

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055287	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2024
NAME OF PROVIDER OR SUPPLIER Valley Palms Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13400 Sherman Way N Hollywood, CA 91605	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43878</p> <p>Based on interview and record review, the facility failed to provide a safe, comfortable, and homelike environment for two of three sampled residents (Resident 2 and Resident 3) when on [DATE] at 6 p.m. Resident 1 expired in the facility and was left in his room that he shared with Resident 2 and Resident 3 until his (Resident 1's) dead body was moved on [DATE] at 7 a.m.</p> <p>This deficient practice had the potential to affect Resident 2's and Resident 3's homelike environment.</p> <p>Cross-reference F745</p> <p>Findings:</p> <p>A review of Resident 2's Admission Record indicated the facility admitted Resident 2 on [DATE] and readmitted the resident on [DATE] with diagnoses that included unspecified psychosis (a mental disorder that causes people to lose touch with reality, resulting in a disruption of their thoughts and perceptions), dysphagia (swallowing difficulties), anxiety disorder (a condition that causes excessive fear, worry, and feelings of dread and uneasiness that persist over time), and schizophrenia (a mental disorder characterized by disruptions in thought processes, perceptions, emotional responsiveness, and social interactions).</p> <p>A review of Resident 2's Care Plan, initiated on [DATE] and reviewed on [DATE], indicated the use of psychotropic medication (used to treat mental health disorders), Seroquel tablet 25 milligrams (mg- unit of measurement) two times a day, for diagnosis of psychosis (is the term for a collection of symptoms that happen when a person has trouble telling the difference between what is real and what is not).</p> <p>A review of Resident 2' Care Plan, initiated on [DATE] and revised on [DATE], indicated Resident 2's potential for Activities of Daily Living (ADLs) self-care performance deficit related to activity intolerance indicated Resident 2 required extensive (when someone needs a lot of help with their daily activities such as bathing, dressing, or using the toilet) assistance with toileting, transfer, bed mobility, dressing, and required total assistance with bathing.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 2's Minimum Data Set (MDS - a standardized assessment and care screening tool), dated [DATE], indicated Resident 2 never understood and was never able to be understood. The MDS indicated Resident had impairment on one side upper extremity.</p> <p>A review of Resident 3's Admission Record indicated the facility admitted Resident 3 on [DATE] with diagnoses that included major depressive disorder (a serious mental health condition that affects how a person feels, thinks, and acts), anxiety disorder (a condition that causes excessive fear, worry, and feelings of dread and uneasiness that persist over time), and insomnia (a common sleep disorder that makes it difficult to fall asleep, stay asleep, or get quality sleep).</p> <p>A review of Resident 3's Care Plan initiated on [DATE] for resident use of antidepressant medication (trazodone) indicated to administer medication as ordered, monitor, document, and report to doctor ongoing sign and symptoms of depression.</p> <p>A review of Resident 3's Minimum Data Set (MDS - a standardized assessment and care screening tool), dated [DATE] indicated the Brief Interview for Mental Status (BIMS- test indicates that a patient's cognitive abilities are intact) with a score of 13 indicating cognitively intact (someone can maintain their mental faculties and perform daily tasks without significant impairment). The MDS indicated Resident 3 was required supervision (helper provides verbal cues and or touching assistance for the resident to complete activity) with showering and independent with eating, oral hygiene, toileting, upper and lower body dressing, and personal hygiene.</p> <p>During an interview on [DATE] at 1:33 p.m., Licensed Vocational Nurse 2 (LVN 2) stated he worked on [DATE], the 11 p.m. to 7 a.m. shift, and was told that Resident 1 had passed away on [DATE] around 6 p.m. LVN 2 stated he saw Resident 1's dead body in his bedroom during his (LVN 2) entire shift. LVN 2 stated Resident 2 and Resident 3 were still in the room they shared with Resident 1.</p> <p>During an interview on [DATE] at 2:09 p.m., Registered Nurse 1 (RN 1) stated he worked on [DATE] from 3 p.m. to 11 p.m. shift and at 6 p.m. ([DATE]) he was notified that Resident 1 was not breathing. RN 1 stated he and LVN 1 assessed Resident 1 and called time of death on [DATE] at 6 p.m. RN 1 stated Resident 1's dead body was in his bed in his room with Resident 2 and Resident 3 the entire shift.</p> <p>During an interview on [DATE] at 2:40 p.m. LVN 1 stated worked [DATE] from 3 p.m. to 11p.m. at around 6 p.m. ([DATE]) Resident 1 was not breathing and time of death was called at 6 p.m. LVN 1 stated Resident 1 was in his room, was left in his room with roommates Resident 2 and Resident 3.</p> <p>During an interview on [DATE] at 3:21 p.m., RN 2 stated she worked on [DATE] from 7 a.m. to 3 p.m. and was endorsed by the previous shift that Resident 1 passed away on [DATE] at around 6 p.m. RN 2 stated Resident 1's body was in his room and RN 2 asked staff to move Resident 1's dead body to the shower room at around 7:15 a.m. RN 2 stated she moved Resident 1 to the shower room by station B because Resident 2 and Resident 3 did not want to stay in the room with a dead body. RN 2 stated Resident 2 and Resident 3 were awake and were alert and stated they did not want Resident 1's dead body in the room. RN 2 stated she moved Resident 1 to the shower room because roommates (Resident 2 and Resident 3) were afraid and it was not healthy to see a dead body in the room that could affect the roommates' (Resident 2 and Resident 3) mental health. RN 2 stated theyn (Residents 2 and 3) were verbalizing they were scared to have Resident 1's dead body in the room. RN 2 stated that even herself would not want to stay in a room with a dead person.</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 an interview on [DATE] at 4 p.m., the Assistant Director of Nursing (ADON) stated she was informed of the death of Resident 1 on [DATE] around 6 p.m. by RN 1. The ADON stated a risk for having a deceased resident in a room with other residents can be a risk for infection control. The ADON stated having a deceased resident next to another resident can cause the other resident to feel scared.</p> <p>During an interview on [DATE] at 11:02 a.m., Certified Nursing Assistant 5 (CNA 5) stated she worked on [DATE] at 7 a.m. Resident 1's dead body was still in his room and was told by staff that Resident 1 had passed away during the night. CNA 5 stated Restorative Nursing Assistant 1 (RNA 1) told staff that Resident 1's dead body had to be moved to the shower room. CNA 5 stated she thought Resident 1 was moved to the shower room prior to breakfast, before 8 a.m.</p> <p>During an interview on [DATE] at 12 p.m., RNA 1 stated she worked on [DATE] at 6:40 a.m. during rounds and observed Resident 1's body was in the room with a sheet over his head and Resident 2 was still in the room but Resident 3 had already left the room. RNA 1 stated she was told Resident 1 had passed away. RNA 1 stated Resident 3 was saying one of his roommates passed away. RNA 1 asked Resident 3 if he wanted to go back into his room, Resident 3 answered no and that he was going to go smoke.</p> <p>During an interview on [DATE] at 2:20 p.m., the Director of Nursing (DON) stated he was aware of Resident 1's death but cannot recall the time or date. The DON stated he recalled Resident 1's dead body was placed in the shower room but did not know when. The DON stated if Resident 1's body was left in his room with Resident 2 and Resident 3 from 6 p.m. on [DATE] to 7 a.m. on [DATE] that would be 13 hours in the room with roommates Resident 2 and Resident 3. The DON stated having Resident 1's dead body in the room can cause the roommates (Resident 2 and Resident 3) to be scared. The DON stated staff should have moved the body out of the room sooner. The DON stated it can affect the roommates (Resident 2 and Resident 3) psychosocially, the DON stated he was not aware and not sure if Resident 2 and Resident 3 were evaluated for any psychological issues due to Resident 's1 dead body being left in the room. The DON stated having a dead body in the residents' room would also affect the residents' (Resident 2 and Resident 3) home like environment because this is their home.</p> <p>A review of the facility's P&P titled, Quality of Life - Homelike Environment, last reviewed ,d+[DATE] indicated residents are provided with a safe, clean, comfortable and homelike environment.</p>		

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43878</p> <p>Based on interview and record review, the facility failed to provide medically-related social services (services provided by the facility's staff to assist residents in attaining or maintaining their mental and psychosocial health) to maintain the highest practicable psychosocial well-being for two of three sampled residents (Resident 2 and Resident 3) when the social services department did not provide follow-up visits to Resident 2 and Resident 3 after their roommate (Resident 1) expired (died) on [DATE] at 6 p.m.</p> <p>This deficient practice had the potential for Residents 2 and 3's stress and anxiety to increase.</p> <p>Cross-reference F584</p> <p>Findings:</p> <p>A review of Resident 2's Admission Record indicated the facility admitted Resident 2 on [DATE] and readmitted the resident on [DATE] with diagnoses that included unspecified psychosis (a mental disorder that causes people to lose touch with reality, resulting in a disruption of their thoughts and perceptions), dysphagia (swallowing difficulties), anxiety disorder (a condition that causes excessive fear, worry, and feelings of dread and uneasiness that persist over time), and schizophrenia (a mental disorder characterized by disruptions in thought processes, perceptions, emotional responsiveness, and social interactions).</p> <p>A review of Resident 2's Care Plan, initiated on [DATE] and reviewed on [DATE], indicated the use of psychotropic medication (used to treat mental health disorders), Seroquel tablet 25 milligrams (mg- unit of measurement) two times a day, for diagnosis of psychosis (is the term for a collection of symptoms that happen when a person has trouble telling the difference between what is real and what is not).</p> <p>A review of Resident 2' Care Plan, initiated on [DATE] and revised on [DATE], indicated Resident 2's potential for Activities of Daily Living (ADLs) self-care performance deficit related to activity intolerance indicated Resident 2 required extensive (when someone needs a lot of help with their daily activities such as bathing, dressing, or using the toilet) assistance with toileting, transfer, bed mobility, dressing, and required total assistance with bathing.</p> <p>A review of Resident 2's Minimum Data Set (MDS - a standardized assessment and care screening tool), dated [DATE], indicated Resident 2 never understood and was never able to be understood. The MDS indicated Resident had impairment on one side upper extremity.</p> <p>A review of Resident 3's Admission Record indicated the facility admitted Resident 3 on [DATE] with diagnoses that included major depressive disorder (a serious mental health condition that affects how a person feels, thinks, and acts), anxiety disorder (a condition that causes excessive fear, worry, and feelings of dread and uneasiness that persist over time), and insomnia (a common sleep disorder that makes it difficult to fall asleep, stay asleep, or get quality sleep).</p> <p>(continued on next page)</p>		

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