

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 11/05/2024
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 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>49135</p> <p>Based on interview and record review, the facility failed to implement the facility's policy by failing to investigate a report regarding a resident's missing bilateral (affecting both sides) hearing aids one of four sampled residents (Resident 1).</p> <p>This deficient practice had the potential for a delay in resident's right to retain and use personal property (bilateral hearing aids).</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the document indicated the facility admitted Resident 1 on 8/27/2024 with diagnoses that included hemiplegia (one-sided paralysis [complete or partial loss of muscle function]) and hemiparesis (one-sided muscle weakness) following cerebral infarction (when the blood supply to part of the brain is blocked or reduced) affecting right dominant side, aphasia (a language disorder that affects your ability to speak and understand what others say) following cerebral infarction, and dysphagia (difficulty swallowing) following cerebral infarction.</p> <p>During a review of Resident 1's Minimum Data Set (MDS- a federally mandated resident assessment tool), dated 8/9/2024, the MDS indicated that Resident 1 had severely impaired cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses). The MDS indicated Resident 1 was dependent on staff with oral hygiene, toileting hygiene, shower/bathing, dressing and personal hygiene.</p> <p>During an interview on 11/1/2024 at 2:55 p.m., with Social Service Assistant 1 (SSA 1), SSA 1 stated SSA 1 could not find a Report of Lost Property for Resident 1 because the previous social service director was the one responsible completing the investigation and SSA 1 did not get an endorsement when SSD 1 left. SSA 1 stated, SSA 1 is familiar with Resident 1's missing hearing aids and stated SSA 1 will follow-up with Resident 1's family.</p> <p>During a review of Resident 1's Report of Lost Property dated 9/20/2024, the document indicated description of missing item: Missing one of resident's hearing aids- bilateral hearing aids. The document indicated a date of investigation completion of 11/5/2024.</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 11/5/2024 at 10:35 a.m., with SSA 1, reviewed Resident 1's Report of Lost of Property dated 9/20/2024. The documented indicated the investigation was completed on 11/5/2024. SSA 1 stated Resident 1's lost hearing aids should have been followed up right away to ensure Resident 1 gets his hearing aids replaced sooner because it affects Resident 1's physical and mental well-being negatively.</p> <p>During an interview on 11/5/2024 at 11:00 a.m., with Social Service Director (SSD), the SSD stated social services should have followed up right away to ensure Resident 1 gets his hearing aids replaced sooner because it affects Resident 1's well-being to be able to hear clearly with it.</p> <p>During a review of the facility's policy and procedure titled, Investigating Incidents of Theft and/or Misappropriation Resident Property, dated 6/2024, the policy indicated the facility exercises reasonable care to protect the resident from property loss or theft .promptly responding to and investigating complaints of theft or misappropriation of property .The administrator or his or her and/or designee notify the resident and/or the resident's representative of the results of the investigation and corrective action taken within days of the completion of the investigation.</p>		