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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055146 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                              | (X3) DATE SURVEY COMPLETED<br><br>12/26/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>North Valley Nursing Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>7660 Wyngate St<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42275</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure residents were provided with a safe, clean, comfortable, and homelike environment for five of six sampled residents (Resident 2, 3, 4, 5, and 6) by failing to provide a clean bathroom.</p> <p>The deficient practice violated the residents' right to a comfortable, homelike environment and had the potential to negatively impact the quality of life.</p> <p>Findings:</p> <p>a. During a review of Resident 2's Admission Record, the Admission Record indicated that the facility originally admitted the resident on 5/2/2024 and readmitted the resident on 8/4/2024 with diagnoses that included dementia (a progressive state of decline in mental abilities) and bipolar disorder (mental disorder that causes unusual shifts in mood, energy, activity levels, concentration, and the ability to carry out day-to-day tasks).</p> <p>During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool) dated 11/7/2024, the MDS indicated the resident's cognitive (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) skills for daily decision making was moderately impaired, and the resident needed total assistance from staff with toileting hygiene, and moderate assistance with personal hygiene.</p> <p>b. During a review of Resident 3's Admission Record, the Admission Record indicated that the facility admitted the resident on 1/26/2024 with diagnoses that included hemiplegia (one-sided paralysis [complete or partial loss of muscle function]) and hemiparesis (one-sided muscle weakness) following cerebral infarction (damage to tissues in the brain due to a loss of oxygen to the area).</p> <p>During a review of Resident 3's MDS dated [DATE], the MDS indicated the resident's cognitive skills for daily decision making was intact, and the resident needed total assistance from staff with toileting hygiene and personal hygiene.</p> <p>c. During a review of Resident 4's Admission Record, the Admission Record indicated that the facility originally admitted the resident on 4/29/2024 and readmitted the resident on 10/11/2024 with diagnoses that included Parkinson's disease (a movement disorder of the nervous system that worsens over time).</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>During a review of Resident 4's MDS dated [DATE], the MDS indicated the resident's cognitive skills for daily decision making was severely impaired, and the resident needed total assistance from staff with toileting hygiene and personal hygiene.</p> <p>d. During a review of Resident 5's Admission Record, the Admission Record indicated that the facility admitted the resident on 9/22/2023 with diagnoses that included psychosis (a severe mental condition in which thought and emotions are so affected that contact is lost with reality).</p> <p>During a review of Resident 5's MDS dated [DATE], the MDS indicated the resident's cognitive skills for daily decision making was intact, and the resident needed moderate assistance from staff with toileting hygiene and personal hygiene.</p> <p>e. During a review of Resident 6's Admission Record, the Admission Record indicated that the facility originally admitted the resident on 9/23/2023 and readmitted the resident on 11/12/2024 with diagnoses that included Parkinson's disease and schizophrenia (a mental illness that is characterized by disturbances in thought).</p> <p>During a review of Resident 6's MDS dated [DATE], the MDS indicated the resident's cognitive skills for daily decision making was moderately impaired, and the resident needed total assistance from staff with toileting hygiene.</p> <p>During a concurrent observation and interview on 12/26/2024 at 8:19 am, with Certified Nursing Assistant 2 (CNA 2), observed the shared bathroom for Residents 2, 3, 4, 5, and 6. Observed that the toilet seat was up, and the toilet bowl and the bathroom floor were soiled with brownish color of stool that was already dried up with malodor (an unpleasant or offensive smell). CNA 2 stated that CNA 2 did not see the soiled bathroom for Residents 2, 3, 4, 5, and 6 when CNA 2 got the basin (an open usually circular container of various sizes for holding or collecting liquids) for Resident 3 at around 7 a.m. that morning, and further stated that if CNA 2 had noticed that the shared bathroom was dirty, then CNA 2 would have called housekeeping staff immediately.</p> <p>During an interview on 12/26/2024 at 8:25 a.m., with Resident 5 in Resident 5's room, Resident 5 stated that Resident 5 is mostly continent (the ability to control and retain bodily functions, such as urine and feces [stool]) but did not use the shared bathroom on that morning (12/26/2024) yet. Resident 5 stated the housekeeping staff usually doesn't clean the bathroom until 10 a.m., and often the bathroom was soiled and smelled. Resident 5 stated, If you are telling me, how it looks like now, I'm not going to be surprised. Resident 5 further stated when Resident 5 asks to have the bathroom cleaned when dirty, it takes a long time to be cleaned. When Resident 5 was asked for the meaning of long time, Resident 5 stated that sometimes took more than an hour to be cleaned.</p> <p>During an interview on 12/26/2024 at 8:29 a.m., with Housekeeping 1 (HK 1), HK 1 stated that in general, HK 1 would take out the trash for the residents' bathrooms first daily, but HK 1 missed to check the trash for the residents' bathrooms and cleaned the entrance area first on that morning (12/26/2024). HK 1 stated HK 1 did not check the shared bathroom for Resident 2, 3, 4, 5, and 6 until that time, 8:29 a.m. HK 1 stated HK 1 had to stop checking all of the residents' bathrooms when the residents started their breakfast and waited until the residents were done with their breakfast, then resumed to clean the bathrooms.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>During a concurrent observation and interview on 12/26/2024 at 8:39 a.m., with the Director of Nursing (DON), the Maintenance Supervisor (MS), and HK 1, observed the shared bathroom for Residents 2, 3, 4, 5, and 6. When HK 1 opened the shared bathroom and was asked for the bathroom conditions, HK 1 stated that HK 1 was going to clean it right away. When the MS asked HK 1 if HK 1 checked the shared bathroom for Residents 2, 3, 4, 5, and 6 on that morning (12/26/2024), HK 1 stated that HK 1 did not check the shared bathroom until that moment because HK 1 cleaned the entrance area first, and no one informed HK 1 to clean the shared bathroom for Residents 2, 3, 4, 5, and 6 until that time.</p> <p>During an interview on 12/26/2024 at 9:02 a.m., with the DON, the DON stated that the shared bathroom for Residents 2, 3, 4, 5, and 6 was not clean and observed that the feces on the toilet bowl was already dried up, and the brownish spots on the floors was dried up as well. The DON stated the smell was bad but could not tell since when though. The DON stated it was not a home-like environment at all, and that no one at home would wait until feces would dry up with that smell.</p> <p>During a concurrent interview and record review on 12/26/2024 at 9:21 a.m., with the Administrator (ADM) and the MS, reviewed the schedules for the maintenance department staff. The MS stated that housekeeping staff were scheduled from 7 a.m. to 3 p.m. daily to clean the residents' rooms and bathrooms inside the residents' rooms, and after 3 p.m. for emergency cases, either laundry staff or janitor staff would clean a soiled resident's room and bathroom until 8:30 p.m. The MS further stated when a resident's room or bathroom got dirty after the last staff from the maintenance department left for the day, then the nursing staff should clean a soiled bathroom with disinfectant wipes.</p> <p>During a review of the facility's policy and procedure titled, Safe and Homelike Environment, last reviewed on 1/10/2024, the policy indicated, In accordance with residents' rights, the facility will provide a safe, clean, comfortable, and homelike environment Housekeeping and maintenance services will be provided as a necessary to maintain a sanitary, orderly, and comfortable environment General Consideration: Minimizing odors by disposing of soiled linens promptly and reporting lingering odors and bathrooms needing cleaning to Housekeeping Department.</p> |   |  |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42275</b></p> <p>Based on observation, interview, and record review, the facility failed to maintain infection control practices by failing to ensure a shared bathroom for five of six sampled residents (Resident 2, 3, 4, 5, and 6) was not soiled with dried up feces (stool) on the bathroom floor and toilet bowl.</p> <p>This deficient practice had the potential to result in the spread of infection placing residents, staff, and visitors at risk to be infected with germs.</p> <p>Findings:</p> <p>a. During a review of Resident 2's Admission Record, the Admission Record indicated that the facility originally admitted the resident on 5/2/2024 and readmitted the resident on 8/4/2024 with diagnoses that included dementia (a progressive state of decline in mental abilities) and bipolar disorder (mental disorder that causes unusual shifts in mood, energy, activity levels, concentration, and the ability to carry out day-to-day tasks).</p> <p>During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool) dated 11/7/2024, the MDS indicated the resident's cognitive (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) skills for daily decision making was moderately impaired, and the resident needed total assistance from staff with toileting hygiene, and moderate assistance with personal hygiene.</p> <p>b. During a review of Resident 3's Admission Record, the Admission Record indicated that the facility admitted the resident on 1/26/2024 with diagnoses that included hemiplegia (one-sided paralysis [complete or partial loss of muscle function]) and hemiparesis (one-sided muscle weakness) following cerebral infarction (damage to tissues in the brain due to a loss of oxygen to the area).</p> <p>During a review of Resident 3's MDS dated [DATE], the MDS indicated the resident's cognitive skills for daily decision making was intact, and the resident needed total assistance from staff with toileting hygiene and personal hygiene.</p> <p>c. During a review of Resident 4's Admission Record, the Admission Record indicated that the facility originally admitted the resident on 4/29/2024 and readmitted the resident on 10/11/2024 with diagnoses that included Parkinson's disease (a movement disorder of the nervous system that worsens over time).</p> <p>During a review of Resident 4's MDS dated [DATE], the MDS indicated the resident's cognitive skills for daily decision making was severely impaired, and the resident needed total assistance from staff with toileting hygiene and personal hygiene.</p> <p>d. During a review of Resident 5's Admission Record, the Admission Record indicated that the facility admitted the resident on 9/22/2023 with diagnoses that included psychosis (a severe mental condition in which thought and emotions are so affected that contact is lost with reality).</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 12/26/2024 at 9:02 a.m., with the DON, the DON stated that the shared bathroom for Residents 2, 3, 4, 5, and 6 was not clean and observed that the feces on the toilet bowl was already dried up, and the brownish spots on the floors was dried up as well. The DON stated the smell was bad but could not tell since when though. When the DON was asked how that soiled bathroom conditions were related to the infection prevention control program (IPCP), the DON stated that there could be a possibility that any confused resident could use that soiled bathroom with dried up feces without paying attention and could carry the germs and be spread in the facility.</p> <p>During a review of the facility's policy and procedure titled, Infection Prevention and Control Program (IPCP), last reviewed on 1/10/2024, the policy indicated, This facility has established an IPCP designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable disease and infections as per accepted national standards and guidelines Environmental cleaning and disinfections shall be performed according to facility policy.</p> |