

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056253	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Berkley Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 6600 Sepulveda Blvd Van Nuys, CA 91411	
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 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>39550</p> <p>Based on interview and record review that facility failed to implement their policy on homelike environment by failing to provide documented evidence that the facility checked residents ' room temperatures daily from 1/26/2025-1/28/2025.</p> <p>This deficient practice had the potential to keep residents from being provided a homelike environment and having comfortable room temperatures.</p> <p>Findings:</p> <p>During an interview with the Maintenance/Housekeeping Director (MHD) on 1/28/2025 at 11:52 am, the MHD stated that the facility checks the temperatures of residents ' room, three times a day. The first temperature should be taken by 9:00 a.m. The MKD stated that the facility temperatures are then documented in the facility ' s temperature log.</p> <p>During an interview and concurrent facility records review with the MHD on 1/28/2025 at 12:02 p.m., the MHD reviewed the facility documents titled, Air Temperature Monitor Log, dated 11/1/2024-1/25/2025. The MHD stated that there is no documented evidence that facility temperatures were checked on 1/26/2025-1/28/2025, for three (3) days.</p> <p>During an interview with Maintenance Assistant 1 (MA 1) on 1/28/2025 at 12:05 p.m., MA 1 stated that MA 1 was assigned to check the residents ' room temperatures. MA 1 stated that MA 1 did not check residents' room temperatures from 1/26/2025-1/28/2028 because MA 1 forgot to check the residents' ' room temperatures and because MA 1 got busy.</p> <p>During a follow up interview with the MHD on 1/28/2025 at 12:32 p.m., the MHD stated that it is important for the facility to check residents ' room temperatures on a daily basis for residents ' comfort. The MHD stated that the temperatures should be documented to show proof that the temperatures were checked.</p> <p>During a review of the facility provided policy and procedure titled Homelike Environment (Temperature Log), 5/2024, indicated residents are provided with a safe, clean, comfortable and homelike environment-specifically to have comfortable temperatures. The facility staff and management shall take the temperature once a day in various rooms to ensure comfortable temperatures to the extent possible.</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: 056253
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