STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056253	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Berkley Post-Acute	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review, the facility failed to: 1. Ensure unopened insulin (a hormone that lowers the level of glucose [a type of sugar] in the blood) pens (a pre-filled device used to inject insulin) were stored in the refrigerator and not in the medication cart per manufacture's guidelines for one of one sampled medication cart (Medication Cart 1). 2. Discard one expired insulin injection pen after opening on 2/27/2026 according to the manufacturer's guidelines. These deficient practices had the potential to place residents at risk for ineffective medication.Findings: a. During a concurrent observation and interview on 5/7/2026 at 12:38 p.m., of Medication Cart #1 in Nursing Station 2 with Licensed Vocational Nurse 1 (LVN 1), observed three Humalog insulin (fast-acting insulin) pens in clear zipped bags stored in the top left drawer of Medication Cart #1. LVN 1 stated that the three insulin pens in the clear zipped bags were all new and unopened because there were no documented open dates on them. LVN 1 stated that all unopened insulin pens should be stored in the refrigerator because there is a sticker on the clear zipped bag indicating, Refrigerate until used. During an interview on 5/7/2026 at 4:27 p.m., with the Director of Nursing (DON), the DON stated that unopened insulin pens should not be taken out of the refrigerator until use. The DON stated insulin pens, once opened, should have an open date and are good for 28 days. The DON stated that removing insulin pens too early can reduce insulin efficacy. During a review of the facility's policy and procedure (P&P) titled, Medication Storage in the Facility, review date 5/27/2025, the P&P indicated that except for those requiring refrigeration, medications intended for internal use are stored in a medication cart or other designated areas. b. During a concurrent observation and interview on 5/7/2026 at 12:30 p.m., of Medication Cart #1 in Nursing Station 2 with LVN 1, observed one Humalog insulin pen in a clear zipped bag with a documented open date of 2/27/2026. LVN 1 stated that the insulin pen should have been discarded. LVN 1 stated that opened insulin pens are good for 28 days and after 28 days, the insulin pen should be thrown out for resident's safety. During an interview on 5/7/2026 at 4:29 p.m., with the DON, the DON stated the insulin pen with a documented open date of 2/27/2026 should have been discarded after 28 days and should not have been given. The DON stated that staff must check the medication carts at the beginning and end of each shift and discard any expired medications. The DON continued to state that she does not know what happened because the pharmacist checks the medication carts every month. During a review of the Humalog insulin pen manufacturer guidelines, the guidelines indicated direct users to throw out the pen 28 days after opening. Manufacturer guidelines direct not to use after expiration date and storage can be in refrigerator before opening.

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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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observation, interview, and record review, the facility failed to follow the facility diet spreadsheet by failing to serve the residents' chef's vegetable of choice as indicated on the facility spreadsheet to be served for lunch on 5/7/2026 for two of three sampled residents (Resident 2 and Resident 3). This deficiency had the potential for Resident 2 and Resident 3 to not receive the nutrition needed and the potential for unintended wight loss. Findings: a. During a review of Resident 2's admission Record, the admission Record indicated the facility admitted the resident on 5/2/2026 with diagnoses of unspecified sequelae of cerebral infarction (stroke, loss of blood flow to a part of the brain), cardiomyopathy (an enlarged heart), morbid (severe) obesity due to excess calories type two (2) diabetes (a disorder characterized by difficulty in blood sugar control and poor wound healing). During a review of Resident 2's History & Physical (H&P) dated 5/4/2026, the H&P indicated Resident 2 had the capacity to understand and make decisions. During a review of Resident 2's Order Summary Report, the Order Summary Report indicated an order for Consistent Carbohydrate Diet (CCHO - diet for people with diabetes or prediabetes to keep blood sugar levels stable throughout the day)/No Added Salt (NAS). During a review of the facility Diet Spreadsheet for Week 4, Day 26-Thursday, the spread sheet indicated: Lunch- CCHO: Savory Roasted Chicken, Confetti Rice, Chefs Vegetable of Choice, Bread or Roll with Margarine, Lemon Pudding, Choice of Beverage (no sugar added/no juice). During an observation on 5/7/2026 at 12:15 p.m., in Resident 2's room, observed Resident 2's lunch tray. Observed chicken, rice, beets, bread, pudding, and a beverage. During a concurrent observation, interview, and record review on 5/7/2026 at 1:09 p.m., with the Dietary Supervisor (DS), observed Resident 2's lunch tray. The DS stated that Resident 2 was served beets. The DS reviewed the facility's Diet Spreadsheet for Week 4, Day 26-Thursday. The DS stated that Resident 2 is on a CCHO diet and should have been served chef's vegetable of choice, carrots and zucchini. b. During a review of Resident 3's admission Record, the admission Record indicated the facility admitted the resident on 1/8/2026 with diagnoses of chronic kidney disease (kidneys are damaged and cannot filter blood properly, allowing waste and fluid to build up in the body), dependence on renal dialysis (a life-sustaining medical treatment that filters waste, toxins, and excess fluids from the blood when the kidneys have failed), morbid obesity due to excess calories type 2 diabetes . During a review of Resident 3's Minimum Data Set (MDS-a resident assessment tool) dated 4/16/2026, the MDS indicated Resident 3's cognition (a mental process of acquiring knowledge and understanding through thought, experience and senses) was intact. The MDS indicated Resident 3 required supervision or touching assistance from staff with eating and oral hygiene and was dependent on staff with toileting hygiene and personal hygiene. During a review of Resident 3's Order Summary Report, the Order Summary Report indicated an order for renal (diet to manage kidney disease by reducing the workload on the kidneys and minimizing waste buildup in the blood) CCHO. During an observation on 5/7/2026 at 1:01 p.m., in Resident 3's room, observed Resident 3's lunch tray. Observed chicken, rice, beets, bread, peaches, soup, and beverage. During an interview on 5/7/2026 at 1:41 p.m., with the DS, the DS stated that beets should not have been served for CCHO diet and serving beets was a mistake made by the Cook. During an interview on 5/7/2026 at 1:57 p.m., with the Cook, the [NAME] stated that residents on a CCHO diet should have been served carrots and zucchini. The [NAME] stated it was a mistake that Resident 2 and 3 were served beets. The [NAME] stated that she does not know what happened. During an interview on 5/7/2026 at 2:10 p.m., with the Registered Dietician (RD), the RD stated that the [NAME] should have followed the spread sheet for residents on a CCHO diet. The RD stated that it is important to follow the facility spread sheet to make sure residents are provided with the appropriate nutrients and calories. The RD stated that by not following the facility's spreadsheet for residents on a CCHO diet, the residents have the possibility of not receiving the needed nutrition and possibly have elevated glucose levels. (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's policy and procedure (P&P) titled, Menu Compliance and Meal Service Accuracy, reviewed date 5/27/2025, the P&P indicated the facility will ensure that all meals prepared and served follow the approved menu cycle, including all substitutions, therapeutic modifications, and portion standards, unless otherwise authorized by the Registered Dietician or Dietary Manager. Dietary staff must prepare and serve meals according to the approved menu cycle. Staff must ensure each tray reflects both the approved menu and the resident's prescribed diet.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to follow proper sanitation and food handling practices by: 1.Failing to ensure the kitchen's red sanitation buckets were at the proper concentration for three of three sampled red sanitation buckets. 2. Failing to implement the facility's quaternary ammonium (a class of positively charged chemical compounds used extensively as disinfectants or sanitizers) log policy as evidenced by failing to provide documented evidence of a quaternary ammonium log. These deficient practices had the potential to place 117 residents living in the facility at risk for foodborne illnesses (refers to illness caused by the ingestion of contaminated food or beverages).Findings: a. During a concurrent observation and interview on 5/7/2026 at 8:29 a.m., in the facility's kitchen with the Dietary Supervisor (DS), observed a red sanitation bucket at the food preparation area. Observed the DS testing the red sanitation bucket with a test strip. Observed the test strip not change color. The DS stated that the red sanitation bucket test strip did not change color and resulted in 0 parts per million (ppm - a unit of measurement that describes the concentration of a very dilute substance within a mixture). During a concurrent observation and interview on 5/7/2026 at 8:30 a.m., in the facility's kitchen with the DS, observed a red sanitation bucket at the dish washer area. Observed the DS testing the red sanitation bucket with a test strip. Observed the test strip not change color. The DS stated that the red sanitation bucket test strip did not change color and resulted in 0 ppm. During a concurrent observation and interview on 5/7/2026 at 8:31 a.m., in the facility's kitchen with the DS, observed a red sanitation bucket at the three compartment dishwashing area. Observed the DS testing the red sanitation bucket with a test strip. Observed the test strip not change color. The DS stated that the red sanitation bucket test strip did not change color and resulted in 0 ppm. The DS stated that the test strip should change color and the minimum ppm should be 200 ppm. The DS stated that the sanitation solution should be changed every two (2) hours and as needed if the water is cloudy. The DS stated that it is important to check the ppm of sanitation solutions to make sure that the sanitation solution is effective. b. During an interview on 5/7/2026 at 8:35 a.m., with the DS, the DS stated that the facility does not keep a log of when the sanitation solution is tested for ppm. When asked why, the DS did not answer. The DS stated that a log is important to provide proof that checking the sanitation solution was done. During a review of the facility's policy and procedure (P&P) titled, Quaternary Ammonium Log Policy, review dated 5/27/2025, the P&P indicated the concentration of the ammonium in the quaternary sanitizer will be tested to ensure the effectiveness of the solution. The quaternary solution, used for sanitizing clean work surfaces in the kitchen, will be made according to instructions on the product container or dispensing device set up for the specific quat product. The Food & Nutrition Services worker will place the solution in the appropriate bucket labeled for its contents and will test the concentration of the sanitation solution. The concentration will be tested at least every shift or when the solution is cloudy. The solution will be replaced when the reading is below 200 ppm. The replacement solution will be tested prior to usage. Food and Nutrition Services staff will record the readings three times a day, Breakfast, Lunch, and dinner, to document the process was completed. The Quaternary Ammonium Log, or Quat Sanitizer Bucket will be used to record the concentration only.