

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  03/26/2026
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>Based on interview, and record review, the facility failed to report an allegation of staff to resident abuse (the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish) immediately, but no later than two (2) hours after the allegation was made to the State Survey Agency (CDPH, California Department of Public Health), the Ombudsman (a resident advocate), and local law enforcement (LLE) in accordance with federal and state law for one (1) of one (1) sampled resident (Resident 20) reviewed under the abuse care area. This deficient practice had the potential to result in unidentified abuse in the facility and failure to protect residents from harm from abuse. Findings: During a review of Resident 20's admission Record (AR), the AR indicated the facility admitted the resident on 4/16/2025, with diagnoses including diabetes mellitus (DM 2-a disorder characterized by difficulty in blood sugar control and poor wound healing), legal blindness (a term that defines severe limitation with vision where someone can see at 20 feet when a normal person can see at 200 feet), and adult failure to thrive (a decline caused by chronic diseases and functional impairments which can cause weight loss, decreased appetite, poor nutrition, and inactivity) During a review of Resident 20's Minimum Data Set (MDS - resident assessment tool) dated 1/16/2026, the MDS indicated that Resident 20 had severely impaired cognition (mental action or process of acquiring knowledge and understanding) and was able to understand others and sometimes was able to make her needs known. The MDS further indicated that Resident 20 required setup or clean-up assistance with eating, supervision or touching assistance with oral hygiene and roll left and right; partial or moderate assistance with upper body dressing and sit to lying; total assistance with bathing; substantial/maximal assistance from staff with all other activities of daily living (ADLs - routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). During a review of Resident 20's History and Physical (H&amp;P), dated 4/17/2025, the H&amp;P indicated the resident had the capacity to understand and make decisions. During a review of Resident 20's eINTERACT Change in Condition Evaluation form dated 3/17/2026 at 9:45 a.m. completed by Registered Nurse (RN) 2, the eINTERACT Change in Condition Evaluation form indicated that Resident 20 reported an allegation of being abused by a staff member. The eINTERACT Change in Condition Evaluation form indicated that the physician was notified with new order for psychologist/psychiatrist consultation and that the nurse practitioner came and assessed Resident 20. During an interview on 3/25/2026 at 7:45 a.m. with Certified Nursing Assistant (CNA) 6, CNA 6 stated that on 3/17/2026 at approximately 4:30 a.m. while CNA 6 was cleaning Resident 20, Resident 20 accused CNA 6 of hitting the resident during activities of daily living (ADLs-activities such as bathing, dressing and toileting a person performs daily) care. CNA 6 stated she continued cleaning Resident 20 and the resident continued to scream accusing CNA 6 of hitting Resident 20. CNA 6 stated CNA 5 offered to assist CNA 6 while providing ADL care to Resident 20, but CNA 6 stated she (CNA 6) was almost finished cleaning the resident. CNA 6 stated Resident 20 continued to be upset, and repeating CNA 6 hit her. CNA 6 stated she (CNA 6) continued with her work and went to provide ADL care to another resident. CNA 6 stated that when Resident 20 accused her of hitting her, it should be considered an allegation of abuse. CNA 6 stated she (CNA 6) did not report the (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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