cart B #2). 2. Label 34 out of 36 multiuse (non-prescription medication/over the counter medication that can be used for more than one resident) with an open date (date indicating packaging opened; used to determine amount of time food can be safely consumed). These deficient practices had the potential to: 1. Result in medication diversion and access by unauthorized persons. 2. Affect medication efficacy (the power to produce the desired effect) and reduce the therapeutic (intended to treat diseases or disorders) effects of medications administered to all 84 residents in the facility. Findings: 1. During a concurrent observation of Medication Cart B, #2 and interview with Licensed Vocational Nurse 4 (LVN 4) on 4/3/2024 at 10:11AM, an undated clear plastic container with a closed lid labelled Disposal Medication All Refusal was observed to have 22 unidentifiable pills inside the container and four unidentifiable pills on the outside bottom of the container. LVN 4 could not identify the pills and stated LVN 4 did not know the types of medications in the container and/or whether the medications were controlled (medications which fall under United States (US) Drug Enforcement Agency (DEA) schedules II-V (medications that have a potential for abuse and may lead to physical or psychological dependence) or non-controlled. During an interview with Director of Nursing (DON) on 4/4/2024 at 2:19 PM, DON stated the facility had a container in a locked storage room where medications are discarded in a solution called a drug buster. DON stated medications refused by residents have to be discarded immediately in the container with the solution in the locked storage room. When asked what would happen if the medications were not immediately discarded, DON was unable to answer. DON stated DON would speak to the licensed nurses to ensure the licensed nurse followed the facility's policy and procedures for discarding medications. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the facility's policy and procedures (P&P) titled Disposal of Medications and Medication-Related Supplies, subtitled, Controlled Medication Disposal revised 2/20/2024, indicated, Medications included in the Drug Enforcement Administration (DEA) classification as controlled substances are subject to special handling, storage, disposal, and recordkeeping in the facility in accordance with federal and state laws and regulations. Policy further states, when a dose of controlled medication is removed from the container for administration but refused by the resident or not given for any reason, it is not placed back in the container. It is destroyed in the presences of two licensed nurses and the disposal is documented on the accountability record on the line representing the dose. A review of facility P&P titled Disposal of Medications and Medication-Related Supplies, subtitled, Controlled Medication Destruction revised 2/20/2024, indicated, Controlled substances are retained in a securely locked area using 'double lock' procedures, with restricted access until destroyed by the facility director on nursing of a registered nurse employed by the facility and a consultant pharmacist. The P&P further indicated, non-controlled medication destruction occurs in the presence of two licensed nurses. 2. During a concurrent observation of Medication Cart B, #2 and interview on 4/3/2024 at 10:11 AM, LVN4 counted 34 multi-use open medication containers in Medication Cart B, #2 that were in-use and did not have an open for use date per facility policy. LVN 4 stated LVN 4 did not know the facility's policy for labeling multi-use medication containers. LVN4 stated LVN 4 has been employed at the facility since July 2023. During an interview with DON on 4/4/2024 at 2:40 PM, DON stated DON did not know multi-use open medications containers or bottles had to have an open date. DON stated DON did not know the facility policy for labeling of open medications in a bottle or container. A review of the facility's P&P titled Labelling of Medication Containers revised 2/20/2024, indicated for medications stored in a bottle or a container, Label the open date once the medication container is opened.

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47441 Based on observation, interview, and record review the facility failed to ensure kitchen staff were routinely trained and evaluated for competency skills when: 1. One of one staff was not following the manufacturer's guidelines when checking the concentration of the QUAT sanitizing (a chemical used for disinfection) solution. 2. Staff was not able to verbalize the facility Resident's food from home policy. These deficient practices had a potential to result to cross-contamination (a transfer of bacteria from one object to another), ineffective dish machine, and unsanitized dishes that could lead to food borne illness (an illness caused by contaminated food and beverages) for 77 of 77 medically compromised residents who received food and ice from the kitchen. Findings: 1. During a concurrent demonstration of the Quat sanitizer testing process and interview with DA 1 (Dietary Aid 1) on [DATE] at 10:08 AM, DA 1 filled the red bucket with a premix (mixture of water and quat sanitizer) Quat sanitizer then pulled out a test strip and dipped the test strip in the solution for eight (8) seconds. DA 1 compared the test strips to the color chart and stated the test strip read 250 parts per million (ppm, a unit of measuring concentration). DA 1 did not dip the test strip for ten (10 seconds) and did not check the water temperature for Quat sanitizer testing. During a concurrent review of the Quat sanitizer manufacturer's guidelines and interview with DA 1 on [DATE] at 10:15 AM, Quat sanitizer manufacturer's guidelines titled Quat-10 Test Paper Lot 202324 with expiry date of [DATE], indicated: Dip paper in Quat solution. Not foam surface for 10 seconds. Do not shake. Compare color at once. Testing solution should be between ,d+[DATE] F. Testing solution should have a neutral pH. Follow manufacturer's dilution instructions carefully. During the same interview, DA 1 stated, DA 1 counted 1 Mississippi, 2 Mississippi while dipping the test strip in the red bucket Quat sanitizer solution but DA 1 was not aware that DA 1 was doing it fast. DA 1 stated DA 1 did not test the water before testing the Quat sanitizer solution because they were not trained to do that, and they have not done temperature testing. DA 1 stated it is important to follow manufacturer's guideline of the test strip to ensure accuracy of the sanitizer concentration otherwise if the concentration was not accurate, the sanitizer might not be effective sanitizing the kitchen surfaces. (continued on next page)

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	A review of the facility's job description titled Dietary Aide/Dishwasher dated and signed by DA 1 on [DATE], indicated SUMMARY: Assists in preparation and delivery of meals and sanitation of the food services area. Assists in providing a clean, safe, dignified, happy and healthy environment for residents by performing the duties as described below. A review of the facility's competency checklist titled Dietary Infection Prevention Competency Checklist, dated and signed by DA 1 and supervisor on [DATE], indicated, DA 1 was able to identify appropriate PPM for Quat and/or bleach. A review of Food Code 2017 indicated ,d+[DATE].116 Warewashing Equipment, Determining Chemical Sanitizer Concentration. Concentration of the sanitizing solution shall be accurately determined by using a test kit or other device. 2. During an interview with Licensed Vocational Nurse 4 (LVN 4) on [DATE] at 11:03 AM, at Station B, LVN 4 stated they (facility) discouraged residents from bringing food from the outside, however, if food needed to be stored for the residents, there is a refrigerator in the activity room. LVN 4 further stated they (staff) need to label the resident's food with name and date and keep the food for two (2) days before the food expires, then the food gets disposed. During an interview with Activities Assistant (AA) on [DATE] at 11:09 AM, AA stated the housekeeping is responsible for the cleanliness of the resident's refrigerator and activities staff maintains the food inside by labeling the food with the resident's name and room number. AA stated the facility could keep the food for one (1) day, and the staff would inform the residents that they could not keep their food for long. AA stated it is important to label the resident's food with a date to ensure resident's food was fresh and not spoiled. AA stated, if the food was spoiled it could get the residents sick with nausea, vomiting and other problems. During an interview with Activities Supervisor (AS) on [DATE] at 1:52 PM, AS stated the resident's refrigerator was used for cooking class. AS stated, they maintain the resident's refrigerator by labeling and dating the foods with a received date and they could not keep the food for no more than three (3) days. AA stated she was not sure how long they could keep the food and the 3 days was just a common knowledge and that there was no policy regarding the refrigerator. AA stated it is important to label the resident's food so residents would not get sick and potentially got food poisoning from the food prepared from the outside. During an interview with Director of Staff Development (DSD), on [DATE] at 2:09 PM, DSD stated they followed three days of food storage after the food was open. However, the policy was for two (2) days storage. The DSD further stated DSD provided 1:1 in-service during orientation to staff about food from home policy. During an interview with Director of Nursing (DON), on [DATE] at 2:20 PM, DON stated the facility places residents' food from home in the refrigerator and labels the food with resident's name, room number, and received date. DON stated the policy to store prepared food was for one (1) day, however, DON did not look at the policy. DON stated it is important to know that expired food could cause tummy ache, loose bowel movement and vomiting to the residents. (continued on next page)

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	A review of the facility's job description titled Activities Director, dated and signed by AS on [DATE], indicated SUMMARY: Assists in providing clean, safe, dignified, happy and healthy environment for residents by performing the following duties. A review of the facility's policy and procedures (P&P) titled Food from Outside Sources dated [DATE], indicated, POLICY: Food from the outside sources is discouraged due to concerns with food safety and infection control and maintaining control of therapeutic diet orders. PROCEDURES: (1) While it is preferred that families and/or friends do not bring foods or beverages into the facility, it is within the resident's rights to allow the resident to eat outside food, especially if an individual is eating poorly. If outside food is brought in, the facility is not liable for any food safety and infection control concerns. (2) If a resident, family member, or friend wants to bring the resident an outside food or beverage, the resident, family member, or friend should first talk with the charge nurse and/or Dietary Service Supervisor and or food service manager to determine if the outside food or beverage is within the resident's prescribed diet. (3) The charge nurse must be notified if any outside food or beverage is brought in. It is recommended that only enough food/beverage be brought for the visit/meal with the resident. The staff will discard any leftovers.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47441 Based on observation, interview, and record review, the facility failed to ensure safe and sanitary food storage and food preparation practices in the kitchen failing by: 1. Improper Storage of Food A. Unlabeled, undated pasta, ranch dressing and expired cheese dated [DATE]. B. Uncovered, unlabeled and undated bacon slices. C. Unlabeled, undated, and expired food inside the resident's refrigerator. Staff's parmesan cheese, drink, and Italian dressing in the resident's refrigerator in the activity room 2. Poor air circulation for Freezer three (3) and four (4). 3. Equipment Cleanliness/Cross-contamination A. Dirt debris in the Freezer 3's bottom shelves. B. Refrigerator 2's vent had dust. C. Refrigerator 1's roof and bottom shelves had black dirt debris. D. Dry storage shelves had dust buildup. Crate used for scoop storage was on the floor in the dry storage. Cans stored in the dry storage area had dirty and food debris. Staff water bottle was stored in the dry storage area. Air-condition vent had dust buildup. Dry storage's floor with food debris. E. Ice machine's internal and external parts had dirt buildup and dust debris. 4. Two dented cans were stored along with undented cans in the dry storage area. 5. Seventeen (17) cracked and chipped resident's trays. These deficient practices had the potential to result in harmful bacteria growth and cross contamination (a transfer of harmful bacteria from one place to another or one object to another) that could lead to foodborne illness (illness caused by food contaminated with bacteria, viruses, and other toxins) among 77 of 77 medically compromised residents who received food and ice from the kitchen. Findings: 1.A. During an initial kitchen observation on [DATE] at 8:03 AM, a container of pasta dish had a date of [DATE] but the date was crossed out, individually portioned ranch dressing was labeled ranch with no date, and an expired sliced cheese was dated [DATE]. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview with Dietary Aide 1 (DA 1) on [DATE] at 8:05 AM, DA 1 stated it was the kitchen staff responsibility to discard expired food in the kitchen. DA 1 stated residents could get very sick if they were served expired food. During an interview with the Registered Dietitian 1 (RD 1) on [DATE] at 9:10 AM, RD 1 stated foods such as cheese and other open foods should only be stored in the refrigerator for seven (7) days. During an interview with Registered Dietitian 1 (RD 1) on [DATE] at 9:31 AM, RD 1 stated kitchen staff should label everything that goes in and out of the kitchen. RD 1 stated their process of labeling included labeling the product with delivery date, open date, and expiration date. RD 1 stated staff follows the expiration date on the product when discarding food, however, if there was no date on the product, they followed the shelf-life chart. RD 1 stated it is important to label and date food to ensure resident's food do not go expired. B. During a concurrent observation of the resident's refrigerator in the activity room and interview with Activities Assistant (AA) on [DATE] at 11:09 AM, Tajin spice (spice mix consisting of lime, chili peppers and salt), spicy mayonnaise, and chocolate syrup had no labels and dates. Prepared food labeled room [ROOM NUMBER] did not have any date. AA stated they would label food with name, room number and would keep the food for only a day in the refrigerator. AA stated the parmesan cheese, drink and Italian dressing were food belonging to staff. AA stated it is important to label and date the food in the refrigerator to ensure the food was not spoil as spoiled food could cause residents to get sick due to nausea, vomiting and other problems. During an interview with Activities Supervisor (AS) on [DATE] at 1:52 PM, AS stated resident's refrigerator was used by cooking class, for staff drink storage and resident's food coming from the outside. AS stated they would label the food with name, room number, received date to keep the food from no more than three (3) days. AS stated, it is important to label resident's food from the outside so that resident would not get sick from potential food poisoning. During an interview with Director of Staff Development (DSD) on [DATE] at 2:09 PM, DSD stated DSD provided 1:1 in-service and new employee orientation about food from home policy. DSD stated they stored the food for two (2) days and discarded it after 2 days if food was not consumed. DSD stated it is important to label and date food as resident could get sick from expired foods with mold and it [food] could be unhealthy to the residents. DSD stated it was not okay to mix resident's food and staff food due to safety, sanitation, and cross-contamination. During an interview with Director of Nursing (DON) on [DATE] at 2:20 PM, DON stated resident's foods from home were stored in the activity's refrigerator labeled with name, room number, received date and the type of food. DON stated they stored prepared foods for one (1) day. DON stated it is important to label food, so they know who the food belongs to and to avoid giving the wrong food to the resident. DON stated, if the food was not labeled with date, staff would not know when the food would expire. DON stated the potential outcomes if resident consumed expired food were tummy ache, loose bowel movement and vomiting. DON stated it was not okay to mix residents' food with staff food due to potential cross contamination of allergies that would lead to abdominal pain and other allergic reactions to residents. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	A review of the facility's Policies and Procedures (P&P) titled Refrigerator and Freezer Storage, dated [DATE], indicated PROCEDURE: (11) All items should be properly covered, dated, and labeled. Food items should have the following appropriate dates: -Delivery date-upon receipt -Open date-opened containers of PHF. -(13) Leftovers will be covered, dated, labeled, and discarded within 72 hours. (15) No food item that is expired or beyond the best buy date are in stock. A review of Food Code 2017 indicated ,d+[DATE].17 Commercially processed food, open and hold cold, (B) except specified in (E) - (G) of this section, refrigerated, ready-to-eat time/temperature control for food safety food prepared and packed by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and (1) The day the original container is opened in the food establishment shall be counted as Day 1; and (2) The day or date marked by the food establishment may not exceed a manufacture's use-by- date if the manufacturer determined the use-by date based on food safety. 2. During an observation of the Freezer 3 on [DATE] at 9:07 AM, Freezer 3 was full of food with poor air circulation and with temperature of twelve degrees Fahrenheit (12 F, a scale to measure temperature). During concurrent observation of the Freezer 4 and interview with RD 1 on [DATE] at 9:37 AM, Freezer 4 was full of food without proper air circulation. RD 1 stated both Freezer 3 and Freezer 4 were full of food but RD 1was not sure of word per word policy on air circulation for freezer and refrigerator. A review of the facility's P&P titled Refrigerator and Freezer Storage, dated [DATE], indicated (4) Food items should be stored to allow air circulation. Avoid overcrowding in the refrigerators and freezers. 3. A. During an observation of Freezer 3 on [DATE] at 9:07 AM, Freezer 3's bottom shelves had dirt like debris. B. During an observation of Refrigerator 2 on [DATE] at 9:10 AM, Refrigerator 2's vent had dust buildup. C. During an observation of Refrigerator 1 on [DATE] at 9:13 AM, Refrigerator 1's roof and bottom selves had black dirt debris. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During a concurrent observation of the Freezer 3, Refrigerator 2 and Refrigerator 1 and interview with RD 1 on [DATE] at 9:26 AM, RD 1 stated staff cleaned the freezers and refrigerators last Wednesday, [DATE]. RD 1 stated there were dirt and dust debris in the freezer and refrigerators, and it is important to maintain the cleanliness to prevent cross contamination and infection. RD 1 stated they would clean the freezers and refrigerators today. D. During a concurrent observation of the dry storage area and interview with RD 1 on [DATE] at 9:42 AM, storage shelves had dust buildup; one (1) crate used to store scoops was on the floor; canned goods were with dirt and food debris; there was a half-consumed gallon of water bottle; there were dust buildup on air-conditioned vent, and food debris on the floor. RD 1 stated the gallon of water belonged to kitchen staff as they drank water in the dry storage area. RD 1 stated the food debris on the canned goods were from an old container that could have fallen off. RD 1 stated it is important that dry storage area is clean, sanitized, and nothing should be on the floor. RD 1 also stated floor should be cleaned to prevent cross-contamination and for infection control. A review of the facility's P&P titled Cleaning Schedule, dated [DATE], indicated, Policy: All areas and equipment in the kitchen should be cleaned daily. The assigned dietary personnel will deep clean the area equipment assigned for them that day using the dietary cleaning schedule. A review of the facility's log titled Dietary Cleaning Schedule, dated [DATE], indicated, Task: Refrigerators, clean all shelves. Please keep all areas clean daily, and plan to deep clean on the days assigned to the dietary personnel above. All areas must be clean by the end of the shift. A review of the facility's P&P titled Storage of Canned and Dry Goods, dated [DATE] indicated, POLICY Food and supplies will be stored properly and in a safe manner. PROCEDURE (1) The storage area will be clean, dry, well-ventilated at all times. (5) Food and supplies will be stored 12 inches of the floor to prevent cross-contamination and allow thorough cleaning. (8) Storage will be cleaned regularly and checked for any evidence of pests. E. During an observation of the Freezer 3 on [DATE] at 9:07 AM, Freezer 3 was full of food without any ice stored. During an observation of Freezer 4 on [DATE] at 9:37 A.M., Freezer 4 was full of food without any ice stored. During an interview with Dietary Aide 1 (DA 1) on [DATE] at 10:20 AM, DA 1 stated they got ice outside the patio where the ice machine was located. DA 1 stated she needed to get ice from the ice machine to calibrate her thermometer prior to measuring temperatures. During a concurrent observation of the ice machine located outside of kitchen in the patio where residents smoke and interview with Licensed Vocational Nurse 6 (LVN 6) on [DATE] at 10:28 AM, the outside parts of the ice machine had dirt buildup and internal parts had visible dust and black, white, and grey dirt buildup. The ice machine internal parts had dirt when wiped with a paper towel. The ice machine was on and produced ice. Cleaning log indicted the machine was cleaned by maintenance on [DATE]. LVN 6 stated this is the machine where they got the ice for residents to use. LVN 6 stated she did not know who the responsible person is to clean the ice machine. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During a concurrent observation of the ice machine and interview with LVN 2 who also was the Infection Preventionist Nurse (IPN) on [DATE] at 10:33 AM, LVN 2 stated, the ice machine is located outside as they do not have enough space inside the facility. LVN 2 stated maintenance staff cleaned the ice machine according to the log and she did not have concerns about the location of the machine because it was locked and covered. LVN 2 stated the ice machine did not look clean, it should not be dusty and needed to be cleaned daily. LVN 2 stated the ice was used for residents' drinks and the kitchen staff got ice from the ice machine for the kitchen's use. LVN 2 stated it is important to maintain the cleanliness of the ice machine to prevent cross-contamination from dirt to the ice, to prevent growth of salmonella (a bacteria causing infection) because residents could get infection from it. During a concurrent observation of the ice machine and interview with RD 1 on [DATE] at 10:43 AM, RD 1 stated the ice machine internal parts were cleaned monthly by dietary staff and maintenance department and the exterior part also was cleaned every week. RD 1 stated the inside and outside part of the ice machine was dusty and this was because the machine is located outdoors. RD 1 stated they missed cleaning the ice machine last week. RD 1 stated it is important to maintain the cleanliness and sanitation of the ice machine for infection control. During a concurrent observation of the ice machine and interview with Maintenance Supervisor (MS) at [DATE] at 10:52 AM, MS stated they deep cleaned the ice machine monthly and the outside part was cleaned daily because it accumulated dust and dirt easily and because the machine is located outside the facility. MS stated the dust inside the ice machine was from the dust coming from the outside environment. MS stated MS would not consume ice from the ice machine because the ice machine was dirty. During an interview with RD 1 on [DATE] at 10:58 AM, RD 1 stated the plan was to shut down the ice machine and the facility would purchase ice from the outside for the residents' consumption moving forward until the ice machine was cleaned. During an interview with DON on [DATE] at 2:31 PM, DON stated the ice machine was located outside the facility by the patio since she started working at the facility [AGE] years ago. DON stated the location of the ice machine was safe and accessible to staff. DON stated she had a discussion during standup meeting about the location of the ice machine especially when it was raining or there were strong winds on how staff could get the ice. DON stated DON would not consume ice from the ice machine because the ice machine was dirty and did not want to get sick. DON stated they started getting ice and buying the ice from outside today. During an interview with Administrator (ADM) on [DATE] at 2:51 PM, ADM stated the ice machine is located outside by the patio and that she questioned the location of the ice machine when she saw it the first time. ADM stated they do not have enough space to relocate the machine, so they just planned to lock it to avoid residents from accessing it and cleaned it monthly. ADM stated they missed the cleaning the ice machine this month as the kitchen supervisor left last Friday. During an interview with RD 2 on [DATE] at 3:00 PM, RD 2 stated they started buying ice from the outside for resident's use on [DATE]. RD 2 presented an invoice indicating ice invoice on [DATE], [DATE] and [DATE]. RD 2 stated they stopped using the ice from the ice machine since [DATE]. (continued on next page)

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	555065	A. Building B. Wing	04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
View Park Convalescent Center	3737 Don Felipe Drive Los Angeles, CA 90008

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During the exit conference and interview with the RD 1, RD 2, ADM, and DON on [DATE] at 3:30 PM, RD 1 stated they stored the ice they purchased from the store in the reach in Freezer 3 and Freezer 4. A review of the facility's P&P titled Cleaning Schedule, dated [DATE], indicated, All areas and equipment in the kitchen should be cleaned daily. A review the facility's P&P titled Ice Machine Cleaning dated [DATE], indicated POLICY The ice machine (bin) will be cleaned and sanitized once a month. Maintenance staff will clean and sanitize the motor (evaporator) every 3 to 6 months, depending on manufacturer's recommendation. A review of Food Code 2017 indicated ,d+[DATE].11 (A) Equipment Food Contact Surfaces and utensils shall be clean to sight and touch. (B) NonFood-Contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue and other debris. A review of Food Code 2017 indicated ,d+[DATE].11 (A) Equipment Food Contact Surfaces and utensils shall be clean to sight and touch. ,d+[DATE].10 Food Contact Surfaces and Utensils shall be sanitized. , d+[DATE].11 Before use After cleaning. Utensils and Food-Contact Surfaces of Equipment shall be sanitized before use after cleaning. A review of Food Code 2017 indicated ,d+[DATE].13 Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues. A review of Food Code 2017 indicated ,d+[DATE].11 Miscellaneous Sources of Contamination. Food shall be protected from contamination that may result from a factor or source not specified under Subparts [DATE]-306. 4. During a concurrent observation of the storage area shelves and interview with RD 1 on [DATE] at 9:42 AM, there were two (2) dented cans stored with the non-dented cans in the dry storage area. RD 1 stated they had a separate area to put dented cans from the non-dented cans to ensure staff would not use them. RD 1 stated dented cans could grow bacteria in them and if the food in cans was consumed by residents, the food would cause possible diarrhea, nausea, and vomiting. A review of the facility's P&P titled Storage of Canned and Dry Goods, dated [DATE], indicated, (11) Canned items should be inspected for damage such as dented, leaking, or bulging cans. These items will be stored separately in the designated area-DENTED CANS for return to vendor or disposed of properly. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	A review of Food Code 2017 indicated ,d+[DATE].11 Safe Unadulterated, and Honestly Presented. Food shall be safe, unadulterated, and, as specified under ,d+[DATE].12, honestly presented. ,d+[DATE].11 Compliance with Food Law. A primary line of defense ensuring that food meets the requirements of S, d+[DATE].11 is to obtain food from approved sources, the implications of which are discussed below. However, it is also critical to monitor food products to ensure that, after harvesting, processing, they do not fail victim to conditions that endanger their safety, make them adulterated, or compromise their honest presentation. The regulatory community, industry, and consumers should exercise vigilance in controlling the conditions to which foods are subjected and be alert to signs of abuse. FDA considers food in hermetically sealed containers that are swelled or leaking to be adulterated and actionable under the Federal Food, Drug, and Cosmetic Act. Depending on the circumstances, rusted, and pitted or dented cans may also present a serious potential hazard. 5. A. During a concurrent observation of the resident's tray and interview with Regional Registered Dietitian (RD 2) on [DATE], 17 out of 78 trays were chipped and cracked. RD 2 stated the staff used the wrong trays and there were new trays that were delivered today. RD 2 stated staff should not be using cracked or chipped trays due to cross-contamination. During an observation of the clean carts used for trayline (an area for food assembly) lunch service and a concurrent interview with RD 1 on [DATE] at 11:24 AM, cracked and chipped trays were assembled for lunch service use. RD 1 stated RD 1 needed to follow-up with staff not to use cracked and chipped trays. A review of Food Code 2017 indicated ,d+[DATE].11 Food-Contact Surfaces. (A) Multiuse Food-contact surfaces shall be (1) Smooth (2) Free of breaks, open seams, cracks, chips, inclusions, pits, and similar imperfections.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. 47441 Based on observation, interview, and record review, the facility failed to dispose garbage and refuse properly when: A. One (1) of two (2) black dumpster (a large trash container designed to be emptied into a truck) and one (1) of one (1) blue dumpster were not covered for unknown amount of time. B. The trash area was not maintained free from trash, soiled gloves, and other dirt debris. This deficient practice had a potential for the trashes to attract flies, insects, rats, and other animals to the dumpster area, bringing diseases to 77 of 77 facility residents. Findings: During an observation of the garbage area located outside the facility's kitchen at 4/2/2024 2:05 PM, one (1) of two (2) black trash bin and one (1) of one (1) blue trash bin were not completely closed with covers/lids. The blue trash bin was overflowing with cardboard boxes. During a concurrent observation of the garbage area and interview with Maintenance Supervisor (MS) on 4/2/2024 at 2:08 PM, MS stated he was responsible of maintaining the cleanliness of the garbage areas. MS stated there were soiled gloves on the floor that would have fallen off the trash bins when staff was throwing the trash. MS stated the black trash bin was not closed all the way and the blue trash bin was overflowing with boxes as the staff did not break the boxes. MS stated the trash bins needed to be completely closed to prevent mice, flies, racoon (a gray-brown American mammal that has a foxlike face with a black mask and a ringed tail) and other insects from going to the garbage bins because animals could go and open the plastic of trash. MS stated animals could also go inside the facility and the food that could cause cross-contamination. MS stated residents could get sick due to cross-contamination. MS stated dirty gloves, dirt debris, paper, and plastic trashes in the outside area near the kitchen could attract pests. A review of the facility's policy and procedures (P&P) titled Waste Control and Disposal, dated 5/2023, indicated, POLICY: All waste will be disposed of daily and as needed throughout the day. PROCEDURES: (2) Trash bins should be covered at all times. (6) Outside garbage bins should be kept closed at all times and surrounding area must be kept clean. (8) All cardboard boxes will be broken down and disposed of timely. A review of the facility's P&P titled Pest Control, dated 2/20/2024, indicated, (5) Garbage and trash are not permitted to accumulate and are removed from the facility daily. A review of Food Code 2017, indicated, 5-501.113 Covering Receptacles and waste handling units for refuse, recyclables, and returnable shall be kept covered: (A) Inside food establishment if the receptacles and units: (1) Contain food residue and are not in continuous use; or (2) After they are filled; and 174 (B) With tight-fitting lids or doors if kept outside the food establishment.

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F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45528 Based on observation, interview and record review, the facility failed to provide at least 80 square feet (sq. ft.) per resident in 52 of 84 resident rooms (rooms 101, 102, 103, 104, 105, 106, 107, 109, 110, 114, 116, 118, 120, 121, 122, 134, 137, 138, 141). room [ROOM NUMBER] had one bed. Rooms 103, 109, 114, 134, 137, and 141 had two beds inside each room. Rooms 101, 104, 105, 106, 107, 110, 116, 118, 120, 121, 122, 138, 142 had three beds inside each room. This deficient practice had the potential to result in inadequate useable living space for the residents to ensure their freedom and safety and inadequate working space for the health caregivers to provide care to the residents. Findings: A review of the Request for Room Size Waiver letter submitted by the Administrator, dated 4/2/2024, indicated 52 resident rooms in the facility do not meet the requirement of at least 80 square feet per resident per federal regulation. The letter also indicated the resident beds are in accordance with the special needs of the residents and will not adversely affect residents' health and safety and do not impede the ability of the residents in the room to obtain their highest practicable well- being. The following rooms provided are less than 80 sq.ft. per resident: Room Room Size Floor Area Number of beds 101 19'1x10.7' 201.97 sq.ft. 3 102 19'1x10.7' 201.97 sq.ft. 3 103 19'1x10.9" 201.97 sq. ft. 2 104 19'2x10.9" 206.04 sq.ft. 3 105 19'3x10'11" 210.15 sq.ft. 3 106 19'2x10.8" 204.44 sq.ft. 3 107 19' x 11'3 x 2'8x8'7 x 236.66 sq. ft. 3 109 19'x10'7 204.25 sq.ft. 3 110 19'x10'9 206 sq.ft. 3 114 19'x10'9 204.25 sq.ft. 3 (continued on next page)

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F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	116 19 x10'7 204.25 sq.ft. 3 118 19'x10'9' 204.25 sq.ft. 3 120 19'1x11 209.92 sq.ft. 3 121 19' x 10'9 204.25 sq.ft. 3 122 18'11x11'1 209.66 sq.ft. 3 134 19'1x 10'7 x 2'4x8'7x 221.01 sq.ft. 3 137 19 x10'8 202.66 sq.ft. 3 138 19'1x10'9 205.145 sq. ft. 3 141 19 x10'8 202.66 sq.ft. 3 142 19'x10'10 x 9'5x2'6.5 x 203.76 sq.ft. 3 According to the federal regulation, the minimum square footage for a 2-bed room is at least 160 sq.ft. and the minimum square footage for a 3 bedroom is at least 240 sq. ft. During the recertification Survey on 4/4/2024, resident interviews indicated there were no concerns regarding the size of the rooms. During multiple observations of the resident rooms from 4/1/2024 to4/4/2024, the residents observed had ample space to move freely inside the rooms. There were sufficient spaces to provide freedom of movement for the residents and for nursing staff to provide care to the residents. There were also sufficient spaces for overbed/bedside tables, side tables and resident care equipment. During an interview on 4/2/2024, at 10:42 AM, with the administrator (ADM), ADM stated the facility submitted a written request for the continued room waiver as the room sizes do not impede resident care. During a concurrent observation and interview on 4/2/2024, at 1:47 PM, with Maintenance Supervisor (MS), in room [ROOM NUMBER]. MS measured the size of the room from the window to the door for the length, then measured from wall to wall horizontally for the width. The MS stated, I measure it like this, and I don't include anything that sticks out of the wall. Continued Room size waiver is recommended.

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47441 Based on observation, interview, and record review, the facility failed to maintain sanitary conditions in the food services department when: 1. Two (2) cockroaches (a type of insect) were observed in the kitchen. 2. Multiple cockroaches (two cockroaches) were observed on the floor underneath the dish washing sink area. This deficient practice had the potential to result in food contamination, causing food borne illnesses (illness caused by consuming contaminated foods or beverages) among 77 of 77 residents who received food from the kitchen. Findings: During a concurrent observation of the facility's kitchen and interview with the Registered Dietitian 1 (RD 1) on 4/2/2024 at 11:34 AM, one (1) dead cockroach and one (1) crawling (live) baby cockroach were observed on the floor underneath the dishwashing sink. RD 1 stated RD 1 did not know what the baby one was, but it was a small insect, and it was moving. RD 1 stated the kitchen should be free of insect for food safety. During a concurrent observation of the dish machine area and interview with the Registered Dietitian 2 (RD 2) on 4/2/2024 at 11:56 AM, RD 2 stated RD 2 did not know what type of insect was crawling on the floor underneath the dishwashing sink area, but it was some type of pest (any insect or organism that has harmful effects on humans). RD 2 stated a pest control service (a service that controls and removes unwanted insects and other pests, from spaces occupied by people) came to the facility on [DATE] and did a treatment and no cockroaches were found during their inspection. RD 1 stated the pest control company would come today to service the kitchen. During an observation of the kitchen exit door going to the trash area on 4/2/2024 at 12:20 PM, the screen door had half inch (1/2 in., unit of measurement) gap on top and bottom portion of the door. During an interview with Administrator (ADM) on 4/2/2024 at 1:47 PM, ADM reviewed a video clip of a cockroach crawling on the floor underneath the dishwashing area and stated ADM did not know what it was, but it was a pest. ADM stated she called the pest control service at 11:57 AM, and they (pest control service) would come at 1 AM to inspect the kitchen and would do a treatment. ADM stated a pest control company came to the facility monthly for inspection and treatment, and their last visit was on 3/28/2024. ADM stated the pest control company provided treatment for roaches and other pest; however, the pest control company did not notify her of any pest activities. ADM stated ADM did not look at the report whether any roaches were present in the kitchen. ADM stated it is important for the facility to be free of any pests as pests could affect the resident's food and could potentially cause infection. (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	A review of the Official Inspection Report of Los Angeles Department of Public Health dated 4/2/2024, indicated Complaint investigation (one cockroach violation was observed/no closure). A review of the facility's pest control document titled Service Report, dated 3/28/2024, indicated, Live activity reported to customers, intensive roach treatment HIGHLY RECOMMENDED to prevent shut down of kitchen. Recommend to improve sanitation to kitchen areas to mitigate roach activity. Recommend to reduce cardboard in storage areas to prevent pest harborage. Recommend to keep doors closed when not in use to prevent invading pests into basement areas. The service report indicated, pest findings of 12 cockroaches in the kitchen interior. A review of the facility's pest control document titled Service Report, dated 4/3/2024, indicated, Inspected and serviced for pest activity. Intensive roach clean out completed. Liquid residual treatment applied to mitigate roach activity. Flushed out cracks and crevices in kitchen area to mitigate activity. Dust application to voids and electrical outlets. Treated all areas in kitchen to mitigate activity, customer will see activity due to treatment, customer to wash all kitchen ware used for cooking or handling food to remove any residual on items, customer to seal openings along wall linings in kitchen to prevent roach harborage. DO NOT ENTER KITCHEN FOR 3-4 hours after treatment to allow for ventilation. Technician will follow up by the end of week to follow up on activity in kitchen. The service report also indicated, pest findings of 30 German Cockroaches (a small active winged cockroach) in the kitchen interior. A review of the facility's Policy and Procedures (P&P) titled, Pest Control, revised 2/20/24, indicated, Policy Statement: Our facility shall maintain an effective pest control program. Policy Interpretation and implementation. (1) This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents.