

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055372	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/23/2026
NAME OF PROVIDER OR SUPPLIER  Valley View Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  3111 Santa Anita Ave El Monte, CA 91733	

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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, and record review, the facility failed to ensure one of three sampled residents (Resident 1) was permitted for readmission to the first available bed in a semi-private room after Resident 1 was transferred to General Acute Care Hospital (GACH) 1 on [DATE] and transferred to Long-Term Acute Care Hospital (LTACH) 1 on [DATE], in accordance with the facility's policy and procedure (P&amp;P) titled, Bed-Holds and Returns, when the facility failed to permit the resident in a manageable condition return to the facility on [DATE]. This deficient practice resulted in Resident 1 remaining in Long-Term Acute Care Hospital (LTACH) 1 on [DATE] following an inquiry from LTACH 1 for Resident 1 to be transferred back to the facility. Findings: a. A review of Resident 1's admission Record, the admission Record indicated the facility admitted Resident 1 on [DATE] with diagnoses including disorder involving the immune mechanism (the immune system malfunctions), type 2 diabetes mellitus with complication (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), abnormalities gait and mobility, and chronic total occlusion of artery of the extremities (a complete, long-term [more than three months] blockage of blood vessels, in the arms and legs). A review of Resident 1's History and Physical (H&amp;P), dated [DATE], the H&amp;P indicated that the resident could raise needs known, but cannot make medical decisions. A review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated [DATE], the MDS indicated Resident 1 was moderate impaired in cognitive skills (ability to make daily decisions). The MDS indicated that the resident required partial/moderate assistance (helper does less than half the effort, helper lifts, holds, or supports trunk or limbs, but provides less than half the effort) with toileting hygiene, shower/bathe self, lower body dressing, and putting on/taking off footwear. A review of Resident 1's Progress Notes (PN), dated [DATE], the PN indicated that Resident 1 was transferred to GACH 1 on [DATE] at approximately 2:50 AM for evaluation and treatment related to Resident 1's failure to thrive with a bed hold for seven days. A review of Resident 1's Physician Progress Notes (PPN) from LTACH 1, dated [DATE], the PPN indicated Resident 1 improved and stabilized. The PPN indicated that Resident 1 was transferred from a General Acute Care Hospital (GACH) 1 to LTACH 1 on [DATE] for continuation of care. b. A review of Resident 10's admission Record, the admission Record indicated the facility originally admitted Resident 10 on [DATE], and readmitted on [DATE] with diagnoses including encephalopathy (a group of conditions [disease, damage or malfunction] that cause brain dysfunction), immunodeficiency (results from a failure or absence of elements of the immune system), type 2 diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), and chronic kidney disease (CKD- a condition in which the kidneys are damaged and can't filter blood). A review of Resident 10's History and Physical (H&amp;P), dated [DATE], the H&amp;P indicated that the resident had fluctuating capacity to understand and make decisions. A review of Resident 10's MDS, dated [DATE], the MDS indicated Resident 10 was severely impaired in cognitive skills. The MDS indicated that the resident was dependent (Helper does all of the effort. Or, the assistance of 2 or more helpers is required for the resident to complete the activity) with toileting hygiene, shower/bathe self, lower body dressing, and putting on/taking off footwear. The MDS (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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>indicated that the resident required partial/moderate assistance with oral hygiene.A review of Resident 10's Order Summary Report (OSR), dated [DATE], the OSR indicated that Resident 10 was admitted to the facility on [DATE].c. A review of Resident 6's admission Record, the admission Record indicated the facility admitted Resident 6 on [DATE] with diagnoses including type 2 DM, CKD, fracture of left pubis (break bones in pelvis, often caused by high energy trauma [falls, car accidents]) and history of falling.A review of Resident 6's History and Physical (H&amp;P), dated [DATE], the H&amp;P indicated that the resident had capacity to understand and make decisions.A review of Resident 6's MDS, dated [DATE], the MDS indicated Resident 6 was moderately impaired in cognitive skills. The MDS indicated that the resident was dependent on toileting hygiene, shower/bathe self, lower body dressing, and putting on/taking off footwear. The MDS indicated that the resident required substantial/maximal assistance (Helper lifts or holds trunk or limbs and provides more than half the effort) with upper body dressing and personal hygiene.During a concurrent interview and record review on [DATE] at 3:09 PM with the Marketing (MA), the facility's Census, dated from [DATE] to [DATE] was reviewed. The MA stated the MA received the inquiry for readmitting Resident 1 on [DATE] and the facility refused to readmit Resident 1 on [DATE] due to there was no Candida Auris (C. Auris- is a type of yeast that can cause severe illness and spread easily among very sick patients in healthcare facilities) isolation bed for Resident 1. The MA stated room [ROOM NUMBER], 2, and 3 were semi-private room with two beds and each room had one female bed available on [DATE] and [DATE]. The MA stated room [ROOM NUMBER], 2, 3, and 4 had one female bed available on [DATE]. The MA stated the facility could arrange the four rooms to make one room available from [DATE] to [DATE]. The MA stated the facility made room [ROOM NUMBER] available and readmitted Resident 10 on [DATE].During a concurrent interview and record review on [DATE] at 3:48 PM with the Assistant Director of Nursing (ADON), the facility's Census, dated from [DATE] to [DATE] were reviewed. The ADON stated room [ROOM NUMBER], 2, and 3 were semi-private room with two beds and each room had one female bed available on [DATE] and [DATE] and room [ROOM NUMBER], 2, 3, and 4 had one female bed available on [DATE]. The ADON stated the facility could arrange the four rooms to make one room available from [DATE] to [DATE]. The ADON stated the facility could make room [ROOM NUMBER] available and readmit Resident 1 on [DATE] due to the facility made room [ROOM NUMBER] available and admitted Resident 10 on [DATE].During a concurrent interview and record review with the administrator (ADM) on [DATE] at 8:34 AM, the facility's Census, dated from [DATE] to [DATE], and the inquiry fax from LTACH 1, dated [DATE], were reviewed. The ADM stated the facility received the inquiry fax from LTACH 1 on [DATE] at 6:17 PM and refused to readmit Resident 1 on [DATE]. The ADM stated the facility made room [ROOM NUMBER] available to admit Resident 10 on [DATE]. The ADM stated the facility should readmit Resident 1 due to the facility could make room [ROOM NUMBER] available to readmit Resident 1 on [DATE].During a concurrent interview and record review on [DATE] at 9:52 AM with the Infection Preventionist (IP), the facility's Census, dated from [DATE] to [DATE], and Enhanced Barrier Precautions resident list, dated from [DATE] to [DATE], were reviewed. The IP stated the facility needs to make an empty room as a C. Auris isolation room due to the facility does not have any residents on C. Auris isolation since [DATE]. The IP nurse stated the facility should make room [ROOM NUMBER] empty as a C. Auris isolation room and readmit Resident 1 on [DATE].During an interview on [DATE] at 10:18 AM with Resident 6, Resident 6 stated the facility never asked the resident to change rooms and Resident 6 stated Resident 6 would agree to change rooms if the facility asked.A review of Resident 6's Progress Notes (PN) on [DATE], the PN indicated there were no progress notes written regarding Resident 6 refused to change rooms.A review of the facility's policy and procedure (P&amp;P) titled, Bed-Holds and Returns, revised 10/2022, the P&amp;P indicated, The requirement that residents be permitted to return to the facility following hospitalization or therapeutic leave applies to all residents regardless of payer source. The P&amp;P indicated, Following a hospitalization, residents whom staff are concerned about permitting to return due to their clinical/behavioral condition at the time of transfer (continued on next page)</p>		

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<p>F 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>are evaluated based on their current condition, not their condition when originally transferred. The P&amp;P indicated, Residents who seek to return to the facility after the state bed-hold period has expired (or when state law does not provide for bed-holds) are allowed to return to their previous room if available or immediately to the first available bed provided that the resident: a. still requires the services provided by the facility; and b. is eligible for Medicare skilled nursing facility or Medicaid nursing facility services.</p>		