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	05/18/2026

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure informed consent (IC-voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered) for a psychotropic (any prescription drug that alters chemical levels in the brain to affect a person's mind, emotions, or behavior) medication was not obtained from a resident who did not have the capacity to make decisions for one of three sampled residents (Resident 1). This deficient practice had the potential to violate Resident 1's right to make an informed decision, negatively affecting Resident 1's well-being. Findings:During a review of Resident 1's admission Record, the admission Record indicated the facility originally admitted Resident 1 on 4/6/2026 and readmitted on [DATE] with diagnoses including metabolic encephalopathy (a general term for brain dysfunction caused by chemical imbalances, systemic illnesses, or organ failure), diabetes mellitus (DM II-a disorder characterized by difficulty in blood sugar control and poor wound healing), and anemia (a condition where the body does not have enough healthy red blood cells). The admission Record indicated Public Guardian (a court-appointed public official or government agency responsible for making personal and financial decisions for individuals who cannot care for themselves and have no willing or qualified family or friends) appointment was pending for Resident 1. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 4/11/2026, the MDS indicated Resident 1's cognitive functioning (the ability to think, learn, remember, use judgment, and make decisions) was moderately impaired. During a review of Resident 1's History and Physical (H&P - a comprehensive assessment of a resident's medical condition), dated 5/1/2026, the H&P indicated Resident 1 did not have the capacity to make decisions. During a review of Resident 1's Order Summary Report, the Order Summary Report indicated the following physician's order:-Depakote (a medication that acts as a psychotropic medication used to treat mood swings) oral tablet delayed release (any prescription drug that alters chemical levels in the brain to affect a person's mind, emotions, or behavior) 125 milligrams (mg-unit of measurement). Give one tablet by mouth three times a day for mood disorder (a mental health condition causing extreme and prolonged periods of intense sadness or emotional highs interfering with daily functioning) manifested by outburst, bursting and inappropriate behavior. During a concurrent interview and record review on 5/14/2026 at 4:30 p.m. with Registered Nurse (RN) 1, Resident 1's Informed Consent-Psychoactive Medication, dated 5/13/2026 was reviewed. The Informed Consent-Psychoactive Medication indicated Resident 1 provided verbal consent to receive Depakote oral tablet delayed release 125 mg. RN 1 stated that as of 5/1/2026, Resident 1 did not have the ability to make decisions for self. RN 1 stated that while pending decision for a Public Guardian, and in the absence of a Resident Representative (RR-a legally designated individual or trusted advocate authorized to make decisions) for Resident 1, the facility's Interdisciplinary Team (IDT-a collaborative group of healthcare professionals from different specialties who work together to address a patient's complex physical, psychological, and social needs) should have discussed the order for the psychotropic medication including risk and benefits to Resident 1. RN 1 stated the facility's IDT should have provided consent for the psychotropic treatment. RN 1 stated obtaining verbal consent from Resident 1 was a violation of Resident 1's (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	05/18/2026

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	rights. During an interview on 5/18/2026 at 10:05 a.m. with the Social Services Director (SSD), the SSD stated for residents who do not have the capacity to make decisions and do not have a RR, social services will refer for a Public Guardian appointment. The SSD stated during the period while Public Guardian decision is pending, consents for treatment and care for residents will be obtained through the bioethics committee (a multidisciplinary group that helps resolve complex medical-ethical conflicts) which is represented by the facility's IDT. During an interview on 5/18/2026 at 10:18 a.m. with the Director of Nursing (DON), the DON stated that the bioethics committee, represented by the IDT, served as the adjunct decision maker for residents. The DON stated the IDT discussion would determine if treatments are beneficial for residents. The DON stated Resident 1 did not have the capacity to give consent for the psychotropic medication and the consent should have been obtained through the IDT. The DON stated the facility staff obtained consent from Resident 1 with presumption that since Resident 1 was alert and able to answer questions appropriately, then he (Resident 1) had the capacity to make decisions. The DON stated the facility staff failed to review physician's notes and correctly identify Resident 1's decision making capacity. The DON stated Resident 1 was placed at risk of receiving medication that was not appropriate and beneficial for Resident 1's treatment and had the potential to adversely affect Resident 1's wellbeing. During a review of the current facility-provided policy and procedure (P&P) titled, Resident Rights, last reviewed on 1/28/2026, the P&P indicated, 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to. k. appoint a legal representative of his or her choice, in accordance with state law.During a review of the current facility-provided P&P titled, Behavioral Assessment, Interventions and Monitoring, last reviewed on 1/28/2026, the P&P indicated, 1. The facility will provide and residents will receive behavioral health services as needed to attain or maintain the highest practicable physical, mental, and psychosocial well-being in accordance with the comprehensive assessment and plan of care. 6. If the resident lacks decision-making capacity and does not have effective family support, the IDT will contact social services to provide assistance to the resident. During a review of the current facility-provided P&P titled, Psychotropic Medication Use, last reviewed on 1/28/2026, the P&P indicated, When determining whether to initiate, modify, or discontinue medication therapy, the IDT conducts an evaluation of the resident. The evaluation will attempt to clarify whether: d. the actual or intended benefit of the medication is understood by the resident/representative.