

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 04/16/2026
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 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff were not standing over a resident while assisting with feeding for one of three sampled residents (Resident 3). This deficient practice had the potential to affect the resident's self-esteem, self-worth, and sense of independence. Findings: During a review of Resident 3's admission Record, the admission Record indicated the facility readmitted the resident on 8/15/2022 with diagnoses including chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing) with exacerbation (the worsening of a disease or an increase in the severity of its symptoms), heart failure (progressive medical condition where the heart muscle is too weak to pump blood efficiently, failing to meet the body's oxygen needs), and lack of coordination. During a review of Resident 3's Minimum Data Set (MDS - a resident assessment tool) dated 1/7/2026, the MDS indicated Resident 3's cognition (the process of acquiring knowledge and understanding through thought, experience, and the senses) was severely impaired. The MDS indicated Resident 3 was dependent on staff with eating, oral hygiene, toileting hygiene, and personal hygiene. During a meal observation on 4/16/2026 at 12:31 p.m., in Resident 3's room, observed Certified Nursing Assistant 1 (CNA 1) assisting Resident 3 with feeding. Observed CNA 1 assisting Resident 3 with feeding, standing over and hovering over Resident 3. During a concurrent observation and interview on 4/16/2026 at 12:32 p.m., with the Infection Preventionist (IP), observed CNA 1 in Resident 3's room, assisting Resident 3 with feeding. The IP stated that CNA 1 is assisting Resident 3 with feeding and is standing over and hovering over Resident 3. The IP continued to state that CNA 1 should be sitting down while assisting Resident 3 for safety and respect. During an interview on 4/16/2026 at 1:21 p.m., with CNA 1, CNA 1 stated that CNA 1 was standing while assisting Resident 3 with lunch. CNA 1 continued to state that she knows she is supposed to sit down on a chair and be eye level with Resident 3 to assist Resident 3 properly for resident's safety and respect. During a review of the facility's policy and procedure (P&P) titled, Quality of Life- Dignity, review date 5/27/2025, the P&P indicated each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect and individuality. Residents shall be treated with dignity and respect at all times. Treated with dignity means the resident will be assisted in maintaining and enhancing his or her self-esteem and self-worth. Staff shall treat cognitively impaired residents with dignity and sensitivity.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on interview and record review, the facility failed to implement their policy on meal service by failing to ensure kitchen staff recorded food temperatures for three meal times on 4/11/2026 (Lunch), 4/12/2026 (Dinner), and 4/15/2026 (Lunch). This deficient practice had the potential to place 117 of 119 in-house residents at risk for foodborne illness (any illness resulting from eating contaminated/spoiled foods). Findings: During a review of the facility's food temperature log dated 4/11/2026, the food temperature log indicated the following missing documentation for lunch: Entree: Blank Mechanical Soft (M/S- foods that are soft, moist, and chopped, or ground, to require minimal chewing) Entree: Blank Puree (a texture modified diet that consists of smooth, moist foods that are easy to swallow, food with soft pudding like consistency) Entree: Blank Vegetables: Blank Pureed Vegetables: Blank Starch: Blank Pureed Starch: Blank Gravy: Blank Dessert: Blank Milk: Blank Juice: Blank Coffee: Blank During a review of the facility's food temperature log dated 4/12/2026, the food temperature log indicated the following missing documentation for dinner: Entree: Blank M/S Entree: Blank Puree Entree: Blank Vegetables: Blank Pureed Vegetables: Blank Starch: Blank Pureed Starch: Blank Gravy: Blank Dessert: Blank Milk: Blank Juice: Blank Coffee: Blank During a review of the facility's food temperature log dated 4/15/2026, the food temperature log indicated the following missing documentation for lunch: Entree: Blank M/S Entree: Blank Puree Entree: Blank Vegetables: Blank Pureed Vegetables: Blank Starch: Blank Pureed Starch: Blank Gravy: Blank During a concurrent interview and record review on 4/16/2026 at 12:12 p.m., with the Dietary Supervisor (DS), DS reviewed the facility's food temperature logs for 4/2026. The DS stated that there were no food temperatures documented on Saturday, 4/11/2026 for lunch, on Sunday, 4/12/2026 for dinner, and on Wednesday, 4/15/2026 for lunch. The DS stated that cooks are responsible for checking the temperatures of all food items prior to meal service. The DS continued to state that all food items served should be checked for appropriate temperatures and documented to ensure that all food items served are within food temperature regulations. The DS stated that food temperatures need to be checked to ensure that food temperatures are within food temperature regulation so that facility's residents do not get sick because bacteria can start growing if food is not at the right temperatures. The DS continued to state that it is important for the cooks to document the temperatures checked to show proof that checking temperatures was actually done. During a review of the facility's policy and procedure (P&P) titled, Meal Service, review dated 5/27/2026, the P&P indicated meals that meet the nutritional needs of the resident will be served in an accurate and efficient manner, and served at the appropriate temperature. The Food and Nutrition services staff member will take the food temperatures prior to service of the meal with a thermometer that has been sanitized. The food will be served on trayline at the recommended temperatures and recorded on the daily therapeutic menu in the temperature column of the regular food and next to the food item under the therapeutic diet column of each food.</p>		