

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER West Valley Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 7057 Shoup Ave West Hills, CA 91307	

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** 43636</p> <p>Based on observation and interview, the facility failed to ensure one of three sampled residents (Resident 1) was provided a clean and homelike environment when on 8/28/2024, observed the floor of Resident 1's room soiled with multiple plastic wrappers, two plastic containers, one plastic spoon, several pieces of paper and a soiled washcloth on the floor around Resident 1's bed.</p> <p>This deficient practice had the potential to negatively impact Resident 1's quality of life, had the potential to result in the spread of infection; and increased the risk of accidents or injuries to residents, staff, and visitors.</p> <p>Findings:</p> <p>A review of Resident 1's admission record indicated the facility originally admitted the resident on 11/9/2015 and readmitted on [DATE] with diagnoses that included chronic obstructive pulmonary disease (a lung disease that damages the airways and makes it hard to breathe), paraplegia (partial or complete paralysis [loss of muscle function] of the lower half of the body), schizophrenia (a serious mental health condition that affects how people think, feel and behave), major depressive disorder (persistent feeling of sadness and loss of interest), and anxiety (a feeling of fear, dread and uneasiness).</p> <p>A review of Resident 1's History and Physical dated 8/23/2024, indicated Resident 1 had the capacity to understand and make decisions.</p> <p>A review of Resident 1's Minimum Data Set (MDS - a comprehensive assessment and screening tool) dated 6/28/2024, indicated Resident 1's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the sense) was intact. The MDS indicated Resident 1 required setup or clean-up assistance with eating, moderate assistance with oral hygiene and personal hygiene, and dependent with toileting hygiene, shower/bathing and lower body dressing.</p> <p>During a concurrent observation and interview on 8/28/2024 at 11:10 a.m., inside Resident 1's room, observed the floor of Resident 1's room soiled with multiple plastic wrappers, two plastic containers, one plastic spoon, several pieces of paper and a soiled washcloth on the floor around Resident 1's bed. Resident 1 stated that she had resided in the facility for about [AGE] years. Resident 1 stated that she was unsure how long the items had been left on the floor.</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>During a concurrent observation and interview on 8/28/2024 at 11:15 a.m. with Certified Nursing Attendant 1 (CNA 1), CNA 1 confirmed the findings and stated that multiple plastic wrappers, two plastic containers, one plastic spoon, several pieces of paper and a soiled washcloth were observed on the floor around Resident 1's bed.</p> <p>During an interview with the Director of Nursing (DON) on 8/29/2024 at 2:40 p.m., the DON confirmed that that the facility should make attempts to provide a safe, clean, and homelike environment for all residents. The DON confirmed the findings and stated that multiple plastic wrappers, two plastic containers, one plastic spoon, several pieces of paper and a soiled washcloth were observed on the floor around Resident 1's bed. The DON stated that Resident 1's room was not a clean and homelike environment.</p> <p>A review of the facility's policy and procedure titled Homelike Environment dated August 2024, indicated Residents are provided a safe, clean comfortable environment and homelike environment and encouraged to use their personal belonging to the extent possible. Staff provides person-centered care that emphasizes the residents' comfort, independence and personal needs and preferences. The facility staff and management maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include a clean, sanitary, and orderly environment.</p>		