STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056417	A. BUILDING _____ B. WING _____	**04/23/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0657 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop an individualized care plan for one of eight residents (Resident 3), who was involved in a resident to resident altercation. This deficient practice had the potential to contribute to a reoccurrence of resident to resident altercation. Findings: A review of the Admission record indicated Resident 3 was admitted on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. A review of Minimum Data Set (MDS), a standardized assessment and care screeening tool, dated 11/22/19 indicated Resident 3 exhibited hallucinations, delusions and other behavioral symptoms not directed towards others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes or verbal/vocal symptoms like screaming, disruptive sounds). On 4/06/19 at 3:01 p.m., during an interview and concurrent record review, the Program Director (PD) stated Resident 3 had a care plan initiated on 2/7/20 which focused on the resident's physical aggression towards male peer and was on monitoring for alleged physical aggression. The PD stated the care plan interventions for the resident incorporated educate the resident to be aware of his surroundings while ambulating, provide with education on seeking out staff for all concerns, monitor for any behavioral changes, encourage resident to notify staff of any changes or concerns and initiate non-pharmaceutical interventions, however the resident's interventions on the care plans were not clear and specific. The PD stated that the care plan did not help communicate to a new staff or staff unfamiliar with the resident how to care for the resident's needs nor does it specify what interventions will work at preventing future occurrence. The PD stated that care plans should be specific to that person and should address what interventions works specifically for the resident. A review of the facility's undated policy and procedure titled, Resident-Resident Abuse Policy indicated should the resident be observed in a physical, sexual or verbal altercation or confrontation with another resident, the facility will evaluate the abuse behavior do the following, including develop a care plan that includes interventions to prevent the recurrence of such incident. A review of the facility's undated policy and procedure titled, Care Plans-Comprehensive indicated an individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident. Each resident's comprehensive care plan has been designed to: incorporate risk factors associated with identified problems and build on the resident's strengths.

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.