

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

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 07/22/2026
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)		
F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and review, the facility failed to ensure the licensed staff develop a baseline care plan addressing the smoking needs for one of three sampled residents (Resident 1). This failure had the potential for Resident 1 not to receive the care and services related to his smoking while under the care of the facility. Findings: During a review of Resident 1's Face Sheet (admission Record), the Face Sheet indicated the facility originally admitted Resident 1 on [DATE], with diagnoses including an encounter for orthopedic aftercare following kidney transplant (is a follow-up medical appointment used to oversee a resident's recovery, functional rehabilitation, and physical adaptation after a surgical procedure to place a healthy kidney from a living or deceased donor into a person with end stage kidney failure), muscle weakness, and hypertension (high blood pressure). During a review of Resident 1's Minimum Data Set (MDS-a resident assessment tool), dated [DATE], the MDS indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were intact. During a concurrent observation and interview on [DATE] at 10:30 a.m. with Resident 1, Resident 1 was observed in the hallway in a wheelchair holding a cigarette and a match. Resident 1 stated the facility allowed her to keep a match and her cigarettes. Resident 1 stated that upon admission to the facility she was not informed of the facility's policy on smoking. During an interview, on [DATE] at 3 p.m., with the Assistant Director of Nursing (ADON), the ADON stated the facility failed to have a baseline care plan upon Resident 1's admission. The ADON stated the facility was not aware that Resident 1 was a smoker. The ADON stated the facility did not follow its Policy of doing a baseline care plan upon admission to know the need of the resident while in the facility. During a review of the facility policy and procedure titled, Baseline Care Plan, last reviewed and approved on [DATE], the policy and procedure indicated, A baseline plan of care to meet the resident's immediate health and safety needs is developed for each resident within forty-eight hours of admission.		

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)		
F 0926 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have policies on smoking. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, facility failed to follow the Smoking Policy plan for two of five sampled residents (Resident 1 and Resident 2). This failure had the potential for Resident 1 and Resident 2 not receiving appropriate care and smoking safety instructions specific to the residents smoking need. Findings: During a review of Resident 1's Face Sheet (admission Record), the Face Sheet indicated the facility originally admitted Resident 1 on [DATE], with diagnoses including an encounter for orthopedic aftercare following kidney Transplant (is a follow-up medical appointment used to oversee a resident's recovery, functional rehabilitation, and physical adaptation after a surgical procedure to place a healthy kidney from a living or deceased donor into a person with end stage kidney failure), muscle weakness, and hypertension (high blood pressure). During a review of Resident 1's Minimum Data Set (MDS-a resident assessment tool), dated [DATE], the MDS indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were intact. During a review of Resident 2's Face Sheet, the Face Sheet indicated the facility originally admitted the resident on [DATE] with diagnoses including type 2 DM. During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2's cognition was intact. The MDS indicated Resident 2 needed set-up or clean-up assistance with eating, oral hygiene, upper body dressing, and personal hygiene. During a concurrent observation and interview on [DATE] at 10:30 a.m. with Resident 1, Resident 1 was observed in the hallway in a wheelchair holding a cigarette and a match. Resident 1 stated the facility allowed her to keep a match and her cigarettes. Resident 1 stated the facility allowed her to keep cigarettes and match with her and can go outside to smoke by herself at any time. Resident 1 stated that upon admission she was not informed of the facility's policy on smoking. During an interview on [DATE] at 10:30 a.m. with Resident 2, Resident 2 stated he is a smoker and he goes to smoke without supervision. Resident 2 stated he shares cigarettes with another resident who is also a smoker. During an interview, on [DATE] at 3 p.m., with the Assistant Director of Nursing (ADON), the ADON stated the facility failed to have a baseline care plan upon Resident 1's Admission. The ADON stated the facility was not aware that Resident 1 was a smoker. The ADON stated the facility did not follow its Policy of not allowing residents to have a match with them at the facility. The ADON stated the facility failed to follow its policy of not permitting other residents, in the case of Resident 2, to share smoking items with other residents. During a review of the facility policy and procedure titled, Smoking Policy, last reviewed and approved on [DATE], the policy and procedure indicated, Prior to and upon admission, residents are informed of the facility smoking policy, including designated smoking areas. 7. Resident Smoking status is evaluated upon admission. 13. All other forms of lighters, including matches, are prohibited.		