

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055856	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/09/2026
NAME OF PROVIDER OR SUPPLIER High Valley Lodge		STREET ADDRESS, CITY, STATE, ZIP CODE 7912 Topley Lane Sunland, CA 91040	

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>Based on interview and record review, the facility failed to ensure a resident's grievance was addressed and investigated per the facility's policy and procedure (P&P) for one of four sampled residents (Resident 1). This deficient practice violated the resident's right to have his grievance addressed and had the potential for further concerns to not be addressed. Findings: During a review of Resident 1's admission Record, the admission Record indicated that the facility admitted the resident on 9/13/2023 with diagnoses including diabetes mellitus (DM - a disorder characterized by difficulty in blood sugar control and poor wound healing) with diabetic nephropathy (serious, progressive kidney disease caused by long-term diabetes), chronic kidney disease (CKD - kidneys have moderate damage and are less functioning and causing waste to build up in the blood), and anxiety disorder (mental health conditions characterized by excessive, persistent, and uncontrollable fear or worry that interferes with daily life). During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 12/16/2025, the MDS indicated that Resident 1's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and senses) was intact. The MDS indicated that Resident 1 required maximal assistance from staff with lower body dressing, bed mobility (movement) and transfer, and required moderate assistance from staff with toileting hygiene, upper body dressing, and shower. During a concurrent interview and record review on 3/6/2026 at 3:29 p.m. in Resident 1's room, with Resident 1, reviewed an email sent by Resident 1 to the Director of Nursing (DON) on 3/4/2026 timed at 8:36 a.m. Resident 1 stated that Resident 1 emailed the DON regarding an incident that happened between Resident 1 and Licensed Vocational Nurse 1 (LVN 1) on 3/4/2026 in the early morning but so far no facility staff has asked Resident 1 about the incident. Resident 1 further stated that the way LVN 1 responded to Resident 1 was not acceptable and wrong, and stated no one at the facility has explained to Resident 1 what the facility has been doing regarding the incident and if it had been investigated or not. During a concurrent interview and record review on 3/6/2026 at 4:04 p.m., with the DON, reviewed Resident 1's email dated 3/4/2026 timed at 8:36 a.m. that was sent to the DON and the facility's Grievances and Complaints binder. The DON stated that the DON received an email from Resident 1 the morning of 3/4/2026 regarding the incident that occurred on that morning (3/4/2026) at around 6:30 a.m. between LVN 1 and Resident 1. The DON stated the DON verbally informed the Social Services Director (SSD), who was in charge of filing the grievances, but Resident 1's grievance had not been filed and the investigation had not been initiated yet. During a concurrent interview and record review on 3/6/2026 at 4:41 p.m., with the Administrator (ADM), reviewed the facility's Grievances and Complaints binder. The ADM stated that an incident occurred between Resident 1 and LVN 1 on the morning of 3/4/2026 and the facility should have initiated the investigation as soon as possible. The ADM stated Resident 1's grievance should have been filed already in the grievance filing system, but it was not filed and the facility did not start the investigation yet. During a concurrent interview and record review on 3/9/2026 at 2:53 p.m., with the SSD, reviewed the facility's Grievances and Complaints binder. The SSD stated an incident occurred between Resident 1 and LVN 1 on the morning of 3/4/2026 and the facility should use the form Complaint/Grievance to initiate the (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>grievance filing process. The SSD stated Resident 1's grievance had not been initiated in the file, and the SSD did not initiate the investigation yet. During a review of the facility's P&P titled, Resident Rights, last reviewed on 4/30/2025, the P&P indicated, Grievances. You have the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. During a review of the facility's P&P titled, Grievance Investigation, last reviewed on 4/30/2025, the P&P indicated, The Grievance Officer shall conduct an initial investigation of a resident concern or grievance within 24 hours of receiving the grievance. Initial results of the investigation shall be presented to the Administrator within 24 hours for determination of further action and/or corrective action. Resident Grievances shall be investigated using the prescribed forms.</p>		