

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2025
NAME OF PROVIDER OR SUPPLIER View Park Convalescent Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3737 Don Felipe Drive Los Angeles, CA 90008	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>45528</p> <p>Based on interview, and record review, the facility failed to ensure the assessment entries on the Minimum Data Set (MDS- a resident assessment tool) related to insulin was accurately documented to reflect the resident's insulin status for one of three sampled residents (Resident 80).</p> <p>This deficient practice had the potential to negatively affect Resident 80's plan of care and delivery of necessary care and services.</p> <p>Findings:</p> <p>During a record review, Resident 80's Admission Record indicated the facility initially admitted Resident 80 on 11/15/2024 and readmitted Resident 80 on 2/7/2025 with diagnoses including congestive heart failure (CHF - a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling), hypertension (HTN - elevated blood pressure) and diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing).</p> <p>During a record review, Resident 80's Minimum Data Set (MDS- a resident assessment tool), dated 2/19/2025, indicated Resident 80 was cognitively intact (when a person has no trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS indicated Resident 80 was dependent on staff for toileting, dressing, transfers and person hygiene. The MDS also indicated that Resident 80 was on insulin.</p> <p>During a concurrent interview and record review on 4/16/2025 at 12:30 PM, with Minimum Data Set Coordinator (MDSC), Resident 80's medical chart was reviewed. The MDSC stated MDSC coding is based on a seven look back period from the date the MDS was done. MDSC stated Resident 80's quarterly MDS was done on 2/19/2025, the look back period was between 2/12/2025 to 2/19/2025. MDSC stated the quarterly MDS for 2/19/2025 indicated that Resident 80 got one injection of insulin in the seven look back period however, this should not have been the case as the insulin order was discontinued on 2/6/2025. MDSC stated the MDS is done to provide a proper care plan for the resident and if not done accurately, the residents care plan will not be updated or accurate, this will ultimately cause the Center for Medicare and Medicaid (CMS) to not have an accurate assessment of the residents.</p> <p>During an interview on 4/18/2025, at 3:35 PM, with the Director of Nursing (DON), the DON stated the MDS is an overall assessment of the resident so that care plan can be implemented based on the assessment and if inaccurate may lead to altered overall care that is being given to the resident.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a record review, the facility's policy and procedures (P&P), titled, Comprehensive Assessments, revised 3/2023, indicated comprehensive assessments are conducted to assist in developing person-centered care plans.</p> <p>1. Comprehensive assessments are conducted in accordance with criteria and timeframes established in the Resident Assessment Instrument (RAI) user manual.</p>

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p>44253</p> <p>Based on observation, interview, and record review, the facility failed to assist one out of 19 sampled residents (Resident 3) in obtaining dentures.</p> <p>This failure had the potential to effect the resident's nutritional status and weight.</p> <p>Findings:</p> <p>During a record review, Resident 3's Admission Record indicated the facility admitted the resident on 11/17/2019 and readmitted the resident on 7/16/2022, with diagnoses including Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), muscle wasting (weakening, shrinking, and loss of muscle) and atrophy (decrease in size and strength of the muscle) and anemia (a condition where the body does not have enough healthy red blood cells</p> <p>During a record review, Resident 3's Minimum Data Set (MDS - a resident assessment tool) dated 2/5/2025, indicated the resident had moderately impaired cognition. The same MDS further indicated Resident 3 was independent with eating and required substantial to total assistance with toileting, dressing and personal hygiene.</p> <p>During a record review, Resident 3's alteration in nutritional status care plan, initiated 11/17/2019, indicated the resident was at risk for poor oral intake due to being edentulous (without teeth). A further review of the care plan indicated the goal indicated was to minimize the risk of weight loss. The care plan interventions included to provide good mouth care, notify physician of refusal of meals, and to offer food substitutes if resident refuses meal tray or has poor intake.</p> <p>During a record review, Resident 3's alteration in oral/dental status care plan, initiated 11/17/2029, indicated the resident was missing natural teeth and the resident's denture was at home. The care plant interventions indicated staff to assess dental condition and refer the resident to a dentist(s) as indicated and ensure good oral hygiene.</p> <p>During a concurrent interview and observation on 4/15/2025 at 9:10 AM, at Resident 3's bedside, Resident 3 Was observed with no teeth lying in bed. Resident 3 stated she has no teeth. Resident 3 also stated they previously had dentures and were in a bedside cup and one day upon waking they were gone. Resident 3 further stated the dentures have been gone (missing) for a long time (time frame not specified). Resident 3 continued that the meat at the facility was never tender enough and she cannot always chew it. Resident three further stated that they have requested dentures from the dentist and the request has gone nowhere.</p> <p>During a concurrent interview and record review on 4/16/2025 at 10:30 AM with the Social Services Director (SSD), Resident 3's Dental Notes, dated 8/15/2024 was reviewed. The SSD stated the dental consult indicated the resident had an interest in dentures. The SSD stated SSD sed residence threes request for dentures. The SSD stated a weight loss was a potential outcome of not having dentures.</p> <p>(continued on next page)</p>		

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/17/2025 at 10:06 AM Certified Nursing Assistant (CNA) 2 ated resident three had dentures a long time ago but she doesn't have now. CNA 2 stated Resident 3 doesn't like will not food that is hard to chew. CNA 2 stated it is very rare that Resident 3 eats 100% of her (Resident 3) meals.</p> <p>During a record review, Resident 3's Order Summary Report, dated 4/18/2025, indicated an order of dental consult and treatment as needed for dental problems.</p> <p>During an interview on 4/18/2025 at 12:46 PM, the Director of Nursing (DON) stated the dentist visits the facility regularly every three months and is available for ad hoc visits when needed. The DON also stated staff must follow up on a resident's request for dentures. The DON further stated not having dentures can lead to residents having a hard time chewing or weight loss.</p> <p>During a record review, the facility policy and procedure (P&P) titled Dental Services, reviewed 3/21/2025, indicated, social services representatives will assist residents with appointments, transportation arrangements, and for reimbursement of dental services under the state plan, if eligible. If dentures are damaged or lost, residents will be referred for dental services within three days. If the referral is not made within three days, documentation will be provided regarding what is being done to ensure that the resident is able to eat and drink adequately while awaiting the dental services; and the reason for the delay.</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>45528</p> <p>Based on observation, interview and record review, the facility failed to ensure the standardized recipes for lunch menu was followed on 4/17/2025 when the [NAME] (CK) failed to follow the recipe instruction for the Szechwan pork by adding salt, pepper and garlic powder.</p> <p>This deficient practice had the potential to result in meal dissatisfaction, decreased nutritional intake, weight loss and increased risk hypertension (HTN - elevated blood pressure) for resident who were on a low sodium diet.</p> <p>Findings:</p> <p>A review of the facility recipe: Szechwan pork for week 3 Thursday indicated:</p> <p>Ingredients: pork, raw, cubed 1/4 - 1/2 or cut in thin strips, oil, sauce: low sodium soy sauce, hoisin sauce, low sodium chicken broth, rice vinegar, sugar, cornstarch, water, garlic powder, ginger, jarred or fresh grated or ground, red pepper flakes.</p> <p>During an observation on 4/17/2025, at 10:15 AM, in the facility kitchen, the stove was on and a pot was on top of the stove.</p> <p>During a concurrent observation and interview on 4/17/2025, at 10:17 AM, with the CK, in the facility kitchen, the stove was on and a pot was on top of the stove. There was meat boiling inside the pot. The CK stated the meat in the pot was pork per the menu for today (4/17/2025). The CK stated the pork boiling in the pot, was seasoned with salt, garlic powder and pepper. The CK stated that the recipe that CK used, did not include adding salt, garlic powder and pepper. The CK stated she added salt to give flavor to the boiling pork. The CK stated that the facility recipe should be followed because adding salt to the recipe may cause residents to have high blood pressure.</p> <p>During an interview on 4/17/2025, at 11:35 AM, with the Registered dietician (RD), the RD stated the facility kitchen staff should follow the recipe when making resident meals. The RD stated the recipes provides specifications for therapeutic diet and textures, to meet taste and presentation. The RD stated recipe that does not include added salt should not have added salt to it as it as the residents may not be able to contend with the taste of the food with the added salt and can also have hypertension.</p> <p>During an interview on 4/18/2025, at 3:43 PM, with the Director of nursing (DON), the DON stated a therapeutic diet is based on what the doctors order and aslo based on the resident's diagnosis(es). The DON stated a recipe needs to be strictly followed based on the expert recommendation. The DON stated residents that have hypertension should not have added salt to their diet as this can cause high blood pressure.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a record review, the facility policy and procedures, titled, Transfer Menu, revised 3/21/2025, indicated The eight day cycle menus are prepared by the dietician and modifications of individual resident menus are made as necessary to comply with physician orders and/or resident preferences .The standard menu will ensure nutritional adequacy of all diets .</p> <p>5. The menu will be prepared as written using standardized recipes. The dietary services supervisor and cooks are trained and responsible for the preparation and service of therapeutic diets prescribed.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>45528</p> <p>Based on observation, interview, and record review, the facility failed to ensure safe food handling practices when the container of Jelly in Refrigerator number one was dated 4/11/2024.</p> <p>This deficient practice had the potential to result in harmful bacteria growth and cross contamination (transfer of harmful bacteria from one place to another) that could lead to food borne illness in 90 out of 99 residents.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 4/15/2025, at 8:41 A.M., with the Registered dietician (RD), the RD stated that once food items are opened and placed in the refrigerator, the items are good for 30 days after being opened. The RD stated food items that are past 30 days of being opened need to be discarded (trashed) as the food may cause foodborne illnesses such as nausea, vomiting. The RD stated the jelly container in the refrigerator number one had an open date of 4/11/2024 and should not be in the refrigerator as it is past it's use by date of 30 days.</p> <p>During an interview on 4/18/2025, at 3:43 P.M., with the Director of nursing (DON), the DON stated that, food with a label date of 4/11/2024 whether open or closed should not be in the refrigerator as it is dangerous, it is harmful to the body leading to diarrhea and vomiting.</p> <p>During a record review, the facility policy and procedures (P&P), titled, Story of canned and dry food, revised 3/21/2025, indicated Food and supplies will be stored properly and in a safe manner.</p> <p>During a record review, the facility P&P, titled, Dry food storage guidelines, revised 3/21/2025, indicated Jellies, opened and refrigerated 6 months.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45455</p> <p>Based on observation, interview, and record review, the facility failed to: maintain a sanitary environment by failing to adhere to infection control measures in one out eight bathrooms (room [ROOM NUMBER])</p> <p>These deficient practices had the potential to expose Residents in room [ROOM NUMBER] to to disease causing pathogens (germs) from bodily fluids and waste that could result in, poor patient outcomes, medical complications, and unnecessary hospitalization .</p> <p>During a facility tour on 4/15/25 at 8 AM room [ROOM NUMBER] bathroom was observed to have:</p> <ol style="list-style-type: none"> 1. Three visibly soiled towels hanging on the towel rack. 2. A used coffee cup with residue inside and a water pitcher and cup place on a shelf above the bathroom sink. <p>During an interview on 04/15/25 at 08:13 AM, Certified Nurse Assistant (CNA) 1 stated the dirty towels, coffee cup and, water pitcher are not supposed to be in the bathroom because of infection control, CNA1 stated she does not know who left the towels in the Resident's communal bathroom and proceeded to remove towels out of the bathroom.</p> <p>During an interview on 4/17/2025 at 01:57 PM, infection prevention nurse (IPN) stated dirty towels, coffee cups and water pitchers should never be in the bathroom. IPN stated, it is an infection control issue that can expose residents to disease causing micro-organisms and infection.</p> <p>During an interview on 04/18/25 at 01:07 PM, Director of Nnursing (DON) stated dirty towels, cups and water pitchers should not be in the bathroom. DON stated, it is an infection control issue that can expose the Residents to disease causing microorganisms from using dirty towels, drinking from a contaminated water pitcher and/or cup and contract an infection that lead to unnecessary hospitalization , poor health outcomes and/or untimely death.</p> <p>During a record review, the facility policy and procedure (P&P) titled infection prevention and control program dated 3/21/2025 indicated, infection prevention and control . is established to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections. Facility's infection control policies and procedures apply equally to all facility staff, staff are trained on the infection control policies and procedures upon hire and periodically thereafter including where and how to find and use pertinent procedures and equipment related to infection control.</p>		

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<p>F 0912</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>44253</p> <p>Based on observation, interview and record review, the facility failed to provide at least 80 square feet (sq. ft.) per resident in 20 of 40 resident rooms (rooms 101, 102, 103, 104, 105, 106,107,109,110,114,116,118,120, 121,122,134, 137, 138, 141).</p> <p>This deficient practice had the potential to result in inadequate space for nursing care and privacy and safety of residents.</p> <p>Findings:</p> <p>During a record review, the facility Request for Room Size Waiver letter submitted by the Administrator, dated 4/16/2025, indicated 20 resident rooms in the facility did not meet the requirement of at least 80 square feet per resident per federal regulation. The letter also indicated all rooms have more than adequate space for resident privacy. The letter further indicated the following rooms provided are less than 80 sq.ft. per resident:</p> <table border="0"> <thead> <tr> <th>Room</th> <th>Room Sq. Footage</th> <th># of beds</th> </tr> </thead> <tbody> <tr><td>101</td><td>201.965 sq.ft.</td><td>3</td></tr> <tr><td>102</td><td>201.965 sq.ft.</td><td>3</td></tr> <tr><td>103</td><td>201.965 sq. ft.</td><td>3</td></tr> <tr><td>104</td><td>206.4 sq.ft.</td><td>3</td></tr> <tr><td>105</td><td>210.15 sq.ft.</td><td>3</td></tr> <tr><td>106</td><td>204.44 sq.ft.</td><td>3</td></tr> <tr><td>107</td><td>236.665 sq. ft.</td><td>3</td></tr> <tr><td>109</td><td>204.25 sq.ft.</td><td>3</td></tr> <tr><td>110</td><td>205.145 sq.ft.</td><td>3</td></tr> <tr><td>114</td><td>204.25 sq.ft.</td><td>3</td></tr> <tr><td>116</td><td>204.25 sq.ft.</td><td>3</td></tr> <tr><td>118</td><td>204.25 sq.ft.</td><td>3</td></tr> <tr><td>120</td><td>209.916 sq.ft.</td><td>3</td></tr> </tbody> </table> <p>(continued on next page)</p>	Room	Room Sq. Footage	# of beds	101	201.965 sq.ft.	3	102	201.965 sq.ft.	3	103	201.965 sq. ft.	3	104	206.4 sq.ft.	3	105	210.15 sq.ft.	3	106	204.44 sq.ft.	3	107	236.665 sq. ft.	3	109	204.25 sq.ft.	3	110	205.145 sq.ft.	3	114	204.25 sq.ft.	3	116	204.25 sq.ft.	3	118	204.25 sq.ft.	3	120	209.916 sq.ft.	3
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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>45037</p> <p>Based on observation, interview, and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Maintain a clean, safe, and functional environment for 92 of 92 residents. 2. Maintain and repair leaking pipes. <p>This failure had the potential to cause harm to the residents.</p> <p>Findings:</p> <p>During an observation on and interview 4/17/25 at 9:19 a.m., Medication Room A was observed with Registered Nurse Supervisor. The Medication Room A was noted with leaking pipe underneath the sink cabinet with a grey wash basin catching the water.</p> <p>During an interview Registered Nurse Supervisor (RNS) stated none of the staff or the Maintenance Supervisor (MS) reported to RNS about the leaking pipe underneath the sink. RNS stated, if leaking pipes are not repaired it can cause mold that can make the residents and the staff very sick.</p> <p>During an observation and interview on 4/17/25 at 9:29 a.m., Medication Room B was observed with RNS. The Medication Room B was noted with multiple dead cockroaches under the sink cabinet. RNS stated none of the staff or MS reported to RNS that there was cockroach infestation in Medication Room B. RNS stated the multiple dead cockroaches should have been reported to the Administration and the Director of Nursing (DON) right away. RNS stated if the cockroaches get in to the residents room it could make the resident very sick or they could bite the residents.</p> <p>During an observation on 04/17/25 at 10:47 a.m., the cabinet under the sink in Medication Room B was observed with DON, Administrator, and MS. Multiple dead cockroaches were noted under the sink.</p> <p>During an interview on 04/17/25 at 10:57 a.m., Administrator stated the MS is responsible to clean under the sink cabinets and fix leaking pipes. The Administrator stated this roach infestation is not acceptable and should have been reported to the Administrator immediately so that the pest control company are notified immediately to prevent the cockroaches from getting into the resident's rooms. The Administrator stated the pest control comes into the facility twice a month to check for roaches.</p> <p>During an interview on 04/17/25 at 11:27 a.m., the DON stated the roach infestation is not acceptable. The DON stated MS is responsible to clean the medication storage rooms, drawers and cabinets, and is responsible to fix leaking pipes in the facility. DON stated if the facility is having a roach infestation the MS is supposed to report it immediately to the DON or the Administrator so that the pest control company can be notified to come in and treat the cockroaches. DON stated cockroaches can cause harm to the residents.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2025
NAME OF PROVIDER OR SUPPLIER View Park Convalescent Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3737 Don Felipe Drive Los Angeles, CA 90008	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 04/18/25 at 11:57 a.m., MS stated if there is a water leak in the facility or if something needs to be repaired the staff is supposed to put in in the maintenance repair logs at nurses' station A and B. MS stated he checks the repair log daily. Maintenance Supervisor stated, if something is broken, he repairs it right away. MS stated he do not have any professional training or certifications in plumbing. MS stated he is responsible to check and clean under the sinks in nurses' station A and B. MS stated he last cleaned under the sink at station B two weeks ago. MS stated none of the staff reported to him that the facility had cockroaches. MS stated the cockroaches are very bad for the residents. to prevent the spread of the roaches. MS stated he do not have any invoices for plumbing repairs for the leaking pipe in the medication room on station A. MS stated leaking pipes can cause mold and the residents could get sick from that. MS stated if the cockroaches get into the residents rooms it can make the residents very sick.</p> <p>During a concurrent record review on 4/18/25 at 12:22 p.m., with MS of the documents titled 'Service Report, pest control invoices dated 1/9/25, 2/11/25, 3/14/24, 4/12/25, and 4/17/25, there was no indication that Medication Room B was treated for cockroaches.</p> <p>During a record review, the facility document titled Job Description Maintenance Supervisor with a revised date of 3/21/25, indicated:</p> <p>Summary:</p> <p>Responsible for the facility being maintained in good repair at all times, including interior and exterior surfaces, fixtures, and mechanical systems. Supervises and coordinates activities of workers engaged in maintaining and repairing physical structures of buildings and grounds. The Maintenance Supervisor assists in providing a clean, safe, dignified, happy and healthy environment for residents by performing the duties as described below. Able to work on-call to address maintenance and facility issues as they arise.</p> <p>Essential Duties and Responsibilities:</p> <p>Inspect the building and grounds daily looking for anything unusual, garbage, graffiti, ect., observing for any areas that need immediate attention and reporting to the Administrator on a daily basis.</p> <p>Maintains plumbing, electrical, heating, ventilation, and air conditioning systems according to established procedures, manufactured instructions and federal, Stated and local regulations.</p> <p>Troubleshoots failures in plumbing, electrical, heating, air conditioning, or appropriate systems and call the appropriate licensed service representative if unable to fix the system. '</p> <p>During a record review, the facility document titled Homelike Environment with a revised date of 3/21/25, indicated:</p> <p>Policy Statement:</p> <p>Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2025
NAME OF PROVIDER OR SUPPLIER View Park Convalescent Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3737 Don Felipe Drive Los Angeles, CA 90008	

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Policy Interpretation and Implementation:</p> <p>2a. Clean, sanitary and orderly environment.</p> <p>During a record review, the facility document titled Pest Control with a revised date of 3/21/25, indicated:</p> <p>Policy Statement:</p> <p>Our facility shall maintain an effective pest control program.</p> <p>Policy Interpretation and Implementation:</p> <p>1. This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents.</p> <p>6. Maintenance services assist, when appropriate and necessary, in providing pest control services.</p>