STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055287	A. Building B. Wing	12/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley Palms Care Center	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055287	A. Building B. Wing	12/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley Palms Care Center	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure residents were free from physical abuse for one of four sampled residents (Resident 1) when on 12/9/2025 at 11 a.m., Resident 2 hit Resident 1 on the left cheek.This failure resulted in Resident 1 being grabbed in the left arm and getting hit on the left cheek by Resident 2.Findings:During a review of Resident1‘s admission Record, the admission Record indicated the facility admitted Resident 1 on 3/3/2023, with diagnoses that included unspecified (unconfirmed) transient cerebral ischemic attack (or mini-stroke, is a brief interruption of blood flow to the brain), unspecified encephalopathy (when the brain is not working right due to illness) and generalized muscle weakness.During a review of Resident 1's History and Physical (H&P-a medical examination that involves a doctor taking a patient's medical history, performing a physical exam, and documenting their findings), dated 4/7/2023, the H&P indicated Resident 1 had the capacity to understand and make decisions.During a review of Resident 1's Minimum Data Set (MDS-a resident assessment tool,) dated 12/2/2025, the MDS indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were moderately impaired. The MDS indicated Resident 1 required moderate assistance from staff for toileting and showering. The MDS indicated Resident 1 used walkers (a mobility aid that helps provide stability and balance while you walk) and wheelchair (a chair with wheels, a seat, armrests, and footrests, designed to provide mobility for people with difficulty walking) for mobility.During a review of Resident 1's Situation Background Assessment Recommendation (SBAR- technique that provides a framework for communication between members of the health care team about a resident ' s condition) Communication Form, dated 12/9/2025, the SBAR indicated on 12/9/2025, at 11 a.m., Resident 1 was wheeling her (Resident 1) wheelchair in the hallway when Resident 2 reached over and hit Resident 1 on the left side of the face. During a review of Resident 1's Progress Notes, dated 12/9/2025 timed at 11:05 a.m., the Progress Notes indicated Licensed Vocational Nurse 1 (LVN 1) reported to Registered Nurse 1 (RN 1) that Resident 2 hit Resident 1 while wheeling herself (Resident 1) on the hallway. The Progress Notes indicated Resident 1's affected areas were left side of the face and left arm. The Progress Notes indicated Resident 1 verbalized she (Resident 1) was hit but not in pain. The Progress Notes indicated that the Director of Nursing (DON) and the Physician were notified, and the Physician ordered to continue to monitor Resident 1 for signs and symptoms of trauma (a deep emotional or physical wound caused by an experience that is so overwhelming it exhausts your ability to cope) and injury.During a review of Resident 1's Post- Event Review, dated 12/9/2025, the Post- Event Review indicated on 12/9/2025, at 11 a.m., Resident 1 was wheeling herself in the hallway back to her (Resident 1) room when Resident 2 grabbed her (Resident 1) left arm and hit her (Resident 1) on the left side of the face.During a review of Resident 1's Psychological Consultation, dated 12/12/2025, the Psychological Consultation indicated nursing staff observed Resident 1 being hit in the face by Resident 2. During a review of Resident 2's admission Record, the admission Record indicated the facility admitted Resident 2 on 7/30/2019, with diagnoses that included metabolic encephalopathy (not a primary brain injury but a secondary effect, leading to confusion, memory issues, personality changes), diabetes mellitus (DM- a disorder characterized by difficulty in blood sugar control and poor wound healing) and generalized muscle weakness.During a review of Resident 2's H&P, dated 9/15/2025, the H&P indicated Resident 2 did not have the capacity to understand and make decisions.During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2's cognitive skills for daily decisions were severely impaired.During a review of Resident 2's SBAR Communication Form, dated 12/9/2205, the SBAR indicated Resident 2 while being wheeled on the hallway without warning, reached over Resident 1's and hit Resident 1 on the left side of the face as they passed each other.During a review of Resident 2's Psychological Consultation dated 12/12/2025, the Psychological Consultation indicated Resident 2 was involved in a recent incident in which a nursing staff member (CNA 1) observed Resident 2 strike Resident 1 for no apparent reason.During a review of Certified Nursing Assistant 2 (CNA 2) Investigation Statement, dated 12/9/2025, the Investigation Statement indicated CNA 2 followed CNA 1 walking in the hallway pushing Resident 2's wheelchair when Resident 2 grabbed Resident 1's left arm and hit or punched Resident 1's face.During an interview on 12/18/2025, at 9:24 a.m., with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated she (LVN 1) was at the nursing station when she (LVN1) heard screams from the hallway. LVN 1 stated when she (LVN 1) responded, CNA 1 reported that Resident 2 slapped Resident 1 on the left face by the cheek. LVN 1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055287	A. Building B. Wing	12/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley Palms Care Center	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)
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. Based on interview and record review, the facility failed to ensure one of four sampled residents (Resident 3) was medicated for pain as per physician's order.This deficient practice had the potential to result in Resident 3's uncontrolled pain. Findings:During a review of Resident 3‘s admission Record, the admission Record indicated the facility admitted Resident 3 on 8/5/2025, with diagnoses that included multiple fracture (bone breaks) of the ribs, fall, and hypertensive heart disease (heart has been damaged or overworked because of long-term, uncontrolled high blood pressure, making it harder to pump blood, leading to issues like a thickened heart muscle) with heart failure (heart is not pumping blood as well as it should).During a review of Resident 3's Order Summary Report, dated 12/4/2025, the Order Summary Report indicated hydrocodone-acetaminophen (medication used to treat pain) oral tablet 5-325 milligram (mg- metric unit of measurement, used for medication dosage and/or amount), give one tablet by mouth every four hours as needed for moderate to severe pain level of four to ten (a 1-10 pain scale is a common tool where 0 means no pain and 10 is the worst pain imaginable, used to rate intensity).During a review of Resident 3's Minimum Data Set (MDS-a resident assessment tool), dated 12/9/2025, the MDS indicated Resident 3's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were intact. The MDS indicated Resident 3 had occasional pain level of six out of ten.During a review of Resident 3's Medication Administration Record (MAR- flowsheet that indicates medications given to a resident), dated 12/2025, the MAR indicated on 12/5/2025, Resident 3 had a pain level of eight out of ten.During an interview on 12/18/2025, at 8:59 a.m., with Resident 3 stated she (Resident 3) had left ribs fracture and was in too much pain. Resident 3 stated when nurses move and turn her (Resident 3) she (Resident 3) would scream. Resident 3 stated she (Resident 3) when she (Resident 3) receives pain medication, it helps but only for a short time.During a concurrent interview, and record review on 12/19/2025, at 9:09 a.m., with the Assistant Director of Nursing (ADON), Resident 3's Order Summary Report, dated 12/4/2025, MAR, dated 12/2025, and Progress Notes, dated 12/5/2025, were reviewed. The ADON stated there was no documentation in Resident 3's Progress Notes if pain medication was administered on 12/5/2025. The ADON stated Licensed Vocational Nurse 3 (LVN 3) documented that Resident 3 had a pain level of eight out of ten on 12/5/2025, and the MAR did not indicate hydrocodone was given. The ADON stated LVN 3 should have administered hydrocodone to Resident 3's pain as ordered by the physician. The ADON stated Resident 3 could have suffered in pain that could have resulted in uncontrollable pain.During an interview on 12/19/2025, at 9:31 a. m., with the Director of Nursing (DON), the DON stated nurse should medicate Resident 3 for pain as ordered by the physician. The DON stated Resident 3 could have unresolved pain that could affect Resident 3's mood and could cause Resident 3's distress.During a review of facility's policy and procedure (P&P) titled, Pain-Clinical Protocol, dated 10/2022, and last reviewed on 1/28/2025, the P&P indicated, 2. The physician will order appropriate non-pharmacologic (means without using medicine or drugs) and medication interventions to address the individual's pain.During a review of facility's P&P, titled, Administering Medications, dated 4/2019, and last reviewed on 1/28/2025, the P&P indicated, Medications are administered in accordance with prescriber orders, including any required time frame.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055287	A. Building B. Wing	12/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley Palms Care Center	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on interview and record review, the facility failed to follow the physician's order for one of three sampled residents (Resident 3) when Licensed Vocational Nurse 2 (LVN 2) administered sacubitril-valsartan (medication used to treat heart failure [heart was not pumping blood as well as it should to meet the body's needs]) to Resident 3 who had a blood pressure of 109/77 millimeter of mercury (mmHg-unit for measuring pressure) despite a physician's order to hold (suspend the medication) the sacubitril-valsartan for blood pressure below 110 mmHg.This failure had the potential to result in Resident 3's hypotension (low blood pressure). Findings:During a review of Resident 3‘s admission Record, the admission Record indicated the facility admitted Resident 3 on 8/5/2025, with diagnoses that included multiple fracture (bone breaks) of the ribs, fall and hypertensive heart disease (heart has been damaged or overworked because of long-term, uncontrolled high blood pressure, making it harder to pump blood, leading to issues like a thickened heart muscle) with heart failure (heart is not pumping blood as well as it should) During a review of Resident 3's Order Summary Report, dated 12/4/2025, the Order Summary Report indicated sacubitril-valsartan 24-26 milligram (mg- metric unit of measurement, used for medication dosage and/or amount), give one tablet by mouth two times a day for congestive heart failure (CHF- a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling), hold for systolic blood pressure (sbp-pressure in the arteries when the heart beats) less than 110 mmHg or for heart rate less than 60 beats per minute (bpm).During a review of Resident 3's Minimum Data Set (MDS-a resident assessment tool), dated 12/9/2025, the MDS indicated Resident 3's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were intact.During a review of Resident 3's Medication Administration Record (MAR- flowsheet that indicates medications given to a resident), dated 12/2025, the MAR indicated on 12/16/2025, at 5 p.m. Resident 3's blood pressure was 109/77 mmHg and Licensed Vocational Nurse 2 (LVN2) administered sacubitril-valsartan to Resident 3.During a review of Resident 3's Progress Notes, dated 12/16/2025, timed at 6:25 p.m., the Progress Notes indicated LVN 2 documented that all due medication was given.During a concurrent interview, and record review on 12/19/2025, at 9:09 a.m., with the Assistant Director of Nursing (ADON), Resident 3's Order Summary Report, dated 12/4/2025, MAR, and Progress Notes, dated 12/16/2025, were reviewed. The ADON stated check marked on the MAR indicated medication was given. The ADON stated LVN 2 should have held the sacubitril-valsartan on 12/16/2025, at 5 p.m. following the physician order to hold the medication for sbp below 110 mmHg because Resident 3's blood pressure was 109/77 mmHg. The ADON stated Resident 3 could experience hypotension and can get dizzy.During an interview on 12/19/2025, at 9:31 a.m., with the Director of Nursing (DON), the DON stated LVN 2 should follow the physician's order to hold the medication if sbp was below 110 mmHg to prevent Resident 3 from developing any adverse reaction (any unwanted, unexpected, or harmful physical effect caused by a medication) like hypotension.During a review of facility's policy and procedure (P&P), titled, Administering Medications, dated 4/2019, and last reviewed on 1/28/2025, the P&P indicated, Medications are administered in a safe and timely manner, and as prescribed.4. Medications are administered in accordance with prescriber orders, including any required time frame.11. The following information is checked/verified for each resident prior to administering medications: a. Allergies to medications; and b. Vital signs (body's most basic checks on how well it's working, reflecting its essential functions like breathing, heart rate, temperature, and blood pressure), if necessary.