

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER North Valley Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7660 Wyngate St Tujunga, CA 91042	

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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49135</p> <p>Based on interview and record review, the facility failed to permit one of six sampled residents (Resident 1) to return to the facility after hospitalization . Resident 1 was permitted to the facility on [DATE].</p> <p>This deficient practice subjected Resident 1 to an unnecessary prolonged hospitalization .</p> <p>Findings:</p> <p>A review of Resident 1 ' s Admission Record indicated the resident was originally admitted to the facility on [DATE] and then readmitted on [DATE] with diagnosis including basal cell carcinoma (a type of skin cancer that most often develops on areas of skin exposed to the sun, such as the face), tachycardia (a heart rate over 100 beats per minute [normal heart rate is 60 to 100 beats per minute]), and orthostatic hypotension (a drop in blood pressure that occurs when moving from a laying down position to a standing position).</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS - a standardized assessment and care screening tool) dated 2/27/2024, indicated Resident 1 is able to understand others and able to be understood by others.</p> <p>A review of Resident 1 ' s Physician Orders dated 4/20/2024 timed at 11:59 a.m. indicated an order to transfer Resident 1 to General Acute Care Hospital 1 (GACH 1).</p> <p>A review of the facility ' s census (daily list indicating resident names with corresponding room numbers), dated 5/20/2024, indicated that there were two available male beds (room [ROOM NUMBER]A and room [ROOM NUMBER]B) in the facility.</p> <p>A review of Resident 1 ' s Referral Activity (list of Residents ready to return to the facility) dated 5/20/2024 timed at 11:59 a.m. indicated that the facility rejected Resident 1 ' s readmission due to the facility ' s inability to meet Resident 1 ' s needs.</p> <p>A review of GACH 1 ' s progress note dated 5/21/2024 timed at 4:47 p.m., indicated that Resident 1 ' s discharged is pending a bed from the facility. The note further indicated that Social Worker 1 (SW 1) has been calling the facility daily but was informed that there was no bed available for Resident 1.</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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Director of Nursing (DON) on 5/28/2024 at 2:15 p.m. the DON stated that on 5/20/2024 the facility had two male beds available for admission. When the DON was asked how come one of the two available male beds were not utilized for Resident 1 ' s readmission, the DON stated that the two available male beds on 5/20/2024 were instead given to two possible new admissions rather than being offered to Resident 1. DON stated that the two potential new admissions decided not to be admitted to the facility. The DON stated that from 5/20/2024 to 5/24/24 the two male beds in the facility remained open, but the DON did not try to inform SW 1 that there were available beds at the facility. The DON stated that Resident 1 was readmitted to the facility on [DATE] only after the State Survey Agency Surveyor (Surveyor 1) arrived at the facility questioning Resident 1 ' s whereabouts.</p> <p>During an interview with the DON on 5/28/2024 at 3:29 p.m., the DON stated that if there are multiple admission inquiries with a limited number of available beds, the facility ' s procedure dictates that the facility will prioritize the available bed to residents who are awaiting to be readmitted to the facility.</p> <p>During an interview with the Admission Director on 5/28/2024 at 3:30 p.m., the Admission Director stated that if there are multiple admission inquiries with a limited number of available beds, the facility ' s procedure dictates that the facility will prioritize the available bed to residents who are awaiting to be readmitted to the facility.</p> <p>During an interview with the Administrator (ADM) on 5/29/2024 at 11:15 a.m. the ADM stated that the facility should prioritize available beds to first those residents with an active bed hold (when a resident ' s bed at a facility is held for a period of seven days so that the resident can return to the same bed), and then second, to those residents who were most recently admitted to the facility but have exceeded their seven day bed hold and are ready to return to the facility.</p> <p>A review of the facility ' s policy and procedures titled Readmission to Facility dated 12/19/2022 indicated that it is the facility ' s policy to protect resident ' s right to readmission by permitting each resident to return to the facility after they are hospitalized ; the facility will readmit the resident to the first available bed .; if a bed is not available in the same location at the time of readmission, the resident will be given the option to return to that location upon the first availability of a bed .</p>		