

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 02/09/2026
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>Based on interview and record review, the facility failed to notify a resident's physician regarding an elevated blood sugar (the concentration of sugar in the blood) greater than 300 milligrams per deciliter (mg/dl - a unit of measurement, normal ranges: between 79 mg/dl and 99 mg/dl before meals) per the physician order for one of four sampled residents (Resident 1). This deficient practice had the potential to result in worsening symptoms of hyperglycemia (high values of sugar in the blood) and negatively affect the delivery of care and services to Resident 1. Findings: During a review of Resident 1's admission Record, the admission Record indicated the facility admitted Resident 1 on 1/2/2026 with diagnoses that included diabetes mellitus (DM - a disorder characterized by difficulty in blood sugar control and poor wound healing) and hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (paralysis or weakness on one side of the body) following cerebral infarction (a serious medical condition that occurs when blood flow to the brain is blocked, leading to brain cell death). During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 1/9/2026, the MDS indicated Resident 1 was able to make self-understood and had the ability to understand others, and Resident 1's cognition (ability to think and make decisions) was moderately impaired. The MDS further indicated that Resident 1 was dependent on staff's assistance with toileting hygiene, shower/bath self, lower body dressing, sit to stand, chair/bed-to-chair transfer, and needed maximal assistance with oral/personal hygiene, upper body dressing, bed mobility (movement). During a review of Resident 1's physician order dated 1/2/2026, the physician order indicated to monitor blood sugar before meals and bedtime and notify the physician for blood sugar less than 70 mg/dl or greater than 300 mg/dl. During a review of Resident 1's Weights and Vitals Summary for 1/2026, the Weights and Vitals Summary indicated Licensed Vocational Nurse 1 (LVN 1) documented that Resident 1's blood sugar was 335 mg/dl on 1/19/2026 at 9:30 p.m. During a review of Resident 1's Medication Administration Record (MAR - a daily documentation record used by a licensed nurse to document medications given to a resident) for 1/2026, the MAR indicated LVN 1 documented that Resident 1's blood sugar was 335 mg/dl on 1/19/2026 at 9 p.m. During a concurrent interview and record review on 2/9/2026 at 2:23 p.m., with the Director of Nursing (DON), reviewed Resident 1's Weights and Vitals Summary for 1/2026, physician orders, and progress notes. The DON stated Resident 1 had a physician order to notify the physician if Resident 1's blood sugar was less than 70 mg/dl or greater than 300 mg/dl. Reviewed the nursing progress notes and the DON stated that she (DON) was not able to locate any documentation indicating a nursing intervention was done for monitoring Resident 1's hyperglycemia symptoms, or notification to Resident 1's physician for their elevated blood sugar of 335 mg/dl. The DON stated LVN 1 should have notified Resident 1's physician as soon as LVN 1 read Resident 1's blood sugar was 335 mg/dl. During a concurrent interview and record review on 2/9/2026 at 3:04 p.m., with LVN 1, reviewed Resident 1's Weights and Vitals Summary for 1/2026 and physician orders. LVN 1 stated that Resident 1's</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 055443
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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>physician order indicated to notify the physician when Resident 1's blood sugar was less than 70 mg/dl or greater than 300 mg/dl. LVN 1 stated on 1/19/2026 at 9:30 p.m., LVN 1 got busy when Resident 1's blood sugar was 335 mg/dl, and LVN 1 did not notify the physician for Resident 1's elevated blood of 335 mg/dl. During a review of the facility's policy and procedure (P&P) titled, Change in a Resident's Condition or Status, last reviewed on 5/28/2025, the P&P indicated, Our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status. specific instruction to notify the physician of changes in the resident's condition. The nurse will record in the resident's medical record information relative to changes in the residents' medical/mental conditions or status.</p>