

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 07/22/2025
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on interview and record review, the facility failed to implement its policy and procedure (P&P) on abuse for an allegation of financial abuse for one of three sampled residents (Resident 1) by failing to: 1. Conduct a thorough investigation of the alleged financial abuse. 2. Ensure the facility's Social Services Director (SSD) reported a suspicion of financial abuse to the Abuse Coordinator on 6/26/2025. 3. Complete and submit a written five (5) day follow-up investigation report indicating the results of the investigation for the allegation of financial abuse that occurred on 6/26/2025. This deficient practice had the potential to place Resident 1 at risk for further financial exploitation and resulted in a delay in investigation of a suspicion of financial abuse. Findings: During a review of Resident 1's admission Record, the admission Record indicated the facility admitted Resident 1 on 5/19/2025 with diagnoses including generalized arthritis (swelling and tenderness in one or more joints, causing joint pain or stiffness that often gets worse with age), syncope (a sudden temporary loss of consciousness, commonly known as fainting or passing out) and collapse (fall down), type two (2) diabetes mellitus (high levels of sugar in the blood) and depression (a mood disorder characterized by persistent feelings of sadness, loss of interest, and a range of other emotional and physical symptoms that significantly interfere with daily life). During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 7/2/2025, the MDS indicated Resident 1 had moderate cognitive (the mental process involved in knowing, learning, and understanding things) impairment. The MDS indicated Resident 1 required supervision or touching assistance with toileting hygiene, shower/bathing, dressing and mobility (movement). During a review of Resident 1's Social Service Note dated 6/26/2025, timed at 5:12 p.m., the Social Service Note indicated that on 6/26/2025, the Social Services Director (SSD) received an email from Resident 1's Responsible Party (RP) containing a copy of Resident 1's advance directive (a written statement of a person's wishes regarding medical treatment, often including a living will, made to ensure those wishes are carried out should the person be unable to communicate them to a doctor) and power of attorney (POA - a legal document that allows someone else to act on your behalf). The Social Service Note indicated that upon review, she (SSD) noted that the documents were incomplete (with page four [4] missing). The Social Service Note indicated that on 6/26/2025, the SSD contacted Resident 1's RP to request a complete set of Resident 1's advance directive and POA, and Resident 1's RP responded that she (Resident 1's RP) would provide them as soon as the documents were available. The Social Service Note further indicated that the SSD then contacted Resident 1's attorney, who confirmed that the incomplete advance directive and POA had been initiated by Resident 1's RP. The Social Service Note indicated that Resident 1's attorney would investigate the matter, contact Resident 1's RP directly, and inform the SSD once the attorney had more information. During an interview on 7/22/2025 at 10:00 a.m., with the Administrator (ADM), the ADM stated that she (ADM) is the facility's abuse coordinator. The ADM stated that she (ADM) was not aware of any suspected financial abuse allegation until this morning (7/22/2025). The ADM stated that she (ADM) did not complete or submit a written five (5) day follow-up investigation report to the SSA regarding the financial abuse allegation on 6/26/2025, as she (ADM) was not made aware of the allegation at the time. During an interview on 7/22/2025 at 10:30 a.m., with the Social Services Director (SSD), the SSD stated that the ADM is the facility's abuse coordinator. The SSD stated that she (SSD) did not report Resident 1's suspected financial abuse to the ADM on 6/26/2025. When asked why the SSD did not report the suspected financial abuse to the ADM, the SSD did not answer. The SSD stated that she should have reported the suspicion of financial abuse to the ADM on 6/26/2025, when the SSD first became aware of the concern, so that the ADM could initiate an investigation into the allegation. During a concurrent interview and record review on 7/22/2025 at 11:49 a.m. with the SSD, the SSD reviewed Resident 1's Social Services Notes dated 6/26/2025. The SSD stated that on 6/26/2025, she (SSD) contacted Resident 1's RP to obtain a complete set of Resident 1's advance directive and POA since the documents emailed to her by Resident 1's RP on 6/26/25 were incomplete (page four [4] missing). The SSD stated that after multiple attempts of trying to obtain a complete copy of Resident 1's advance directive and POA, the SSD suspected financial abuse on 6/26/2025. The SSD stated that she (SSD) notified the SSA of the suspected financial abuse on 7/23/2025 (seven days after she [SSD] initially became aware of the concern. The SSD further stated that she did not inform the ADM, who is the facility's Abuse Coordinator. The SSD stated that this was her (SSD) first time reporting an allegation of abuse and she (SSD) was confused about the reporting procedure. During an interview on 7/22/2025 at 3:30 p.m. with the ADM, the ADM stated that the SSD should</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>(continued on next page)</p>

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on interview and record review, the facility failed to implement policies and procedures (P&P) for ensuring the reporting of a reasonable suspicion of a crime in accordance with Section 1150B of the Act by failing to report an allegation of financial abuse for one of three sampled residents (Resident 1) to the State Survey Agency (SSA) within the required timeframe. This deficient practice had the potential to place Resident 1 at risk for further financial exploitation and resulted in a delay in investigation of a suspicion of financial abuse. Findings: During a review of Resident 1's admission Record, the admission Record indicated the facility admitted Resident 1 on 5/19/2025 with diagnoses including generalized arthritis (swelling and tenderness in one or more joints, causing joint pain or stiffness that often gets worse with age), syncope (a sudden temporary loss of consciousness, commonly known as fainting or passing out) and collapse (fall down), type two (2) diabetes mellitus (high levels of sugar in the blood) and depression (a mood disorder characterized by persistent feelings of sadness, loss of interest, and a range of other emotional and physical symptoms that significantly interfere with daily life). During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 7/2/2025, the MDS indicated Resident 1 had moderate cognitive (the mental process involved in knowing, learning, and understanding things) impairment. 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During a review of the facility's P&P titled Abuse, Neglect, Exploitation or Misappropriation- Reporting and Investigation, last reviewed on 5/28/2025, the policy indicated, if resident abuse, neglect, exploitation</p>		