

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2025
NAME OF PROVIDER OR SUPPLIER Mountain View Conv Hosp		STREET ADDRESS, CITY, STATE, ZIP CODE 13333 Fenton Avenue Sylmar, CA 91342	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49604</p> <p>Based on interview and record review, the facility failed to implement its abuse prevention policy by failing to report an injury of unknown origin for one of three sampled residents (Resident 1).</p> <p>This deficient practice had the potential to place Resident 1 at risk for more injury.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission record indicated the facility admitted the resident on 9/29/2022 and readmitted on [DATE] with diagnoses including dysphagia (difficulty swallowing), difficult walking, anxiety (a common emotion characterized by feelings of unease, worry, fear, and apprehension), type 2 diabetes (a condition where the body either does not produce enough insulin or cannot effectively use the insulin leading to high blood sugar levels).</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 1/2/2025, indicated the resident had severe cognitive impairment (problems with a person's ability to think, learn, remember, use judgment, and make decisions).</p> <p>During a review of Resident 1's Situational Background, Assessment, and Recommendation (SBAR) tool, dated 2/2/2025, the SBAR indicated Resident 1 had right side of the eye skin discoloration.</p> <p>During a review of Resident 1's Progress Notes, dated 2/8/2025, indicated Resident 1 is currently on monitoring for right eye discoloration with swelling and Resident 1 had been reminded to not attempt to get out of bed without assistance.</p> <p>During a review of Resident 1's progress notes, dated 2/8/2025, the progress notes indicated the resident is currently being monitored for right eye discoloration and swelling.</p> <p>During an interview on 3/11/2025, at 11:30 a.m., Certified Nurse Assistant (CNA) 1 stated she took care of Resident 1 on 2/8/2025 during the morning shift. CNA1 stated when she came on her shift the Resident 1's face was bruised and swollen.</p> <p>(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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/11/25 at 12:30 p.m., Licensed Vocational Nurse (LVN) 1, stated he worked on 2/6/2025 with Resident 1 at around 12:30 a.m. LVN 1 stated CNA 1 tried to clean Resident 1 and noticed a bruise, swelling, and discoloration on the right side of the head. LVN 1 stated he assessed Resident 1 and made the report of the bruise and swelling to the Registered Nurse (RN) 1.</p> <p>During an interview on 3/11/2025, at 1:35 p.m., Registered Nurse (RN) 1 stated Resident 1 had a bruise that was reported to her on 2/4/2025. RN 1 stated she does not know how Resident 1 got the bruise as it was not reported as a fall by the staff. RN 1 stated the process at the facility is that any unknown injury is reported. RN 1 stated Resident 1's bruise was reported to the doctor.</p> <p>During an interview on at 16:30 p.m., the Director of Nursing (DON) stated she did not know how the Resident 1 got the bruise on her face as staff did not report any fall. The DON stated [NAME] for any unknown injury it is reported to the doctor and treatment is started right away. The DON stated Resident 1's unknown injury was not reported to the Survey State Agency.</p> <p>During a review of the facility-provided policy and procedure titled, Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating, revised on 9/2022, the policy and procedure indicated, All reports of resident abuse (including injuries of unknown origin) . are reported to local, state, and federal agencies (as required by current regulations) and thoroughly investigated by facility management 1. If resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law 3. Immediately is defined as: within two hours of an allegation involving abuse or result in serious bodily injury</p>		