

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 08/06/2020
NAME OF PROVIDER OF SUPPLIER VIEW HEIGHTS CONV HOSP		STREET ADDRESS, CITY, STATE, ZIP 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.			
(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 - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility's nursing staff failed to ensure one of one sampled residents (Resident A) was provided adequate supervision and did not elope (to leave unsupervised or undetected) during a resident outing to the library. This deficient practice resulted in Resident A eloping from a resident group outing to the library. Findings: A review of Resident A's Admission Records indicated the resident was admitted to the facility on [DATE]. Resident A's [DIAGNOSES REDACTED]. A review of Resident A's Minimum Data Set (MDS), standardized assessment and care-screening tool, dated 9/2/2019, indicated Resident A's cognitive (thought process) skills for daily decision making were intact but had disorganized thinking. The MDS indicated Resident A was independent in her activities of daily living (the things we normally do such as eating, bathing, dressing, grooming and toileting) and needed no assistance to ambulate (walk). A review of Resident A's Elopement/Wandering Scoring form, dated 9/1/19, indicated Resident A had a score of 11 indicating she was at high risk to wander or elope. A review of Resident A's Progress Note (Activity Participation Note), dated 9/1/19, and timed at 3:31 p.m., indicated Resident A participated in an activity outing to a local library. The note indicated when gathering residents to return to the facility it was noted Resident A was not present. A review of Resident A's Progress Note (AWOL (absent without permission) note), dated 9/1/19, and timed at 5:08 p.m., indicated Resident A along with eight other residents left the facility escorted by three staff for a therapeutic outing to the library as part of the community re-entry program. The note indicated as staff were making rounds for a resident head count, Resident A could not be located. The library and perimeter were immediately searched. On 9/13/19 at 1:03 p.m., during an interview, the Director of Nursing (DON) stated Resident A was alert and oriented times four (name, place, date, time), she was ambulatory and she could verbalize her needs. The DON stated Resident A had been at the facility for approximately two years and had a history of [REDACTED]. The DON stated Resident A and eight other residents left the facility on a group outing to the library at approximately 10 a.m. on 9/11/19. The DON stated the library was a couple blocks away from the facility and there were three staff accompanying the group. The DON stated when they were ready to return to the facility, Resident A was noted to be missing from the group. On 9/13/19 at 2:25 p.m., during an interview, the Activity Assistant 1 (AA1) stated they take residents who meet the criteria to the library on Wednesdays. AA1 stated Resident A was last seen at approximately 11:30 a.m., at the front of the library near the cashier purchasing a book. AA1 stated she (AA1) went to the restroom and when she came out about five minutes later the other staff were doing a head count and that was when they discovered Resident A was missing. On 9/13/19 at 2:37 p.m., during an interview, Mental Health Counselor 1 ([MEDICATION NAME]) stated they took a group of residents to the library on 9/11/19. [MEDICATION NAME] stated there were nine residents and three staff on the group outing. [MEDICATION NAME] stated one staff was sitting in the back of the library near the exit, one staff was in the restroom, and one staff was counting the residents, preparing to return to the facility, when they found there were only eight residents and Resident A was missing. On 4/28/2020 at 10:37 a.m., during a telephone interview, the Administrator stated they received email correspondence that Resident A was located on 12/28/2019 (approximately three months after the resident eloped from the library). The Administrator stated he did not know why Resident A was not readmitted to their facility and he did not know where Resident A currently was. A review of an email correspondence addressed to the facility's social services department, dated 4/28/2020, indicated Resident A was admitted to a general acute care medical center (GACH) on 12/28/19 and discharged on [DATE]. A review of the facility's policy and procedure titled, Staffing for Therapeutic Outings and Events, dated 2/18/19, indicated the facility would ensure adequate and sufficient supervision of residents while the resident was either receiving healthcare services or participating in an outing. The policy and procedure indicated under Staff Restroom Usage that in the event a staff member needs to utilize the restroom, he or she must report to the staff leader and ensure his or her peers are monitoring the remaining group.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.