Printed: 05/28/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056417 NAME OF PROVIDER OR SUPPLIER View Heights Conv Hosp For information on the nursing home's plan to correct this deficiency, please con		(X2) MULTIPLE CONSTRUCTION A. Building B. Wing STREET ADDRESS, CITY, STATE, ZI 12619 S. Avalon Blvd Los Angeles, CA 90061	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		ion)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	etc.) that affect the resident. 47858 Based on interview and record revelopisode of touching himself inapproximate the propertion of the process of the pr	riew, the facility failed to notify the physopriately in the hallway for one out of say in medical evaluation and intervention and F600. record review on, 8/6/2024, at 3:16 p.m. 2/17/2024, and Resident 1's Change of intervention and indicated it was reported that in the doorway of his room, in a public age of condition notification made to the ay of inappropriate sexual behavior on cosess was to complete a change of ephysician and the appropriate doctors stated there was a possibility Resident were not made aware of his behaviors. at 3:50 p.m., with the Director of Nursin in made for Resident 1's display of inapple social services designee (SSD) did in consequence of this, there was a delay in car sexual behaviors. The DON stated that it would be considered negligence.	sician when a resident exhibited an ix sampled residents (Resident 1). Ins for Resident 1's hypersexual In., with Registered Nurse (RN) 2, of Condition (COC) Notes, dated Resident 1 masturbated (to setting on 2/17/2024. The COC exphysician, psychiatrist, nor the 2/17/2024. RN 2 stated for every addition note, and notify the frondition note should have been so could place proper orders and at 1's condition worsened or Ing (DON), the DON stated a change propriate sexual behavior on not relay this information to the nige of condition note and notify the eany medical or behavioral are for the medical treatment and

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 056417

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056417	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLI	ER	STREET ADDRESS, CITY, STATE, Z	IP CODE
View Heights Conv Hosp		12619 S. Avalon Blvd Los Angeles, CA 90061	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informat	ion)
F 0580 Level of Harm - Minimal harm or potential for actual harm	indicated the facility shall promptly	icy and Procedure (P&P), titled, Chang notify the resident, his or her attending al or daily life affairs of a conservatee) mental condition.	physician, and Conservator
Residents Affected - Few	indicated the SSD was to ensure the descriptive, and timely of the service	cial Services Designee Job Description nat all charted progress notes are communes provided and of the resident's resp to communicate with the medical staff	pleted accurately, informative, onse to the service. The job

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056417	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER View Heights Conv Hosp 12619 S. Avalon Blvd Los Angeles, CA 90061		P CODE
plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
		on)
and neglect by anybody. **NOTE- TERMS IN BRACKETS H Based on observation, interview, a (Resident 2) were free from sexual behaviors (an intense focus on sex 1. Immediately intervene and provid began masturbating (to pleasure or 2. Ensure the social services desig Resident 1 first exhibited hypersext These deficient practices resulted in in the hallway on 7/20/2024. These evidenced by a furrowed brow and Cross reference F656. Findings: 1. During a concurrent observation (DON), the camera footage, dated The camera footage showed that R approximately ten to fifteen minutes (Registered Nurse [RN] 1 and Certi stopped, and exchanged words wit appeared to look in the direction of 1 proceeded to lower his shorts and moved in a back-and-forth motion. Resident 2, which was an inapprop facility staff to immediately, physical stated that because staff did not int an increased potential for Resident Resident 2. The DON stated any di individual, in a public setting, was of	IAVE BEEN EDITED TO PROTECT Cound record review, the facility failed to elabuse from Resident 1, who had a known wall fantasies, urges, or behaviors that the dea safe distance between Resident 1 inself sexually) in public. There (SSD) notified and communicated wall behaviors on 2/17/2024. The Resident 1 masturbating while standing failures also resulted in Resident 2 express the protection of the information of the informatio	ensure one of six sampled residents own history of hypersexual can't be controlled), by failing to: and Resident 2 when Resident 1 with the licensed nurses when ing in close proximity to Resident 2 hibiting feelings of anger as cident. an., with the Director of Nursing 2 a.m. to 9:00 a.m., was reviewed. It ance away from Resident 2, for a in the hallway. Two nurses a past the two residents. RN 1, way from the two residents. Resident horts, and Resident 1's left arm than an arm's distance away from ated she would have expected the fety for both residents. The DON ween the two residents, there was vior in a public setting, in front of ual behavior directed at a specific 4, the report indicated Resident 2 in Resident 1 approached her and
	DENTIFICATION NUMBER: 056417 R Dian to correct this deficiency, please construction of SUMMARY STATEMENT OF DEFICE (Each deficiency must be preceded by Protect each resident from all types and neglect by anybody. **NOTE- TERMS IN BRACKETS HE Based on observation, interview, and (Resident 2) were free from sexual behaviors (an intense focus on sex 1. Immediately intervene and provide began masturbating (to pleasure or 2. Ensure the social services design Resident 1 first exhibited hypersexus These deficient practices resulted in the hallway on 7/20/2024. These evidenced by a furrowed brow and Cross reference F656. Findings: 1. During a concurrent observation (DON), the camera footage, dated The camera footage showed that Reproximately ten to fifteen minutes (Registered Nurse [RN] 1 and Certistopped, and exchanged words with appeared to look in the direction of 1 proceeded to lower his shorts and moved in a back-and-forth motion. Resident 2, which was an inapproping facility staff to immediately, physical stated that because staff did not intended and the second of the facility's Incidence of the facility is Incidence of the facility's Incidence of the facility's Incidence of the facility is Incidence of the facilit	A. Building B. Wing STREET ADDRESS, CITY, STATE, ZI 12619 S. Avalon Blvd Los Angeles, CA 90061 SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying informati Protect each resident from all types of abuse such as physical, mental, se and neglect by anybody. ***NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT COMES as and neglect by anybody. ***NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT COMES as on observation, interview, and record review, the facility failed to edite (Resident 2) were free from sexual abuse from Resident 1, who had a knot behaviors (an intense focus on sexual fantasies, urges, or behaviors that 1. Immediately intervene and provide a safe distance between Resident 1 began masturbating (to pleasure onself sexually) in public. 2. Ensure the social services designee (SSD) notified and communicated Resident 1 first exhibited hypersexual behaviors on 2/17/2024. These deficient practices resulted in Resident 1 masturbating while stand in the hallway on 7/20/2024. These failures also resulted in Resident 2 ex evidenced by a furrowed brow and fast breathing when speaking of the in Cross reference F656. Findings: 1. During a concurrent observation and interview, on 8/5/2024, at 2:14 p.r. (DON), the camera footage, dated 7/20/2024, timed at approximately 8:00 The camera footage showed that Resident 1 stood less than an arm's dist approximately ten to fifteen minutes, while Resident 2 talked on the phone (Registered Nurse [RN] 1 and Certified Nursing Assistant [CNA] 1) walked stopped, and exchanged words with Resident 1, and proceeded to walk a appeared to look in the direction of the two residents and proceeded to walk appeared to look in the direction of the two residents and proceeded to walk appeared to look in the direction of the two residents and proceeded to a sexual abuse. During a review of the facility's Incident Follow-Up Report, dated 7/25/202 reported (on 7/22/2024) the resident sate by the phone in the hallway wher t

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NAME OF PROVIDER OR SUPPLIER View Heights Conv Hosp	:	STREET ADDRESS, CITY, STATE, ZIP CODE 12619 S. Avalon Blvd Los Angeles, CA 90061	
For information on the nursing home's pla	an to correct this deficiency, please cont	contact the nursing home or the state survey agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	IENCIES full regulatory or LSC identifying information	on)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 1's Adradmitted to the facility on [DATE] ar was admitted with diagnoses that in people think, feel and behave) and cause airflow blockage and breathin During a review of Resident 1's Min care-screening tool), dated 6/14/20 was moderately impaired. The MDS (ADLs, daily self-care activities such During a review of Resident 1's care indicated Resident 1 was to be placed During a review of Resident 1's care indicated the staff's interventions in management, and impulse control of Resident 1. The care plan indicated who specializes in mental health), For in the treatment of mental, emotion interventions. During a review of Resident 1's Behmasturbated (to pleasure oneself seindicated the plan was placed into the facility. The plan indicated staff Resident 1 were to deviate from the 2. During a review of Resident 2's Admitted to the facility on [DATE] we problem where you experience psynthat causes unusual shifts in a persident 1 touched himself inappro2 stated that it happened again on was told to just ignore the resident. Observed with a furrowed brow and the duration that she was in the sando anything to prevent Resident 1 fine.	mission Record, the Admission Record and readmitted on [DATE]. The Admission recluded schizophrenia (a serious mental chronic obstructive pulmonary disease ng-related problems). Jaminum Data Set ([MDS]- a comprehens 24, the MDS indicated Resident 1's cognistic indicated Resident 1's cognistic indicated Resident 1 was independent as grooming, dressing, toileting, and the plan titled, Physical Aggression, date are plan titled Hypersexual Behavior, date dicated to encourage Resident 1 to attain the property of the property	indicated Resident 1 was initially on Record indicated Resident 1 al health condition that affects how (COPD, a group of diseases that ive resident assessment and gnition (ability to think and reason) at with activities of daily living personal hygiene). Indicated Resident 2 was entered and indicated Resident 1 (2/17/2024. The behavior plan enother similar incident while in sess interventions at that time if (a mental illness concentration). Indicated Resident 2 was entered Resident 2 was entered Resident 2 stated the phone on 7/19/2024. Resident the incident. Resident 2 stated she had and upset. Resident 2 was ent made her feel uncomfortable for its resident 2 stated she had known entered a stated she had known entered in the stated she had known in the serious plan indicated Resident 2 stated she had known entered in the serious plan indicated Resident 2 stated she had known entered in the serious plan indicated Resident 2 stated she had known entered in the serious plan indicated Resident 2 stated she had known entered in the serious plan indicated Resident 2 stated she had known entered in the serious plan indicated Resident 2 stated she had known

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View Heights Conv Hosp 12619 S. Avalon Blvd		STREET ADDRESS, CITY, STATE, ZI 12619 S. Avalon Blvd Los Angeles, CA 90061	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	:IENCIES full regulatory or LSC identifying informati	on)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	admitted to the facility on [DATE] w problem where you experience psy During a review of Resident 3's MD The MDS indicated Resident 3 was During an interview, on 8/5/2024, a stand by Resident 2 and jack off (the Resident 2 while she used the photogonia but he did not listen. Resident stop or prevent Resident 1's actions display inappropriate sexual behavious what dates these events transpired During a concurrent observation and the camera footage, dated 7/20/202 stated he would have separated the camera footage) did not intervene i intervention and supervision, this let The PM stated that staff did not per inappropriate sexual behavior. During an interview on 8/6/2024, at recalled that Resident 1 stood at and delegated another staff member to stated anything could have happen two residents were unsupervised at During a concurrent interview and replan, dated 2/17/2024, and Reside Behavior Plan indicated it was reposetting on 2/17/2024. The Change made to the physician, psychiatrist, behavior on 2/17/2024. RN 2 stated change of condition note, and notify change of condition note should ha appropriate doctors could place pro	t 10:14 a.m., with Resident 3, Resident estimulation of private body parts for the Resident 3 stated that she tried to get 3 stated staff had knowledge of the irs. Resident 3 stated Resident 1 was kritor in public, but could not identify the r	tesident 3's cognition was intact. It 3 stated she witnessed Resident 1 sexual pleasure) in front of get Resident 2 to stop what he was neident but did not do anything to nown to have similar incidents and names of staff who knew or recall with the Program Manager (PM), 19:00 a.m., was reviewed. The PM tated that staff (based on the ety, and due to the lack of 1's inappropriate sexual behavior. If and free from Resident 1's 1, RN 1 stated on 7/20/2024 she 1 stated that she should have a proceeded to walk away. RN 1 were left unattended because the edorway of his room, in a public no change of condition notification display of inappropriate sexual rmal process was to complete a ponsible party. RN 2 stated a at the physician and the ent 1. RN 2 stated there was a

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056417	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLII View Heights Conv Hosp	ER	STREET ADDRESS, CITY, STATE, ZI 12619 S. Avalon Blvd Los Angeles, CA 90061	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICE (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informat	ion)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 8/6/2024, at of condition note should have been 2/17/2024. The DON stated the SS licensed nurses could complete the expectation of the SSD to commun of this, there was a delay in care for behaviors. The DON stated that if the considered negligence. During a review of the facility's Soci indicated the SSD was to ensure the descriptive, and timely of the service description indicated the SSD was department directors. During a review of the facility's Politevery resident had the right to be fit the safety and well-being of the result to address behavioral issues. The limake abuse and neglect more likely During a review of the facility's polithe P&P indicated the following: 1. The facility closely monitored the significant change in their behavior. 2. Direct care staff were assigned of behavior. 3. Staff was to respond and interver communicates feeling unsafe or agont the residents for safety. 5. The staff member may not leave	t 3:50 p.m., with the Director of Nursing in made for Resident 1's display of inapped D did not relay that information to the less change of condition note and notify the dicate any medical or behavioral change of the medical treatment and intervention the doctor were not made aware of change of the doctor were not made aware of change of the doctor were not made aware of changes and services Designee Job Description that all charted progress notes are composes provided and of the resident's responsibility and Procedure (P&P) titled, Abuse the doctor with the medical staff, and staff shall promote dignity and Procedure (P&P) titled, Abuse the first of titled, Preventing Resident Abuse, and his signs and symptoms of behavior probably to occur and monitoring these areas be status of residents who are at risk for for their physical or mental condition. Common areas [throughout the facility] where as necessary to any resident who we gitated, or is behaving in an unsafe many we of the resident's rooms or other designation and the resident's mental staff members ange noted in the resident's mental staff members ange noted in the resident's mental staff.	g (DON), the DON stated a change or opriate sexual behavior on licensed nursing staff so that the per physician. The DON stated it was est the nursing staff, and because ons for Resident 1's hypersexual inges of condition, then it would be (undated), the job description oleted accurately, informative, onse to the service. The job nursing service, and other (adated 2023, the P&P indicated of of every employee was to ensure and assist residents as needed. Set ated 2023, the P&P indicated the olems and implementing care plans by areas within the facility that may regularly. Set Safety Monitoring, dated 2020, unsafe behavior, to observe for a in order to observe resident or order to observe or is present for relief.
	an unsafe manner, a Licensed Nur		tus, or the resident is behaving in

			NO. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056417	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER View Heights Conv Hosp 12619 S. Avalon Blvd Los Angeles, CA 90061		P CODE	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informat	ion)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's P&F	P titled, Resident Rights , dated 2020, tilized to enhance the comfort and well	the P&P indicated the residents'

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056417	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER View Heights Conv Hosp STREET ADDRESS, CITY, STATE, ZIP CODE 12619 S. Avalon Blvd Los Angeles, CA 90061		P CODE	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	that can be measured. **NOTE- TERMS IN BRACKETS H Based on observation, interview, a interventions to address a resident' that can't be controlled) behaviors in the can't be controlled. 1. Document and encourage Resides symptom management, and impulse 2. Model and role play appropriate 3. Notify and communicate with lice episode of publicly and inappropriate 3. Notify and communicate with lice episode of publicly and inappropriate 3. Notify and communicate with lice episode of publicly and inappropriate 3. Notify and communicate with lice episode of publicly and inappropriate 4. Cross-reference Feodo. Findings: 1. During an observation on 8/5/20 7/20/2024, timed at approximately of Nursing (DON), the camera foota Resident 2, for approximately ten to Two nurses (Registered Nurse [RN residents. RN 1, stopped, and excharging to look residents. Resident 1 proceeded to Resident 1's left arm moved in a barring a review of Resident 1's Adadmitted to the facility on [DATE] a was admitted with diagnoses that in people think, feel and behave) and cause airflow blockage and breathing a review of Resident 1's Mir care-screening tool), dated 6/14/20 was moderately impaired, and Resident Resident 1's Mir care-screening tool), dated 6/14/20 was moderately impaired, and Resident 1's mir care-screening tool), dated 6/14/20 was moderately impaired, and Resident 1's mir care-screening tool), dated 6/14/20 was moderately impaired, and Resident 1's mir care-screening tool), dated 6/14/20 was moderately impaired, and Resident 1's mir care-screening tool), dated 6/14/20 was moderately impaired, and Resident 1's mir care-screening tool), dated 6/14/20 was moderately impaired, and Resident 1's mir care-screening tool), dated 6/14/20 was moderately impaired, and Resident 1's mir care-screening tool), dated 6/14/20 was moderately impaired, and Resident 1's mir care-screening tool), dated 6/14/20 was moderately impaired, and Resident 1's mir care-screening tool), dated 6/14/20 was moderately impaired, and Resident 1's mir care-screeni	behaviors for Resident 1. ensed nurses and the physician when Intely touching himself in the hallway on an Resident 1 sexually touching himself the spoke on the telephone, in the hallward feelings of anger as evidenced by a specific process. The spoke on the telephone, in the hallward feelings of anger as evidenced by a specific process. The spoke of the facility's camera is seen as a spoke of the facility's camera is spoke of the facility is camera in the direction of the two residents and place of the facility is spoke of	effectively implement care plan kual fantasies, urges or behaviors esident 1) when the facility failed to: ings for healthy relationships, Resident 1 exhibited his first 2/17/2024. Inappropriately as he stood in ay (on 7/20/2024). These failures furrowed brow and fast breathing. In surveillance footage, dated of the Administrator and Director than an arm's distance away from the don the phone in the hallway. In a surveillance footage, dated of the Administrator and Director than an arm's distance away from the don the phone in the hallway. In a surveillance footage, dated of the Administrator and Director than an arm's distance away from the don the phone in the hallway. In a surveillance footage, dated of the Administrator and Director than an arm's distance away from the don't have deeded to walk away from the two deproceeded to walk past

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X3) PROVIDER OR SUPPLIER (View Heights Conv Hosp Street DDRESS, CITY, STATE, ZIP CODE 12619 S. wing STREET ADDRESS, CITY, STATE, ZIP CODE 12619 S. wing STREET ADDRESS, CITY, STATE, ZIP CODE 12619 S. wing blw Los Angeles, CA 90061 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) During a review of Resident 1's Behavior Plan, dated 2'17'2024, the plan indicated Resident 1' masturit the state of the sta				No. 0938-0391
View Heights Conv Hosp 12619 S. Avalon Blvd Los Angeles, CA 90061 For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES [Each deficiency must be preceded by full regulatory or LSC identifying information) During a review of Resident 1's Behavior Plan, dated 2/17/2024, the plan indicated Resident 1 (to stimulate one's own genitals for sexual pleasure) in the doorway of his room, in a public setting on 2/17/2024. During a review of Resident 1's Hypersexual Behavior Care Plan, dated, 2/17/2024, the care plan indicated staff sinterventions included to encourage Resident 1 to attend the healthy relationship, symptom management, and impulse control group. The care plan indicated staff were to model and role play appropriate behaviors for Resident 1, and notify Resident 1's Medical Doctor (MD). Psychiatrist (a doc who specializes in mental health), Psychologist (a person who specializes in the study of mind and behavior in the treatment of mental, emotional, and behavioral disorders), and Therapist for additional support interventions. 2. During a review of Resident 2's Admission Record, the Admission Record indicated Resident 2 was admitted to the facility on [DATE] with diagnoses that included schizoaffective disorder (mental health problem where you experience psychosis as well as mood symptoms) and bipolar is mental illness the causes unusual shiffs in a person's mood, energy, activity levels, and concentration). During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2's cognition was inta and Resident 2'was independent with ADLs. During a concurrent observation and interview, on 8/5/2024, at 9:50 a.m., with Resident 2's Levisional to the problem special p		IDENTIFICATION NUMBER:	A. Building	COMPLETED
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Reside			12619 S. Avalon Blvd	P CODE
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Besidents Affected - Few The service of Resident 1's Behavior Plan, dated 2/17/2024, the plan indicated Resident 1 masturit (to stimulate one's own genitals for sexual pleasure) in the doorway of his room, in a public setting on 2/17/2024. During a review of Resident 1's Hypersexual Behavior Care Plan, dated, 2/17/2024, the care plan indicated management, and impulse control group. The care plan indicated staff were to model and role play appropriate behaviors for Resident 1, and notify Resident 1's Medical Doctor (MD). Psychiatrist (a doc who specializes in mental health), Psychologist (a person who specializes in the study of mind and behavioral disorders), and Therapist for additional support interventions. 2. During a review of Resident 2's Admission Record, the Admission Record indicated Resident 2 was admitted to the facility on [DATE] with diagnoses that included schizoaffective disorder (mental health problem where you experience psychosis as well as mood symptoms) and biplant (a mental litness the causes unusual shifts in a person's mood, energy, activity levels, and concentration). During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2's cognition was int and Resident 2 was independent with ADLs. During a concurrent observation and interview, on 8/5/2024, at 9:50 a.m., with Resident 2, Resident 2 Resident 1 touched himself inappropriately in front of her while she used the phone on 7/19/2024. Resident 2 to to just ignore (Resident 1), which made her feel mad and rule 2 stated twas told to just ignore (Resident 1), which made her feel mad and rule 2 stated twas told to just ignore (Resident 1), which made her feel mad and rule 2 stated twas told to just ignore (Resident 3) was in the same unit as Resident 2 stated that it made it angry when staff did not do anything to prevent Resident 1 from inappropriately touching himself, Resistated she had known Resident 1 to brouch himself inap	For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.		agency.	
(to stimulate one's own genitals for sexual pleasure) in the doorway of his room, in a public setting on 2/17/2024. During a review of Resident 1's Hypersexual Behavior Care Plan, dated, 2/17/2024, the care plan indicated 1-Few sets of Resident 1's Hypersexual Behavior Care Plan, dated, 2/17/2024, the care plan indicated 1-Few appropriate behaviors for Resident 1, and notify Resident 1's Medical Doctor (MD), Psychiatrist (a doc who specializes in mental health), Psychologist (a person who specializes in the study of mind and bet or in the treatment of mental, emotional, and behavioral disorders), and Therapist for additional support interventions. 2. During a review of Resident 2's Admission Record, the Admission Record indicated Resident 2 was admitted to the facility on [DATE] with diagnoses that included schizoaffective disorder (mental health) problem where you experience psychosis as well as mood symptoms) and bipolar (a mental illness the causes unusual shifts in a person's mood, energy, activity levels, and concentration). During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2's cognition was intand Resident 2 was independent with ADLs. During a concurrent observation and interview, on 8/5/2024, at 9:50 a.m., with Resident 2, Resident 2 Resident 1 touched himself inappropriately in front of her while she used the phone on 7/19/2024, are stated that it happened again on 7/20/2024, and staff had knowledge of the incident. Resident 2 states was told to just ignore [Resident 1], which made her feel mad and upset, as evidenced by Resident 2's furrowed brow and fast breathing during the interview. Resident 1. Resident 2 stated was told to just ignore [Resident 1], which made her feel mad and upset, as evidenced by Resident 2's furrowed brow and fast breathing during the interview. Resident 1 Resident 2 stated was told to just ignore [Resident 1], which made her feel mad and upset, as evidenced by Resident 3's MDS, dated [DATE], the MDS indicated Resident 3's adamisted to the facili	(X4) ID PREFIX TAG			on)
	Level of Harm - Minimal harm or potential for actual harm	plan to correct this deficiency, please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) During a review of Resident 1's Behavior Plan, dated 2/17/2024, the plan indicated Resident 1 mast. (to stimulate one's own genitals for sexual pleasure) in the doorway of his room, in a public setting or 2/17/2024. During a review of Resident 1's Hypersexual Behavior Care Plan, dated, 2/17/2024, the care plan in the staff's interventions included to encourage Resident 1 to attend the healthy relationship, sympton management, and impulse control group. The care plan indicated staff were to model and role play appropriate behaviors for Resident 1, and notify Resident 1's Medical Doctor (MD). Psychiatrist (a down ospecializes in mental health), Psychologist (a person who specializes in the study of mind and bor in the treatment of mental, emotional, and behavioral disorders), and Therapist for additional supp interventions. 2. During a review of Resident 2's Admission Record, the Admission Record indicated Resident 2 wa admitted to the facility on [DATE] with diagnoses that included schizoaffective disorder (mental health problem where you experience psychosis as well as mood symptoms) and bipolar (a mental illness to causes unusual shifts in a person's mood, energy, activity levels, and concentration). During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2's cognition was in and Resident 2 was independent with ADLs. During a concurrent observation and interview, on 8/5/2024, at 9:50 a.m., with Resident 2, Resident 1 state was told to just ignore [Resident 1], which made her feel monding the proper intervention of the time that she was in the same unit as Resident 1 from inappropriately touching himself. Resident 2 state was told to just ignore [Resident 1], which made her feel monding the resident 1 stated she how wand fast breathing during the interview. Resident 1 Residen		2/17/2024, the care plan indicated salthy relationship, symptom are to model and role play stor (MD), Psychiatrist (a doctor in the study of mind and behavior herapist for additional support and bord indicated Resident 2 was stive disorder (mental health dibipolar (a mental illness that centration). Resident 2's cognition was intact, with Resident 2, Resident 2 stated the phone on 7/19/2024. Resident 2 are incident. Resident 2 stated she as evidenced by Resident 2's the made her feel uncomfortable for dent 2 stated that it made it her feel riately touching himself. Resident 2 ast (in public) and stated that staff ord indicated Resident 3 was stive disorder (mental health desident 3's cognition was intact, at 3 stated she witnessed Resident 1 sexual pleasure) in front of the state of the incident but did 2 was known to have similar

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			No. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056417	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER View Heights Conv Hosp		STREET ADDRESS, CITY, STATE, ZI 12619 S. Avalon Blvd Los Angeles, CA 90061	P CODE
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.		agency	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	<u> </u>	
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and r (SSD) 1, Resident 1's Psychosocia Resident 1 was encouraged on one The notes did not indicate that Res control group sessions. SSD 1 state stated there was a lack of documer different types of group meetings. S Resident 1 was not encouraged to these meetings so that Resident 1 important to implement care plans in oother residents would be subject. During an interview, on 8/5/2024, at to attend group sessions to gain sk important to implement care plans is concerns. The DON stated the lack symptom management and impulse of inappropriate sexual behavior. During a concurrent observation and (PM), the camera surveillance footareviewed. The PM stated the nursing Resident 1 as he stood near Resident 1's Behavior Plan, dated 2/2024, were reviewed. The Behav doorway of his room, in a public secondition notification made to the pinappropriate sexual behavior on 2/2 was to complete a change of condition the appropriate doctors could place possibility Resident 1's condition with the appropriate doctors could place possibility Resident 1's condition with the appropriate doctors could place possibility Resident 1's condition with the appropriate doctors could place possibility Resident 1's condition with the appropriate doctors could place possibility Resident 1's condition with the appropriate doctors could vertically a should have been made for Reside stated that the social worker did no nurses could complete the change expectation of the social worker to because of this, there was a delay in the property of the social worker to because of this, there was a delay in the property of the social worker to because of this, there was a delay in the property of the social worker to because of this, there was a delay in the property of the social worker to because of this, there was a delay in the property of the social worker to because of this, there was a delay in the property of the social worker to because of this, there was a delay in the property of the social worker to because of thi	record review, on 8/5/2024, at 11:47 a.: I notes, dated 2/2024 to 8/2024, were recorded to a cocasion (2/17/2024) to attend a heal ident 1 was encouraged to attend symped that healthy relationship groups were tation that indicated Resident 1 was encouraged to attend symped that healthy relationship groups were tation that indicated Resident 1 was encould better himself and work on his important for the overall to re-traumatization. It 12:17 p.m., with the DON, the DON stills to be better and [develop] proper so because it served as the facility's plantary of documentation to prove that Reside a control group sessions could have possible to the proper second review, on 8/6/2024, at 1:00 p.m., age, dated 7/20/2024, timed at approxing staff did not take the opportunity to rent 2. The PM stated Resident 1's care record review on, 8/6/2024, at 3:16 p.m. (2/17/2024, and Resident 1's Change of ior Plan indicated it was reported that fetting on 2/17/2024. RN 2 stated for every change tion note, and notify the physician, and note should have been completed on 2 to proper orders and interventions for Reproper orders and intervention to the licensed reproper for the medical treatment and interventions.	m., with Social Services Director reviewed. The notes indicated thy relationships group session. Protom management and impulse the held on a weekly basis. SSD 1 incouraged to attend all three as not effectively implemented if a was important for him to attend apulses. SSD 1 stated that it was I safety of the resident and so that the tated it was important for residents acial skills. The DON stated it was on how to address resident-specific ant 1 was encouraged to attend attentially led to Resident 1's display with the facility's Program Manager mately 8:00 a.m. to 9:00 a.m., was model appropriate behavior for a plan was not effectively followed. In, with Registered Nurse (RN) 2, and Condition (COC) Notes, dated Resident 1 masturbated in the icated there was no change of gist for Resident 1's display of a condition, the normal process conservator or responsible party. Physician and the sident 1. RN 2 stated there was a coctors were not made aware of his cated a change of condition note ehavior on 2/17/2024. The DON mursing staff so that the licensed and the pool of the resident 1's display that the pool of the process conservator or responsible party. Physician and the physician an

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 056417

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			NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056417	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIE	NAME OF PROVIDER OR SUPPLIER		P CODE
View Heights Conv Hosp 12619 S. Avalon Blvd Los Angeles, CA 90061			
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's Social Services Designee Job Description (undated), the job description indicated the SSD was to ensure that all charted progress notes are completed accurately, informative, descriptive, and timely of the services provided and of the resident's response to the service. The job description indicated the SSD was to communicate with the medical staff, nursing service, and other department directors. During a review of the facility's policy and procedure (P&P) titled, Care Plans, dated 2020, the P&P indicated the facility was to develop and maintain a comprehensive care plan for each resident that identifies		
	the high level of functioning the res During a review of the facility's P&F following:	or titled, High Risk Safety Monitoring , d	ated 2020, the P&P indicated the
	, ,	e status of residents who are at risk for or their physical or mental condition.	unsafe behavior, to observe for a
	Direct care staff were assigned common areas [throughout the facility] in order to observe resident behavior.		
	Staff was to respond and intervene as necessary, to any resident who verbally and non-verbally communicates feeling unsafe or agitated, or is behaving in an unsafe manner.		
	Direct must have been in full view of the resident's rooms or other designated areas in order to observe the residents for safety.		
	5. The staff member may not leave his/her post until another staff member is present for relief.		
	6. When there was a significant change noted in the resident's mental status, or the resident is behaving in an unsafe manner, a Licensed Nurse is to be notified immediately.		
	During a review of the facility's P&P titled, Activities and Social Services Monthly, Quarterly, and Annual Documentation Format (undated), the P&P indicated staff should reference the care plan and describe the approaches the counselor is doing to encourage and involve the resident with the Special Treatment Program.		
	,	P titled, Resident Rights , dated 2020, tillized to enhance the comfort and well-	