

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 04/27/2026
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>Based on interview and record review, the facility failed to ensure that nursing staff have the specific competency and skills set necessary to care for residents' needs, as identified through residents' assessments and plan of care for three of three sampled staff (Certified Nursing Assistant 1 [CNA 1], CNA 2, and CNA 3) reviewed for competency skills check or performance evaluations for colostomy (a surgical procedure that brings one end of the large intestine out through the abdominal wall to allow waste to leave the body) care. This deficient practice had the potential to place residents with a colostomy at risk of not receiving necessary care and services. Findings: During a concurrent interview and record review on 4/23/2026 at 3:37 p.m., with the Director of Staff Development (DSD), reviewed the facility document titled, Class Attendance Roster, dated 5/22/2025. The DSD stated the facility provides care to residents with a colostomy. The DSD stated that all nursing staff are provided with annual competencies specific to colostomy care to ensure that facility staff are providing quality care for residents who have a colostomy. The DSD stated that an annual skills competency day was conducted in the facility by the facility's cooperate nursing consultant on 5/22/2025. The DSD reviewed the facility document titled Class Attendance Roster, dated 5/22/2025. The Class Attendance Roster indicated course topic: Pressure Injury (localized, pressure-related damage to the skin and/or underlying tissue usually over a bony prominence)/prevention/causes; incontinent care (the involuntary or accidental loss of bladder or bowel control); colostomy/indwelling catheter (a thin, flexible, sterile tube inserted into the bladder to drain urine into a collection bag) care. The DSD stated that all nursing staff (Registered Nurses [RNs], Licensed Vocational Nurses [LVNs], CNAs) attended the annual skills competency on 5/22/2025. During a concurrent interview and record review on 4/23/2026 at 4:44 p.m., with CNA 1, reviewed the facility document titled, Class Attendance Roster, dated 5/22/2025. CNA 1 stated that her signature is not on the roster. CNA 1 continued to state that CNA 1 did not attend the skills competency for colostomy care conducted on 5/22/2025 because she only works part time at the facility. During a concurrent interview and record review on 4/23/2026 at 4:51 p.m., with CNA 2, reviewed the facility document titled, Class Attendance Roster, dated 5/22/2025. CNA 2 stated that her signature is not on the roster. CNA 2 continued to state that CNA 2 did not attend the skills competency for colostomy care conducted on 5/22/2025. CNA 2 further stated that she did not attend the skills competency on 5/22/2025 because she works in the facility part time. During a concurrent interview and record review on 4/23/2026 at 4:55 p.m., with CNA 3, reviewed the facility document titled, Class Attendance Roster, dated 5/22/2025. CNA 3 stated that her signature is not on the roster. CNA 3 continued to state that CNA 3 did not attend the skills competency for colostomy care conducted on 5/22/2025. CNA 3 stated she is not sure if she is allowed to change a resident's colostomy. CNA 3 continued to state that she works 3:00 p.m.-11:00 p.m. and those competency trainings are conducted during the 7:00 a.m.-3:00 p.m. shift. During an interview on 4/27/2026 at 9:00 a.m., with the DSD, the DSD stated that it is important for all nursing staff from all three shifts to attend annual skills competency days because specific skills competencies are conducted to ensure the facility provides continued education for the facility staff. The DSD stated that moving forward, the DSD will be scheduling skills competency days (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: 056253
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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>throughout the year so that all nursing staff have the opportunity to attend. During an interview on 4/27/2026 at 4:15 p.m., with the Director of Nursing (DON), the DON stated that annual skills competency are important to be attended by all nursing staff because it is the way to check the knowledge of the facility staff. The DON stated annual skills competency provides the facility the opportunity to re-educate the facility staff on specific skills that will help the facility staff provide quality care to the residents. During a review of the facility's Facility Assessment Tool dated 4/9/2025, the Facility Assessment Tool indicated the facility provides sufficient staff with appropriate competencies and skill sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident as determined by resident assessments and individual plans of care and considered the number, acuity and diagnosis of the facility's resident population in accordance with the facility assessment required. Competency evaluation is checked on hire and annually thereafter. During a review of the facility's policy and procedure (P&P) titled, Competency of Nursing Staff, reviewed 5/27/2025, the P&P indicated all nursing staff must meet the specific competency requirements of their respective licensure and certification requirements defined by State law. In addition, licensed nurses and nursing assistants employed by the facility will: a. participate in a facility-specific, competency-based staff development and training program; and b. demonstrate specific competencies and skill sets deemed necessary to care for the needs of residents, as identified through resident assessments and described in the plan of care. The staff development and training program is created by the nursing leadership, with input from the medical director, and is designed to train nursing staff to deliver individualized, safe, quality care and services for the residents. Facility and resident-specific competency evaluations will be conducted upon hire, annually as needed based on the facility assessment. Facility and resident-specific competency evaluations will include: a. Lecture with return demonstration for physical activities; b. Demonstrated ability to use tools, devices, or equipment used to care for residents; c. Demonstrated ability to perform activities that are within the scope of practice an individual is licensed or certified to perform.</p>		