

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 11/27/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>48142</p> <p>Based on observation, interview, and record review, the facility failed to store drugs and biologicals in locked compartments for three of five sampled medications carts and treatment cart (Medication Cart B, Middle Cart, Treatment Cart B) when Medication Cart B, Middle Cart was not locked on 11/27/2024/2024, at 6:17 a. m. and treatment cart B was not locked on 11/27/2024, at 6:30 a.m</p> <p>This deficient practice could lead other residents or unauthorize staff have an access in medications.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 11/27/2024 at 6:17 a.m., with License Vocational Nurse LVN 2, observe at the nurse's station 1 that medication cart B and middle cart was unlock. LVN 2 stated medication cart must be locked at all times so other residents will not have access to any unauthorized medication.</p> <p>During a concurrent observation and interview on 11/27/2024 at 6:30 a.m., with Registered Nurse 3 (RN 3), observe at the nurse's station 1 that treatment cart B was unlock. RN 3 stated treatment cart must be lock at all times because other residents can just take medications and could have a possible adverse (unwanted) reaction.</p> <p>During an interview on 11/27/2024 at 12:20 p.m., the Director of Nursing (DON) stated that medication carts must be locked at all times for residents' safety. Any resident could possibly take medications and have an adverse effect, overdose, or have an allergic reaction.</p> <p>During a review of the facility policy and procedure titled, Medication Labeling and Storage, last revised on 2/2023, indicated compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing drugs and biologicals are locked when not in use, and trays or carts used to transport such items are not left attended if open or otherwise potentially available to others.</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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