

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  12/17/2025
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)
F 0580  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.  (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

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to notify the physician when the following medications: methimazole (used to treat hyperthyroidism [a condition that a thyroid gland produces and releases too much thyroid hormone], albuterol sulfate (used to prevent and treat wheezing, difficulty breathing, chest tightness, and coughing caused by lung diseases), and ipratropium bromide (a medication that helps breathe easier) were unavailable for administration to one for four sampled residents (Resident 1). This deficient practice resulted in Resident 1's physician being unaware Resident 1's medications were not available for administration and placed the resident at risk for health complications. Findings:During a review of Resident 1's admission Record, the admission Record indicated the facility admitted Resident 1 on 12/12/2025 with diagnoses including left and right pubis (one of the three main bones that make up the pelvis, a structure located between the abdomen and thighs) fractures (broken bone), sacrum (a large, triangular bone at the base of the backbone) fracture, the fourth lumbar vertebra vertebra (five large bones in your lower back) fracture, acute respiratory failure (ARF - a serious condition that makes it difficult to breathe on your own) with hypoxia (a severe deficiency of oxygen in the blood and tissues), and anxiety disorder (a mental health condition where you experience excessive, persistent worry, fear, or nervousness that does not go away and interferes with daily life, causing physical symptoms). During a review of Resident 1's History and Physical (H&amp;P) Examination dated 12/13/2025, the H&amp;P Examination indicated Resident 1 did not have the capacity to understand and make decisions. During a review of Resident 1's Order Summary Report dated 12/17/2025, the Order Summary Report indicated the following orders with order and start date of 12/12/2025: -Admit Resident 1 to the facility for skilled nursing and therapy -Methimazole oral tablet five (5) milligrams (mg - a unit of measurement) to give one (1) tablet by mouth every eight (8) hours for hyperthyroidism. -Albuterol sulfate inhalation (the act of breathing in air through nose or mouth, drawing it down into the lungs) nebulization (a device turns liquid medicine into a super-fine mist that you breathe in through a mask or mouthpiece, delivering medicine directly to your airways) solution 2.5 mg/0.5 milliliter (ml - a unit of measurement), or Albuterol Sulfate, 0.5 ml inhale orally via nebulizer every four (4) hours for short of breath/wheezing (a high-pitched sound made when breathing is restricted/obstructed in the lungs). -Ipratropium bromide inhalation solution 0.02 percent (% - a unit of measurement), or Ipratropium Bromide, 2.5 ml inhale orally every four (4) hours for short of breath/wheezing. During a review of Resident 1's Medication Administration Records (MAR - a daily documentation record used by a licensed nurse to document medications given to a resident) for 12/2025, the MAR indicated that Licensed Vocational Nurse 1 (LVN 1) documented code number nine (9 - other/see nurses notes per the chart codes) on 12/12/2025 for the following medications:1. Methimazole oral tablet five (5) mg scheduled for 9 p.m.2. Albuterol Sulfate 0.5 ml inhale orally via nebulizer scheduled at 8 p.m.3. Ipratropium Bromide, 2.5 ml inhale orally scheduled at 8 p.m. During a review of Resident 1's Medication Administration Notes (MAN) dated 12/12/2025 and documented by LVN 1, the MAN indicated the following notes:1. Timed at 9:07 p.m., Albuterol Sulfate 0.5 ml inhale orally via nebulizer; new admit, followed up with pharmacy.2. Timed at 9:08 p.m., Methimazole oral tablet five (5) mg; new admit, followed up with pharmacy.3. Timed at 9:08 p.m., Ipratropium Bromide, 2.5 ml inhale orally; new admit, followed up with pharmacy. During a concurrent telephone interview and record review on 12/17/2025 at 1:51 p.m., with LVN 1, reviewed Resident 1's MAR for 12/2025. LVN 1 stated Resident 1 was admitted on [DATE] and the following medications: Methimazole oral tablet five (5) mg scheduled for 9 p.m., on 12/12/2025, Albuterol Sulfate 0.5 ml inhale orally via nebulizer scheduled on 12/12/2025 at 8 p.m., and Ipratropium Bromide, 2.5 ml inhale orally scheduled 12/12/2025 at 8 p.m., were not available for administration to Resident 1. LVN 1 stated that he reported the unavailability of Resident 1's medications to the Registered Nurse (RN) supervisors and received instructions to contact the pharmacy and to document in Resident 1's medical record. LVN 1 stated that the pharmacy notified him that Resident 1's medications would be delivered on the following day (12/13/2025). LVN 1 stated he did not notify Resident 1's physician that Resident 1's medications were not available for administration on 12/12/2025 because he did not receive instructions from the RN Supervisors to do so. During a concurrent interview and record review on 12/17/2025 at 2:33 p.m., with RN 1, RN 1 reviewed Resident 1's MAR for 12/2025. RN 1 stated the MAR indicated that LVN 1 documented an entry of number 9 for the following medications: Methimazole oral tablet five (5) mg scheduled for 9 p.m. on 12/12/2025. Albuterol Sulfate 0.5 ml inhale orally via nebulizer</p>		