STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055443	A. Building B. Wing	05/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Valley Post Acute	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 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 3) was treated with respect and when staff did not wear the facility-issued identification badge. This deficient practice had the potential to compromise the resident's sense of safety and security. During a review of Resident 3's admission Record, the admission Record indicated that Resident 3 was initially admitted to the facility on [DATE] with diagnoses including cerebral edema (swelling of the brain), malignant neoplasm (a tumor that can invade surrounding normal tissue and/or spread to other parts of the body) of the brain, and malignant neoplasm of the bone. During a review of Resident 3's Minimum Data Set (MDS- a resident assessment tool) dated 5/9/2026, the MDS Entry Tracking Record indicated Resident 3 was admitted to the facility on [DATE]. During a review of Resident 3's Nursing Admission/readmission Evaluation and assessment dated [DATE], the Assessment indicated Resident 3 had intact cognition (mental action or process of acquiring knowledge and understanding through thought, experience, and the senses), and requires assistance with activities of daily living (ADL's- activities such as bathing, dressing and toileting a person performs daily). During a concurrent observation and interview with Assistant Director of Nursing 1 (ADON 1) on 5/11/2026 at 11:48 a.m., ADON 1 knocked on Resident 3's door, announced herself and entered the room without wearing a facility-issued identification badge. ADON 1 stated the identification badge may have fallen off in her office. ADON 1 stated staff are required to wear facility-issued identification badges at all time while working in the facility to ensure residents are able to identify staff providing care and to support residents' rights to dignity and respect. During an interview on 5/11/2026 at 3:45 p.m., with the Director of Nursing (DON), the DON stated ADON 1 should have been wearing the facility-issued identification badge at all times while working in the facility. The DON further stated residents have the right to identify staff providing care through the use of facility-issued identification badges. The DON stated failure of staff to wear identification badges has the potential to cause residents to feel insecure and unsafe within the facility. During a review of the facility`s policy and procedure (P&P) titled, Resident Rights last reviewed on 4/29/2026, the facility P&P indicated employees shall treat all residents with kindness, respect, and dignity. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the residents' right to be treated with respect, kindness, and dignity. During a review of the facility`s P&P titled, Identification Name Badges last reviewed on 4/29/2026, the facility P&P indicated in order to promote safety and security measures established by our facility, each employee must wear his/her identification name badge at all times while on duty. All personnel are required to wear identification name tags or badges during their work shift.

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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	055443	A. Building B. Wing	05/11/2026

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F 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure History and Physical (H&P- contains relevant information about the resident's past medical history, current medical concerns, including review of any pre-existing medical conditions, past hospitalizations and surgeries, allergies, medications being taken, family medical history, physical examination and assessment of mental status) Examinations were completed by the physician for two of three sampled residents (Resident 1 and Resident 2). This deficient practice had the potential to result in incomplete clinical information, inconsistent care coordination, and compromised continuity of care, placing Resident 1 and Resident 2 at risk for unmet care needs and inadequate treatment planning. a. During a review of Resident 1's admission Record, the admission Record indicated the facility admitted the resident on 12/11/2024 with diagnoses that included hemiplegia (total paralysis [a condition in which you are unable to move all or part of your body] of the arm, leg, and trunk on the same side of the body) and hemiparesis (weakness on one entire side of the body) following cerebral infarction (occurs as a result of disrupted blood flow to the brain due to problems with the blood vessels that supply it) affecting the right dominant side, polyneuropathy (a condition where many peripheral nerves throughout the body are damaged simultaneously, causing widespread numbness, tingling, burning pain, and muscle weakness), and displaced comminuted fracture (a bone is shattered or broken into three or more pieces) of shaft of the right tibia (the long, straight, central part of shin bone located between the knee and ankle), subsequent encounter for closed fracture (a broken bone that does not puncture or break through the skin) with routine healing. During a review of Resident 1's Minimum Data Set (MDS- a federally mandated resident assessment tool) dated 3/12/2026, the MDS indicated Resident 1 had moderately impaired cognition (mental action or process of acquiring knowledge and understanding through thought, experience, and the senses), and dependent on staff with toileting hygiene, showering/bathing, toilet transfers and tub/shower transfers. During a review of Resident 1's H&P dated 12/13/2024, the H&P indicated there was no documented evidence that Resident 1's physician completed and documented an assessment of Resident 1's mental status (assessment of current mental capacity [ability to understand and make decisions]). b. During a review of Resident 2's admission Record, the admission Record indicated the facility originally admitted the resident on 1/12/2026 and readmitted on [DATE] with diagnoses that included post-laminectomy syndrome (chronic pain that continues or develops after back surgery), lumbar (lower part of the back) spinal stenosis (narrowing spaces in the spine [back bone], which puts pressure on the spinal cord and nerves running through it) with neurogenic claudication (a symptom pattern characterized by leg, buttock, or lower back pain, numbness or weakness) and lumbosacral (lowest part of the back where the lower spine meets the tailbone) radiculopathy (a condition where a nerve root in your spine is compressed, pinched or inflamed). During a review of Resident 2's MDS dated [DATE], the MDS indicated Resident 2 had moderately impaired cognition, and dependent on staff with showering/bathing, toilet transfers and tub/shower transfers. During a review of Resident 2's Nursing Facility H&P Update dated 3/11/2026, the Nursing Facility H&P Update indicated there was no documented evidence Resident 2's physician completed and documented an assessment of Resident 2's mental status. During interview on 5/11/2026 at 3:45 p.m., with the Director of Nursing (DON), the DON stated Resident 1's H&P dated 12/13/2024 was incomplete because Resident 1's physician failed to document Resident 1's mental status assessment, which is necessary to establish a baseline for care planning. The DON further stated Resident 2's H&P Update dated 3/11/2026 was incomplete because the physician failed to document the resident's mental status assessment, which is an important component in developing and implementing an appropriate plan of care. During a review of the facility's (P&P) titled Physician Services, last reviewed on 4/29/2026, the P&P (continued on next page)

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F 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	indicated the medical care of each resident is supervised by a licensed physician. Supervising the medical care of residents includes (but is not limited to): participating in the residents' assessment and care planning and overseeing a relevant plan of care.