STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056078	A. Building B. Wing	04/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alta View Post Acute	831 S Lake Street Los Angeles, CA 90057

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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43418 Based on interview and record review, the facility failed to ensure one of two sampled residents (Resident 1), who had a history of falls, was a high fall risk, was on fall precautions, and a history of right hip fracture (broken bone), was observed by staff frequently, maintaining a visual check, per Resident 1's care plan on falls / potential for injury and failed to specify the type of assistance Resident 1 required. Certified Nursing Assistant 1 was the assigned sitter for Resident 1 but assisted another resident. As a result, on 11/13/2021, at 1 PM, Resident 1 suffered a second injury to the right leg in four months. Resident 1 fell from the wheelchair and Family Member 1 assisted the resident back to bed. Resident 1 was transferred to the general acute care hospital (GACH) where Resident 1 was diagnosed with right femur (thigh bone) comminuted fracture (bone broken in at least two places caused by severe traumas) distal to the tip (away from) of the right hip prosthesis (artificial device implanted into the body). Resident 1 had a right femur periprosthetic fracture (a broken bone that occurs around surgical implants), and an open reduction and internal fixation (ORIF - a type of surgery used to stabilize and repair broken bones, some form of hardware is used to hold the bone together so it can heal) surgery was performed. Resident 1 required Morphine (a controlled substance) to treat the severe pain. Findings: A review of Resident 1's Face sheet indicated Resident 1 was an [AGE] year old female, originally admitted to the facility on [DATE] with diagnoses including abnormalities of gait (manner of walking) and mobility, unspecified osteoarthritis (disease caused by wearing down of protective tissue at the ends of bones), muscle weakness, history of falling, lack of coordination, Alzheimer's disease (a progressive disease that destroys memory and other important mental functions), and schizophrenia (a mental disorder that affects a person's ability to think, feel, and behave clearly). A review of Resident 1's Care Plan, dated 9/3/2021, indicated Resident 1 was a high risk to experience complications related to the use of psychotropic medication (changes the nervous system function and results in alterations in perception, mood, consciousness, cognition, or behavior), anti-psychosis: schizophrenia manifesting behavior cursing at staff. The care plan indicated the approach or plan included but was not limited to monitoring interaction of resident with others for appropriateness. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056078	A. Building B. Wing	04/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alta View Post Acute	831 S Lake Street Los Angeles, CA 90057

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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	A review of Resident 1's Admission Orders, dated 11/10/2021, indicated Resident 1's admission diagnoses included status post right hip hemiarthroplasty (hip joint replacement surgery 7/6/2021), bipolar disorder (a mental condition marked by alternating periods of elation and depression), depression, and aggressive behavior. The admission orders further indicated fall precautions were ordered for Resident 1. According to a review of Resident 1's Fall Risk assessment dated [DATE], Resident 1 was disoriented times three (person, place and time) at all times, and was chair bound. The fall risk assessment indicated Resident 1 had a score of 14 and that a score of 10 or greater indicated Resident 1 was a high risk for falls. A review of Resident 1's Fall Risk Care Plan, dated 11/10/2021, indicated Resident 1 had a potential and risk for falls or injury related to cognition deficits, poor decision making, use of psychoactive medications, noncompliance with asking for assistance, declining in functional status, lack of safety awareness and judgement, and history of falls. The care plan goals indicated Resident 1 would remain free from fall and self-injury, and to minimize injury related to fall. The care plan approach for Resident 1 included, but was not limited to, assessing and observing the level of safety awareness and judgement, provide verbal cueing, maintain a visual check when up in a wheelchair and when in bed, and assist the resident with transfer. The care plan did not indicate safety education to responsible party or family. According to a review of Resident 1's H&P, dated 11/11/2021, Resident 1 did not have the capacity to understand and make decisions. A review of Resident 1's Physical Therapy (PT) Evaluation & Plan of Treatment, dated 11/11/2021, indicated Resident 1 was referred to PT due to new onset of decrease in functional mobility as to bed mobility, transfers, and gait, decreased neuromotor (relating to the effects of nerve impulses on muscles) control, decreased postural alignment and reduced sitting/standing balance placing resident at risk for decreased participation with functional tasks, falls, and decrease of mobility. The PT evaluation indicated Resident 1 was a fall risk and the plan of treatment indicated fall predictors included decreased knee strength, delayed anticipatory reactions, discontinuity of steps, inadequate postural control within transitional movements, poor negotiation of obstacles, and reduced strength in lower calf muscle. A review of Resident 1's Occupational Therapy (OT) Evaluation & Plan of Treatment, dated 11/11/2021, indicated Resident 1 was referred to OT due to exacerbation of decrease in strength, decrease in functional mobility, decrease in transfers, reduced ability to safely ambulate, reduced balance, and increased need for assistance from others. The OT evaluation & plan of treatment further indicated Resident 1 presented with balance deficits, poor safety awareness, impaired reality and abstract thinking, reduced functional activity tolerance, and decline with functional mobility. A review of the Medication Administration Record (MAR), dated 11/11, 11/12 and 11/13/2021, indicated Resident 1 was administered Risperdal 0.25 mg (an antipsychotic medication that works on the brain to treat schizophrenia) by mouth at 9 AM for bipolar disorder. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056078	A. Building B. Wing	04/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alta View Post Acute	831 S Lake Street Los Angeles, CA 90057

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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	A review of Resident 1's Minimum Data Set (MDS - a comprehensive, standardized assessment and care screening tool), dated 11/13/2021, indicated Resident 1 was unable to make decisions, had history of falls, and required extensive assistance with one-person physical assist for activities of daily living (ADL - surface transfer, bed mobility, locomotion on and off the unit, dressing, eating, toilet use, and personal hygiene). The MDS indicated Resident 1 was not steady and only able to stabilize with staff assistance including transitioning from seated to standing position, walking, turning around, and surface to surface transfer. A review of the facility document titled, COVID-19 (a contagious respiratory disease caused by SARS-CoV-2): Screening Checklist for Visitors, dated 11/13/2021, indicated Family Member 1 (FM 1) visited Resident 1 at the facility. A review of Resident 1's Situation-Background-Assessment-Recommendation (SBAR) Communication Form, dated 11/13/2021, timed at 1 PM, indicated a change in condition, status post fall, right leg pain and swelling on right anterior (front) leg or femur. The SBAR communication form indicated FM 1 called the attention of the nursing staff and stated Resident 1 slid from her wheelchair to the floor. FM 1 assisted Resident 1 from the floor to the bed and called the nursing staff. The SBAR form indicated Resident 1 had complaints of discomfort on the right anterior leg with noted redness and swelling. The physician was notified, ordered for X-ray (diagnostic test that can be used to check for fractures), and transfer Resident 1 to the GACH. A review of Resident 1's Care Plan, dated 11/13/2021, indicated Resident 1 was status post fall and was at risk for additional fall/injurious fall. The approach / plan included visual check resident when up in the wheelchair. The care plan did not indicate any new interventions to prevent falls for Resident 1. A review of Resident 1's Resident Transfer Record, dated 11/13/2021, indicated Resident 1's reason for transfer included further evaluation due to swelling and pain at the right leg and femur fracture. According to a review of Resident 1's Physician's Telephone Order, dated 11/13/2021, Resident 1 was discharged to the GACH for further evaluation due to status post fall. A review of the GACH H&P indicated Resident 1 was admitted on [DATE] with a chief complaint of severe pain of the right leg with ecchymosis (a discoloration of the skin resulting from bleeding underneath, typically caused by bruising). The H&P indicated the X-ray revealed a comminuted fracture (bone broken in at least two places caused by severe traumas like a car accident) distal to the tip (away from) of the right hip prosthesis. The H&P indicated Resident 1 returned to the GACH from the facility one week prior and had a past surgical history of a right hip arthroplasty within a year. A review of Resident 1's GACH Operative Report, dated 11/19/2021, indicated Resident 1 had a right femur periprosthetic fracture (a broken bone that occurs around surgical implants), and an open reduction and internal fixation (ORIF - a type of surgery used to stabilize and repair broken bones, some form of hardware is used to hold the bone together so it can heal) surgery was performed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056078	A. Building B. Wing	04/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alta View Post Acute	831 S Lake Street Los Angeles, CA 90057

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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	A review of the GACH Medical Progress Noted dated 11/21/2021 indicated Resident 1 was sometimes agitated and complained of severe pain. The assessment and plan indicated Resident 1 was status post-surgical repair of the right femoral shaft fracture at the tip of the right hip prosthesis, with anxiety due to pain, chronic pain exacerbation, and to increase morphine (a controlled substance to treat severe pain) to 3-4 mg every three hours as needed. During an observation on 11/30/2021 at 2:55 PM, there were three residents noted in the facility Observation Room and one facility staff. During an interview with Licensed Vocation Nurse (LVN) 1, on 12/22/2021, at 1:30 PM, LVN 1 stated Certified Nursing Assistant (CNA) 1 called LVN 1 to come to the room to assess Resident 1. LVN 1 stated she assessed Resident 1 and observed redness and pain on Resident 1's right leg. LVN 1 further stated sitters (staff assigned to provide supervision for resident safety) were supposed to be with residents at all times. During an interview with CNA 1, on 12/22/2021, at 1:56 PM, CNA 1 stated she was assigned as the sitter for Resident 1 in the facility Observation Room. CNA 1 stated while she assisted another resident who asked for water, Resident 1 got up from the wheelchair and fell . CNA 1 stated, I had my back to Resident 1 while getting the water. It happened fast and it was my fault that Resident 1 fell . CNA 1 stated Resident 1 needed a sitter because Resident 1 always wanted to get up and had periods of aggressiveness. During an interview on 1/27/2022, at 3:11 PM, LVN 2 stated Resident 1 had poor safety awareness and family cannot be used as 1:1 supervision for residents. LVN 2 stated FM 1 reported to her that Resident 1 fell and that he brought her back into bed. LVN 2 stated the sitter was in the room when Resident 1 fell and was unsure why the sitter did not tell FM 1 not to move Resident 1 after falling. LVN 2 stated the sitter should have let the facility staff know about the fall so that a thorough assessment can be performed and to not cause further injury. LVN 2 stated the Observation Room was not a 1:1 room. On 1/27/2022, at 4:13 PM, during an interview, RN 2 stated Resident 1 had a history of falls and was placed in a room used for monitoring residents with a staff member supervising the resident. RN 2 stated the staff member in the room could not leave the room unless there was another staff member present to cover. RN 2 stated family members could not be used as sitters. RN 2 stated the sitter needed to be able to visualize the resident for their safety. RN 2 stated Resident 1 was ambulatory in the past and had unsteady gait. RN 2 further stated Resident 1 had right leg surgery recently (7/2021, four months prior) from a previous fall at the facility. During an interview on 1/27/2022, at 4:27 PM, the Director of Nurses (DON) stated Resident 1 was placed in the observation room where the facility provided staff members to constantly monitor residents in the room for safety and comfort. The DON stated the staff member in the observation room should be able to visualize the resident in the room. During an interview on 3/23/2022 at 11:57 AM, the DON stated Resident 1's sitter was not in proximity (nearby) to help the resident before she fell . The DON stated the importance of implementing new care plan interventions was to prevent further incidents and falls from occurring. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056078	A. Building B. Wing	04/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alta View Post Acute	831 S Lake Street Los Angeles, CA 90057

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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	A review of the facility's policy and procedure (P&P) titled, Falls - Clinical Protocol, dated 1/2021, indicated the staff and physician will monitor and document the individual's response to interventions intended to reduce falling or the consequences of falling. Frail elderly individuals were often at greater risk for serious adverse consequences of falls. A review of the facility's P&P titled, Safety and Supervision of Residents, dated 1/2021, indicated resident safety and supervision and assistance to prevent accidents are facility-wide priorities. The P&P indicated the facility-oriented and resident-oriented approaches to safety were used together to implement a systems approach to safety, which considers the hazards identified in the environment and individual risk factors, and then adjusts interventions accordingly. The P&P further indicated resident supervision was a core component of the systems approach to safety. The type and frequency of resident supervision was determined by the individual resident's assessed needs and identified hazards in the environment. A review of the facility's undated policy and procedure titled, Care Plans-Preliminary, indicated the interdisciplinary team will review the Attending Physician's order and implement a nursing care plan to meet the resident's immediate care needs to assure that the residents immediate care needs are met and maintained. A review of the facility document titled, Care of Residents Requiring Continuous Supervision or One on One Supervision, undated, indicated the professional responsibilities/expectations when assigned in the observation room or as sitter include staff/sitters may not ask a family member or visitor to relieve them for a short break, sitters/staff may not leave the room nor leave the resident unattended in the room, and ensure resident's safety and comfort.