

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 12/06/2024
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44244</p> <p>Based on interview and record review, the facility failed to ensure the resident's right to request, refuse, and/or discontinue treatment for one of two residents (Resident 94) reviewed under the Advance Directive (written statement of a person's wishes regarding medical treatment made to ensure those wishes are carried out should the person be unable to communicate) care area by failing to ensure a resident with full code status (primary goal of prolonging life by all medically effective means) did not have an active physician's order indicating do not resuscitate / do not intubate (DNR/DNI - a medical order written by a doctor to instruct health care providers NOT to do cardiopulmonary resuscitation [CPR] or intubation [a procedure that can assist with breathing] if breathing stops or the heart stops beating).</p> <p>This deficient practice had the potential to result in the resident's wishes not being known and placing the resident at risk for a delay in life-saving treatment which may result in the death of the resident.</p> <p>Findings:</p> <p>During a review of Resident 94's Admission Record, dated [DATE], the Admission Record indicated the facility admitted Resident 94 on [DATE] with diagnoses that included hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (partial paralysis or weakness on one side of the body) following cerebral infarction (stroke, loss of blood flow to a part of the brain) affecting the left non-dominant side, gastrostomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems), and dysphagia (difficulty swallowing.)</p> <p>During a review of Resident 94's Minimum Data Set (MDS - resident assessment tool), dated [DATE], the MDS indicated Resident 94 rarely / never had the ability to understand others and rarely / never had the ability to be understood. The MDS further indicated the resident was dependent on staff for toileting, showering, dressing, oral and personal hygiene, and mobility. The MDS indicated the resident required tube feeding while in the facility.</p> <p>During a review of Resident 94's Order Summary Report, dated [DATE], the Order Summary Report indicated the following orders:</p> <p>- Code Status: DNR/DNI, dated [DATE].</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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- CPR - attempt resuscitation according to the Physician Orders for Life-sustaining Treatment (POLST - a form that contains written medical orders for healthcare professionals regarding specific medical treatments that can or cannot be done at the end-of life) issued, dated [DATE]</p> <p>During a review of Resident 94's POSLT, signed by the physician and resident representative on [DATE], the POLST indicated the following orders:</p> <p>-Attempt Resuscitation / CPR</p> <p>-Full Treatment - primary goal of prolonging life by all medically effective means.</p> <p>During a review of Resident 94's Care Plan regarding POLST / Advance Directives, initiated [DATE], and last revised on [DATE], the Care Plan indicated the resident needs to be kept comfortable as resident / family member / responsible party has preferred intensity of care to attempt resuscitation according to the POLST with full treatment. The Care Plan indicated to respect the resident and / or responsible party's wishes.</p> <p>During a concurrent interview and record review on [DATE] at 10:48 a.m., Registered Nurse 2 (RN 2) reviewed Resident 94's POLST and physician orders. RN 2 stated Resident 94's POLST completed on [DATE] indicated the resident was full code status. RN 2 stated Resident 94 had an active order for DNR/DNI dated [DATE]. RN 2 stated the physician's order was confusing and did not match the resident's POLST. RN 2 stated the physician's order and the POLST should not contradict because it would confuse the nurses and potentially cause a delay in care during an emergency. RN 2 stated the Director of Nursing (DON) entered the physician's order for DNR/DNI.</p> <p>During an interview on [DATE] at 12 p.m. with Family Member 1 (FM 1), FM 1 stated they were Resident 94's representative. FM 1 stated they had a conversation with the facility staff regarding Resident 94's code status and they preferred to provide all the care possible for Resident 94. FM 1 stated Resident 94 was not DNR status.</p> <p>During a concurrent interview and record review on [DATE] at 11:09 a.m. with the DON, the DON reviewed the facility policy and procedures regarding resident rights and Advance Directives. The DON stated it was important for staff to know a resident's code status to know the correct treatment to perform during an emergency. The DON stated for example, if a resident requested a natural death then staff would not perform CPR. The DON stated it was a resident's right for staff to follow their (residents) wishes during an emergency. The DON stated she entered Resident 94's DNR/DNI order based on the Resident's code status prior to the completion of the POLST. The DON stated she missed reviewing Resident 94's POLST and should not have entered the physician's order without checking the POLST first. The DON stated when Resident 94 had a physician's order for DNR/DNI, there was a potential for a delay in resuscitation potentially resulting in the death of the resident. The DON stated the facility policies and procedures were not followed regarding the resident's right to self determination and their right to accept or refuse medical treatment.</p> <p>During a review of the facility-provided policy and procedure (P&P) titled, Resident Rights, last reviewed [DATE], the P&P indicated federal law guarantees certain basic rights to all residents of the facility. These rights include the right to self-determination and to participate in decision making regarding his or her care.</p> <p>(continued on next page)</p>

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility-provided P&P titled, Advance Directives, last reviewed [DATE], the P&P indicated upon admission, the resident will be provided with written information concerning the right to refuse or accept medical treatment. The attending physician will provide information to the resident and legal representative regarding resident's health status, treatment options, and expected outcomes during the development of the initial comprehensive assessment and care plan. The plan of each resident will be consistent with his or her documented treatment preferences. A resident will not be treated against his or her own wishes.</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41379</p> <p>Based on observation, interview, and record review, the facility failed to notify one of six sampled resident's (Resident 75) physician (MD 1) for a change in condition (COC) for inability to complete passive range of motion (PROM, movement at a given joint with full assistance from another person) exercises for both knees during Restorative Nursing Aide program (RNA, nursing aide program that help residents to maintain their function and joint mobility) treatment.</p> <p>This deficient practice had the potential for Resident 75 to have delay in assessment and intervention and further decline of both knee ROM.</p> <p>Findings:</p> <p>During an observation and interview on 12/4/2024 at 10:02 a.m. in Resident 75's room, Restorative Nursing Aide (RNA 1) and Restorative Nursing Aide (RNA 2) performed RNA treatment session at bedside for Resident 75. RNA 1 performed PROM to Resident 75's right shoulder, elbow, wrist, and fingers. RNA 1 was not able to move Resident 75's right arm all the way and could move the shoulder, elbow, wrist, and fingers a little. RNA 1 proceeded to perform PROM to Resident 75's right hip and ankle/foot. RNA 1 did not attempt to perform any ROM to the right knee. Upon completion of PROM exercises to the right upper extremity (RUE) and right lower extremity (RLE), RNA 2 performed left UE (LUE) PROM at the shoulder, elbow, wrist, and fingers. RNA 2 proceeded to perform PROM to Resident 75's left hip and left ankle/foot. RNA 2 did not attempt to perform ROM to Resident 75's left knee. At the end of the RNA session, when asked why RNA 1 and RNA 2 did not perform PROM exercises to both knees, RNA 1 and RNA 2 stated they did not attempt to perform RNA treatment to the knees, because both knees could not bend. RNA 1 then demonstrated and tried to bend Resident 75's right knee (which was in a straight position) and could not bend Resident 75's right knee.</p> <p>During a review of Resident 75's Admission Record (AR) dated 12/2/2024, the AR indicated Resident 75 admitted to the facility on [DATE] with diagnoses including but not limited to acute respiratory failure (any condition that affects breathing function and result in lungs not functioning properly), dependence on respirator (machine to help breathing), and contracture (a stiffening/shortening at any joint, that reduces the joint's range of motion) unspecified joint.</p> <p>During a review of Resident 75's History and Physical (H&P) examination, dated 12/4/2024, the H&P indicated Resident 75 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 75's Minimum Data Set (MDS, resident assessment tool), dated 9/20/2024, the MDS indicated Resident 75 was severely impaired in cognitive (mental processes involved in gaining knowledge and comprehension, includes thinking, knowing, remembering, judging, problem-solving) skills for daily decision making. The MDS indicated Resident 75 had functional limitation in range of motion impairments on both sides of the upper extremities and both sides of the lower extremities. The MDS indicated Resident 75 required dependent assistance from staff for oral hygiene, toileting, bathing, and dressing. The MDS indicated Resident 75 received six (6) days of Restorative Nursing Program for passive range of motion and 6 days of splint or brace (rigid material or apparatus used to support and immobilize a broken bone or impaired joint) assistance.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 75's care plan (CP), dated 10/13/2023 and revised on 12/4/2024, the CP indicated Resident 75 was at risk for further decline in ROM to all extremities. The CP goal indicated Resident 75 to maintain current ROM to all extremities. The CP intervention indicated for RNA to provide PROM exercises to all extremities once a day, 6 times a week and RNA to provide both pressure relief ankle foot orthosis (PRAFO, an orthotic device designed to correct or address problems with the ankle and foot and provide pressure relief at heels) splints up to four (4) hours or as tolerated once a day, 6 times a week.</p> <p>During a review of Resident 75's Order Summary Report (OSR) dated 12/4/2024, the OSR indicated an order dated 10/13/2023 for RNA to apply both PRAFO up to 4 hours or as tolerated once a day 6 times a week. The OSR indicated an order dated 10/13/2023 for RNA to provide PROM exercises to all extremities as tolerated once a day, 6 times a week.</p> <p>During a review of Resident 75's Physical Therapy (PT) Evaluation dated 9/19/2023, the PT evaluation indicated Resident 75 had impaired ROM in right hip and ankle, and left hip, knee, and ankle. The PT evaluation indicated Resident 75's right knee was within normal limits and did not have any ROM impairments.</p> <p>During a review of Resident 75's PT Discharge Summary (DC) dated 10/13/2023, the PT DC indicated DC recommendations for RNA to render PROM exercises to all extremities as tolerated 6 times a week. The PT DC indicated RNA training was completed on proper resident handling and technique during both LE PROM exercises to prevent decline in ROM.</p> <p>During a review of Resident 75's PT Evaluation dated 12/5/2024, the PT Eval indicated Resident 75 had ROM limitation in both hips, both knees, and both ankle/foot.</p> <p>During a review of Resident 75's RNA Weekly Summary (WS) dated January 2024 until December 2024, the RNA WS indicated Resident 75 completed PROM exercises to all extremities. The RNA WS did not indicate any comments that Resident 75 could not perform PROM exercises to both knees during RNA treatment.</p> <p>During an interview and record review on 12/5/2024 at 11:39 a.m. with the Director of Staff Development (DSD), RNA meeting notes from January 2024 to December 2024 were reviewed. The DSD stated she was the supervisor for the RNAs and attended, along with Director of Rehabilitation (DOR), the RNA meetings with all RNA staff. The DSD stated she did not recall any RNA reporting Resident 75 could not perform PROM in both knees during RNA treatment. The DSD stated if the RNAs reported any changes or that RNA could not perform any part of the RNA treatment such as PROM to the knees, it would be noted in the RNA meeting notes or in Resident 75's medical record as a COC. The DSD reviewed the 2024 RNA meeting notes from January to present and stated there was no indication RNA reported Resident 75 had a decline in both knees and RNAs were not completing PROM exercises to both knees. The DSD stated anytime a resident had a decline in ROM, this was considered a COC and would need to be reported to the physician. DSD stated she was not aware of any decline in ROM in Resident 75's legs. The DSD stated it should have been reported and was considered a COC.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview and record review on 12/5/2024 at 2:32 p.m. with Registered Nurse Supervisor (RN 1), Resident 75's medical records were reviewed. RN 1 stated he was the supervisor for Resident 75. RN 1 stated he was not aware of any reports from RNA of any issues with Resident 75's legs or knees. RN 1 reviewed Resident 75's medical records for any COC and stated there were no COCs for Resident 75 regarding his lower extremities ROM. RN 1 stated a decline in ROM was considered a COC and would require MD notification. RN 1 stated a decline in ROM could mean that Resident 75 was getting stiffer and may need medical intervention, because it was important to prevent further worsening of any contractures.</p> <p>During an interview on 12/6/2024 at 9:21 a.m., RNA 1 stated she did not do PROM on Resident 75's knees because she could not move it. RNA 1 stated she could not remember if she reported that she was not completing the RNA order for PROM to both knees. RNA 1 stated it was important to report because if the RNAs did not report, the resident could get worse.</p> <p>During an interview on 12/6/2024 at 9:28 a.m., RNA 2 stated that RNAs should always try to perform PROM on Resident 75's knees because it was an order and if Resident 75 could not do it, then RNAs should report it.</p> <p>During an interview on 12/6/2024 at 9:41 a.m., Physical Therapist (PT 1) PT 1 stated when PT recommended an RNA program for Resident 75 for PROM to BLE 6 times a week as tolerated, it was expected for RNA staff to complete PROM exercises to all joints including the hip, knees, and ankle/foot. PT 1 stated if the RNAs were not performing any part of the order such as not performing PROM to the knees, then it should be reported, and therapy staff should know. PT 1 stated it should be reported because there needs to be an intervention. PT 1 stated PT staff would not write an RNA order unless the resident could tolerate it and if Resident 75 could not tolerate with RNA, then Resident 75 should be reassessed to see what can be done or changed. PT 1 stated she was not aware of any RNA reports indicating Resident 75 could not perform any PROM to both knees. PT 1 stated the RNA staff should try to bend the knees to see if it can be moved, because if they do not move it and did not follow the RNA order for PROM to both knees, then there could be a tendency for a decline in ROM in the knees. PT 1 stated after review of the PT evaluation dated 9/19/2024 compared with the PT evaluation completed 12/5/2024, there was a decline in Resident 75's right leg ROM.</p> <p>During an interview on 12/6/2024 at 10:11 a.m., the DOR stated significant declines in ROM should be reported to see if there were any intervention that could be done to try to improve the resident's joint integrity. DOR stated Resident 75 was a high risk for contractures because of his medical condition. DOR stated therapy staff was not aware of any ROM decline in Resident 75. DOR stated she attended the RNA meetings and did not remember any reports from RNA regarding any issues during RNA with BLE.</p> <p>During an interview on 12/6/2024 at 12:40 p.m., the Director of Nursing (DON) stated Resident 75 had an order for RNA to perform PROM exercises for all extremities 6 times a week. DON stated if the RNA order was for PROM exercises to all extremities, then RNAs were expected to move all the joints including the knees and if RNAs could not perform any part of the order, the RNAs were expected to report it. DON stated the RNAs should have reported that they did not complete the knee PROM anymore because it could be a problem that needed to be addressed such as something could be wrong with Resident 75's knee. DON stated it was important for it to be reported so that the facility could assess and intervene.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's undated Restorative Nursing Assistant job description indicated an RNA will relate all pertinent information concerning a resident's condition to a charge nurse when required and reporting any changes in resident's condition immediately to the supervisor.</p> <p>During a review of the facility's policy and procedure, last reviewed on 10/9/2024, titled Change in a Resident's Condition or Status, the policy and procedures indicated, the nurse will notify the resident's attending physician when there has been a significant change in the resident's physical condition.</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43988</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe, comfortable, and homelike environment for four of four sampled residents (Resident 22, 71, 95, and 17) investigated under Environmental Task by:</p> <ol style="list-style-type: none"> 1. Failing to maintain the cleanliness of Resident 22's electric fan. 2. Failing to ensure Residents 71, 95, and 17's rooms were not below 71 degrees Fahrenheit (a unit of measure). <p>These deficient practices had the potential to negatively affect the residents' quality of life.</p> <p>Findings:</p> <p>a. During a review of Resident 22's Admission Record, the Admission Record indicated the facility originally admitted the resident on 5/28/2023 and readmitted the resident on 4/1/2024 with diagnoses including acute on chronic respiratory failure (a condition when someone with a long-term breathing problem suddenly experience significant worsening of breathing difficulty requiring immediate medical attention, tracheostomy (a surgical procedure to create an opening through the neck into the trachea [windpipe] to facilitate breathing) status, and dependence on ventilator (a breathing machine that delivers air and oxygen into the lungs of a patient whose breathing has ceased, is failing or inadequate.</p> <p>During a review of Resident 22's History and Physical (H&P) dated 4/1/2024, the H&P indicated the resident had the capacity to understand and make decisions.</p> <p>During a review of Resident 22's Minimum Data Set (MDS, resident assessment tool), dated 9/9/2024, the MDS indicated the resident had an intact cognition (mental action or process of acquiring knowledge and understanding) and required total assistance from staff with all activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive).</p> <p>During a concurrent observation and interview on 12/3/2024, at 10:20 a.m., inside Resident 22's room, with Registered Nurse 1 (RN 1), RN 1 confirmed the frame of an electrical fan placed on the floor by the foot of Resident 22's bed had strips of gray powder-like material lining the outward front and back of the frame. RN 1 stated the gray powder-like material on the fan is dust. RN 1 stated housekeeping was responsible to clean any equipment or appliance in the facility. RN 1 stated cleaning of furniture is included during the monthly deep cleaning of each room. RN 1 stated housekeeping staff should have checked any furniture in the room such as the electric fan daily when the room is cleaned and clean if visibly soiled to provide a safe and clean environment for the residents.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/4/2024 at 1:35 p.m. with the Maintenance Supervisor (MS), the MS stated housekeeping department is responsible to ensure cleanliness of furnishings such as fans. The MS stated furniture in the room including electric fan are cleaned on a regular basis when the room is scheduled for deep cleaning monthly. The MS stated housekeeping staff are supposed to check the fans every day and report to him for cleaning. The MS stated the staff should have notified him to clean the electric fan for resident safety and to keep the resident environment clean. The MS stated it was important to keep the fans clean because if it was not clean then the air coming out was not clean as well and can be a source of infection.</p> <p>During an interview on 12/4/2024 at 4:00 p.m. with the Director of Nursing (DON), the DON stated the housekeeping department is primarily responsible to maintain cleanliness of any furnishings inside the resident room. The DON stated the housekeeping department has a monthly schedule of rooms for deep cleaning which include cleaning the furnishings such as fans. The DON stated all staff are responsible to always maintain cleanliness of any equipment in the room. The DON stated if cleanliness is not maintained such as heavy dust in an electrical fan can cause allergens due to unclean air coming from the fan. The DON stated it was also a dignity issue, not providing a homelike environment, thus affecting resident's quality of life.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Maintenance Service, last reviewed 10/9/2024, the P&P indicated maintenance service shall be provided to all areas of the building, grounds, and equipment.</p> <p>During a review of the facility's P&P titled, Cleaning and Disinfection of Environmental Surfaces, last reviewed 10/9/2024, the P&P indicated housekeeping and environmental surfaces will be cleaned on a regular basis when spills occurs and when these surfaces are visibly soiled.</p> <p>During a review of the facility's P&P titled, Homelike Environment, last reviewed 10/9/2024, the P&P indicated residents are provided with a safe, clean, comfortable, and homelike environment. The policy indicated the staff and management maximizes the characteristics of the facility that reflect a personalized, homelike setting by providing a clean, sanitary, and orderly environment.</p> <p>38552</p> <p>b.1. During a review of Resident 95's Admission Record, the Admission Record indicated the facility originally admitted the resident on 10/14/2024 and readmitted the resident on 10/23/2024 with diagnoses including acute respiratory failure (a sudden and serious condition that makes it difficult to breathe), acquired absence of left leg below knee, and type 2 diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing).</p> <p>During a review of Resident 95's H&P, dated 10/25/2024, the H&P indicated the resident has the capacity to understand and make decisions.</p> <p>During a review of Resident 95's MDS, dated [DATE], the MDS indicated the resident had the ability to make self understood and understand others. The MDS indicated the resident required substantial assistance on mobility.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b.2. During a review of Resident 17's Admission Record, the Admission Record indicated the facility originally admitted the resident on 5/4/2021 and readmitted the resident on 6/20/2024 with diagnoses including removal of internal fixation device (keep fractured bones stabilized and in alignment) and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>During a review of Resident 17's H&P, dated 6/21/2024, the H&P indicated the resident has the capacity to understand and make decisions.</p> <p>During a review of Resident 17's MDS, dated [DATE], the MDS indicated the resident had the ability to make self understood and understand others. The MDS indicated the resident required partial to substantial assistance on mobility.</p> <p>b.3. During a review of Resident 71's Admission Record, the Admission Record indicated the facility originally admitted the resident on 10/3/2024 and readmitted the resident on 12/5/2024 with diagnoses including cerebral infarction (stroke-loss of blood flow to a part of the brain) and type 2 DM.</p> <p>During a review of Resident 71's H&P, dated 10/4/2024, the H&P indicated the resident has the capacity to understand and make decisions.</p> <p>During a review of Resident 71's MDS, dated [DATE], the MDS indicated the resident had the ability to make self understood and understand others. The MDS indicated the resident required substantial assistance with mobility and activities of daily living (ADLs-routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During an interview on 12/ 12/3/2024 at 8:23 a.m., with Resident 95, Resident 95 stated his room gets cold especially at night and makes it difficult for him to sleep.</p> <p>During an interview on 12/3/2024 at 8:30 a.m., with Resident 17, Resident 17 stated his room has been cold at night and the air conditioning (A/C) has been blowing cold air at night. Resident 17 stated he asked one of the staff to close the vent because it was blowing cool air, and the Maintenance Supervisor (MS) came to his room three days ago and told him to open the vent so the hot air can come in. Resident 17 stated it has been cold every night. Resident 17 stated he feels cold and feels frustrated because nothing is fixed. Resident 17 stated he has not seen the MS come at night to check, but he has complained about it to the night shift staff and was told to layer up with blankets.</p> <p>During a concurrent observation and interview on 12/4/2024 at 7:16 a.m., toured Station 1 with the MS and checked room temperatures using his laser thermometer device. The MS stated the following:</p> <ul style="list-style-type: none"> - Room A, temperature reading 69.8 degrees F, observed vent open. - Room B, temperature reading 70 degrees F, observed vent open. <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER Mountain View Conv Hosp		STREET ADDRESS, CITY, STATE, ZIP CODE 13333 Fenton Avenue Sylmar, CA 91342	
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/4/2024 at 7:24 a.m., the MS stated the residents room temperature levels range from 70 degrees F to 80 degrees F. The MS stated the rooms are kept in those range because it is a requirement. When the MS was asked when the room temperature falls 70 degrees F and below the required temperature range, how does this affect the residents in those rooms, the MS stated it does not affect the residents. The MS stated he has spoken to Resident 17 sometime last week about the resident's concern about his room temperature. The MS stated when he checked the vent was closed and told the resident to open the vent so the heater could come in. The MS stated at night the vent setting is kept on the fan to circulate the air. The MS stated he checks the room temperatures once a day at 8 a.m., or 11 a.m., or 2 p.m. The MS stated he has not come in during the night to check the room temperatures.</p> <p>During a concurrent observation and interview on 12/4/2024 at 7:30 a.m., inside Resident 71's room (Room A), observed sliding window closed. Resident 71 stated at night it has been cold. Resident 71 stated last night was quite chilly, and he asked for extra blankets.</p> <p>During an interview on 12/4/2024 at 7:36 a.m., with Licensed Vocational Nurse 2 (LVN 2), LVN 2 stated she is the charge nurse for Room B. LVN 2 stated Resident 17 has complained about the temperature in his room that it has been cold. LVN 2 stated the first-time resident reported to her was about two weeks ago and she has reported it to maintenance department three times since and most recently last week. LVN 2 stated she writes it on the maintenance log if the maintenance is not here, but if he were here, she would just tell the MS in person.</p> <p>During an interview on 12/4/2024 at 7:40 a.m., with Resident 17, Resident 17 stated last night (12/3/2024) was cold as well. Resident 17 stated the heater does not kick in at night and it is freezing at night. Resident stated maintenance comes during the day and he (maintenances staff) points his laser gun on the floor. Resident stated the issue is it happens at 2 a.m., early morning when it's cold. Resident stated last night was cold as well. Observed sliding window closed. Resident stated he keeps his window closed because the cold air gets inside his room.</p> <p>During an interview on 12/6/2024 at 12:14 p.m., the DON stated the MS or maintenance staff can check the room temperatures. The DON stated the reason for checking the room temperatures is to ensure residents are comfortable. The DON stated when the room temperatures are below the required temperature range the residents had the potential to catch a cold or any respiratory issues especially residents with compromised conditions. The DON stated when the residents complained that the room is cold the nursing staff can offer extra blankets at night to ensure residents are comfortable.</p> <p>During a concurrent interview and record review of the facility's P&P titled, Homelike environment, on 12/6/2024 at 2:38 p.m., with the DON, the DON stated the residents room temperature range should be within 71 degrees F to 81 degrees F.</p> <p>During a review of the facility's P&P titled, Homelike Environment, last reviewed 10/9/2024, the P&P indicated residents are provided with a safe, clean, comfortable, and homelike environment. The policy indicated the facility staff, and management maximizes the characteristics of the facility that reflect a personalized, homelike setting including comfortable and safe temperatures (71 degrees F to 81 degrees F).</p>		

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<p>F 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44244</p> <p>Based on interview and record review, the facility failed to ensure an accurate assessment was conducted by failing to ensure the Minimum Data Set (MDS - resident assessment tool) was coded correctly to indicate a resident was discharged home for one of one sampled resident (Resident 102) reviewed during the hospitalization Closed Record Review care area.</p> <p>This deficient practice had the potential to result in negatively affecting Resident 102's delivery of care and services.</p> <p>Findings:</p> <p>During a review of Resident 102's Admission Record, dated 12/5/2024, the Admission Record indicated the facility admitted Resident 102 on 9/6/2024 with diagnoses that included acute respiratory failure (a serious condition that occurs suddenly when the lungs cannot get enough oxygen), pneumonia (an infection/inflammation in the lungs), and end stage renal disease (a medical condition in which a person's kidneys [organs that remove waste products from the blood and produce urine] stop functioning on a permanent basis).</p> <p>During a review of Resident 102's MDS, dated [DATE], the MDS indicated Resident 102 was discharged from the facility on 10/18/2024 to a short-term general hospital.</p> <p>During a review of Resident 102's Discharge Summary, dated 10/22/2024, the Discharge Summary indicated the resident's health improved sufficiently and no longer needed the services provided by the facility. The Discharge Summary further indicated the resident was discharged home on 10/18/2024.</p> <p>During a review of Resident 102's Discharge Summary Progress Note, dated 10/18/2024 at 2:45 p.m., the Discharge Summary Progress Note indicated the resident was discharged home with family.</p> <p>During a concurrent interview and record review on 12/4/2024 at 3:10 p.m. with Minimum Data Set Coordinator 1 (MDSC 1), MDSC 1 reviewed Resident 102's Discharge Summary Progress Note dated 10/18/2024 at 2:45 p.m., Discharge Summary dated 10/22/2024, MDS dated [DATE], and the Centers for Medicare & Medicaid Services (CMS) Resident Assessment Instrument (RAI) Version 3.0 Manual (instructional guide for coding the MDS). MDSC 1 stated when a resident is discharged from the facility, an MDS discharge assessment is completed and submitted within 14 days of the resident's discharge. MDSC 1 stated staff reviews the resident's clinical record when completing the MDS discharge assessment. MDSC 1 stated Resident 102 was discharged home, but the MDS indicated the resident was discharged to the hospital. MDSC 1 stated the MDS was not correct. MDSC 1 stated the MDS should be correct to indicate an accurate discharge to ensure the proper services are provided to the resident. MDSC 1 stated Resident 102's MDS was not completed per the RAI manual.</p> <p>During an interview on 12/6/2024 at 11:09 a.m. with the Director of Nursing (DON), the DON stated the MDS is completed based on the gathering of all the facts regarding a resident's care. The DON stated the MDS must be correct and thorough because it is sent to CMS for billing purposes. The DON stated Resident 102 was discharged home and the MDS was not accurate when it indicated Resident 102 was discharged to the hospital.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>During a review of facility-provided CMS RAI Version 3.0 Manual, dated 10/2024, the CMS RAI Version 3.0 Manual indicated the discharge status of the MDS documents the location to which a resident is being discharged at the time of discharge. Knowing the setting to which the individual was discharged helps to inform discharge planning. Review the medical record including the discharge plan and discharge orders for documentation of the discharge location. Select the two-digit code that corresponds to the resident's discharge status. Code 01: for home/community discharge to a private home, apartment, board and care, assisted living facility, or group home.</p> <p>During a review of the facility-provided policy and procedure (P&P) titled, Resident Assessments, last reviewed 10/9/2024, the P&P indicated a comprehensive assessment of each resident is completed at intervals designated by Omnibus Budget Reconciliation Act (OBRA) regulations and the Medicare Prospective Payment System (PPS) requirements. Data from the MDS is submitted to the Internet Quality Improvement Evaluation System (iQIES) as required. OBRA required assessments are federally mandated, and therefore, must be performed on all residents. OBRA assessments include Discharge Assessments. Assessments are completed by staff members who have the skills and qualifications to assess relevant care areas who are knowledgeable about the resident's strengths and areas of decline. Information in the MDS assessments will consistently reflect information in the progress notes, plans of care and resident observations and interviews.</p>

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>38552</p> <p>Based on interview and record review, the facility failed to develop a baseline care plan for one of one sampled resident (Resident 353) that identified resident-centered interventions regarding Resident 353's use of a psychotropic (medications that affect the mind, emotions, and behaviors) medication, lorazepam (medication used to manage anxiety [feelings of fear, dread, uneasiness, and worried thoughts]).</p> <p>This deficient practice had the potential to result in a delay in care or lack of delivery of care and services for the resident.</p> <p>Findings:</p> <p>During a review of Resident 353's Admission Record, the Admission Record indicated the facility originally admitted the resident on 8/14/2023 and readmitted the resident on 11/27/2024, with diagnoses including chronic respiratory failure (a condition in which not enough oxygen passes from the lungs into the blood), tracheostomy (a surgical procedure to create an opening through the neck into the trachea [windpipe] to facilitate breathing) status, and dependence on ventilator (a breathing machine that delivers air and oxygen into the lungs of a patient whose breathing has ceased, is failing or inadequate).</p> <p>During a review of Resident 353's Minimum Data Set (MDS, resident assessment tool), dated 8/14/2024, the MDS indicated the resident rarely or never had the ability to make self understood and understand others.</p> <p>During a review of Resident 353's physician's orders dated 11/28/2024, the physician order indicated an order for lorazepam oral tablet 0.5 milligram (mg- a unit of measure), give 1 tablet by gastrostomy tube (GT - tube placed into stomach for nutritional support and administering medications) every 8 hours as needed for anxiety manifested by tachypnea (rapid and shallow breathing) leading to shortness of breath or desaturation (drop in blood oxygen levels).</p> <p>During an interview on 12/4/2024, at 4:06 p.m., with Registered Nurse 1 (RN 1), RN 1 stated the use of as needed lorazepam should have been part of the baseline care plan for the staff to know the resident's plan of care.</p> <p>During a concurrent interview and record review on 12/4/2024, at 4:15 p.m., reviewed Resident 353's care plans with RN 1, RN 1 stated there was no care plan developed for the use of lorazepam. RN 1 stated baseline care should have been developed.</p> <p>During an interview on 12/6/2024 at 12:24 p.m., with the Director of Nursing (DON), the DON stated the care plan is developed to meet the resident's needs.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled, Care Plans - Baseline, last reviewed on 10/9/2024, the P&P indicated to assure the resident's immediate care needs are met and maintained, a baseline care plan will be developed within 48 hours of the resident's admission.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44244</p> <p>Based on interview and record review, the facility failed to develop and/or implement a comprehensive person-centered Care Plan (CP - a document outlining a detailed approach to care customized to an individual resident's need) by failing to:</p> <ol style="list-style-type: none"> 1. Develop and implement a CP for supplemental oxygen (O2) use for one of three sampled residents (Resident 94) investigated under the Respiratory Care area. 2. Develop and implement a CP for diabetes mellites (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) for one of three sampled residents (Resident 94) investigated under the Respiratory Care area. 3. Develop and implement a care plan on the use of both upper grab bars/siderails (horizontal bars that attach to the side of a bed to help with safety and comfort) for one of one sampled residents (Resident 89) investigated under the Physical Restraints (device or manual holds that limit a person's movement or access to their body) care area. <p>These deficient practices had the potential for delayed provision of necessary care and services for residents that had a diagnosis of DM, that required supplemental oxygen, and that used grab rail bars.</p> <p>4. Ensure resident's Care Plan included measurable goal and outcomes for monitoring depression (a mental health condition that can cause feelings of sadness, loss of interest in activities and difficulty sleeping,) and use of amitriptyline (a medication used to treat depression) for one of three residents (Resident 51) investigated for unnecessary medications.</p> <p>This deficient practice had the potential to cause Resident 51 to receive suboptimal (less than the highest standard or quality) care, for the facility to not know how to manage and care for depression or how effective amitriptyline was for depression, leading to the use of unnecessary medications causing potential side effects (also known as adverse effects - unwanted, uncomfortable, or dangerous effects that a drug may have) resulting in excessive drowsiness, fatigue, increased risk for falls and inability to function and participate in normal daily activities and an overall negative impact on their physical, mental, and psychosocial well-being.</p> <p>Findings:</p> <p>a.1. During a review of Resident 94's Admission Record (a document containing demographic and diagnostic information,) dated 12/4/2024, the Admission Record indicated the facility admitted Resident 94 on 10/8/2024 with diagnoses that included hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (partial paralysis or weakness on one side of the body) following cerebral infarction (stroke, loss of blood flow to a part of the brain) affecting the left non-dominant side, abnormal findings in the lung field, and Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing).</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 94's Minimum Data Set (MDS - resident assessment tool), dated 10/14/2024, the MDS indicated Resident 94 rarely / never had the ability to understand others and rarely / never had the ability to be understood. The MDS further indicated the resident was dependent on staff for toileting, showering, dressing, oral and personal hygiene, and mobility.</p> <p>During a review of Resident 94's Order Summary Report, dated 12/4/2024, the Order Summary Report indicated the following orders:</p> <p>-[Oxygen] administer O2 at two liters per minute (LPM, a unit of measurement) via nasal cannula (NC, device used to deliver supplemental oxygen or increased airflow to a patient or person in need of respiratory help) continuously. May titrate O2 up for O2 saturation (a measurement of blood oxygen concentration, normal oxygen saturation 95-100%) less than 92 %, dated 10/22/2024. '</p> <p>During an observation and interview on 12/4/2024 at 10:45 a.m., observed Resident 94 lying in bed with a NC placed on top of their head. Observed Licensed Vocational Nurse 2 (LVN 2) entered Resident 94's room and placed the NC at the resident's nose to administer supplemental O2. LVN 2 stated Resident 94 takes the NC on and off a lot.</p> <p>During a concurrent interview and record review on 12/4/2024 at 11:36 a.m. with Registered Nurse 2 (RN 2), RN 2 reviewed Resident 94's physician orders and care plans. RN 2 stated Resident 94 was admitted to the facility with the need for continuous O2 use for hypoxemia (low oxygen levels). RN 2 stated they were not aware that Resident 94 removed the NC a lot. RN 2 stated it was important to have the NC in the correct place to ensure the resident was not in respiratory distress. RN 2 stated CPs plan the resident's care based on goals for resident problems. RN 2 stated if Resident 94 had a history of removing the NC, then there should be a CP for the resident's behavior. RN 2 reviewed Resident 94's CPs and stated there was no documented evidence of a CP regarding O2 use for Resident 94. RN 2 stated CPs are important to provide resident safety, optimal resident care, and ensure resident satisfaction. RN 2 stated without a CP for Resident 94's O2 usage the facility would not be able to provide good quality of care for the resident.</p> <p>During a concurrent interview and record review on 12/5/2024 at 10:07 a.m. with Minimum Data Set Coordinator 1 (MDSC 1), MDSC 1 reviewed Resident 94's care plans and physician orders. MDSC 1 stated CPs are created at resident admission by the admitting nurse and then reviewed by the interdisciplinary team. MDSC 1 stated the plan of care must be documented in a CP to ensure appropriate resident care with resident specific interventions based on their needs. MDSC 1 stated when Resident 94 had a physician's order for oxygen use there should have been a CP addressing the resident's use of O2, but Resident 94 did not have a CP for O2.</p> <p>During a concurrent interview and record review on 12/6/2024 at 11:09 a.m. with the Director of Nursing (DON), the DON reviewed the facility policy and procedures regarding care plans. The DON stated CPs include all resident issues to ensure continuity of care is planned and provided based on resident needs. The DON stated it is important to develop a CP addressing the use of O2 because supplemental O2 is vital to residents and when not provided there may be serious adverse effects. The DON stated Resident 94 should have had a CP for O2 that included interventions for monitoring the placement of the NC, but the resident did not have a CP. The DON stated the policy for CPs was not followed.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility-provided policy and procedures (P&P) titled, Care Plans, Comprehensive Person-Centered, last reviewed 10/9/2024, the P&P indicated a comprehensive person-centered CP that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. The interdisciplinary team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive CP for each resident. The CPs are derived from thorough analysis of the information gathered as part of the comprehensive assessment. The comprehensive CP will:</p> <ul style="list-style-type: none"> -include measurable objectives and timeframes - describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being - incorporate identified problem areas -incorporate risk factors associated with identified problems <p>The comprehensive CP is developed within seven days of the completion of the MDS. Assessments of residents is ongoing and CPs are revised as information about the resident and the resident's condition change.</p> <p>During a review of the facility-provided P&P titled, Oxygen Administration, last reviewed 10/9/2024, the P&P indicated the purpose of the procedure was to provide guidelines for safe oxygen administration. Review the resident's CP to assess for any special needs of the resident.</p> <p>a.2. During a review of Resident 94's Order Summary Report, dated 12/4/2024, the Order Summary Report indicated the following orders:</p> <ul style="list-style-type: none"> -Insulin (a hormone that removes excess sugar from the blood, can be produced by the body or given artificially via medication) isophane (a type of insulin) subcutaneous (under the skin) suspension 100 unit (a measurement) / milliliters (mL - a unit of measurement), inject 14 units subcutaneously every 12 hours for DM, dated 10/10/2024. -Metformin HCL (a medication to treat DM) oral tablet 1000 milligrams (mg - a unit of measurement), give one tablet via GT two times a day for DM, dated 10/8/2024. <p>During an interview on 12/4/2024 at 11:36 a.m. with RN 2, RN 2 stated CPs plan a resident's care based on goals for a resident's problems. RN 2 stated CPs are important to provide resident safety, optimal resident care, and ensure resident satisfaction.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 12/5/2024 at 10:07 a.m. with MDSC 1, MDSC 1 reviewed Resident 94's care plans and physician orders. MDSC 1 stated CPs are created at resident admission by the admitting nurse and then reviewed by the interdisciplinary team. MDSC 1 stated the plan of care must be documented in a CP to ensure appropriate resident care with resident specific interventions based on their needs. MDSC 1 stated when Resident 94 was diagnosed with and receiving treatment for DM, there should have been a CP for DM, but Resident 94 did not have a CP for DM. MDSC 1 stated without a CP for DM, there are no established goals for the resident and interventions may be missed like monitoring for signs and symptoms of hyperglycemia (high blood sugar) and hypoglycemia (low blood sugar).</p> <p>During a concurrent interview and record review on 12/6/2024 at 11:09 a.m. with the DON, the DON reviewed the facility policy and procedures regarding care plans. The DON stated CPs include all resident issues to ensure there is planned continuity of care and care is provided based on resident needs. The DON stated it is important to get a CP addressing the diagnosis of DM to ensure interventions are provided like blood sugar monitoring, monitoring labs, and any medications that should be given. The DON stated when a CP for DM is not developed and implemented it could potentially result in the worsening of the resident's disease. The DON stated the policy for CPs was not followed.</p> <p>During a review of the facility provided P&P titled, Care Plans, Comprehensive Person-Centered, last reviewed 10/9/2024, the P&P indicated a comprehensive person-centered CP that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. The interdisciplinary team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive CP for each resident. The CPs are derived from thorough analysis of the information gathered as part of the comprehensive assessment. The comprehensive CP will:</p> <ul style="list-style-type: none"> -include measurable objectives and timeframes - describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being - incorporate identified problem areas -incorporate risk factors associated with identified problems <p>The comprehensive CP is developed within seven days of the completion of the MDS. Assessments of residents is ongoing and CPs are revised as information about the resident and the resident's condition change.</p> <p>44376</p> <p>b. During a review of Resident 89's Admission Record, the Admission Record indicated the facility admitted the resident on 8/6/2024, with diagnoses including encephalopathy (a change in how the brain functions), syncope (fainting or passing out) and collapse, and fall.</p> <p>During a review of Resident 89's History and Physical (H&P), dated 8/9/2024, the H&P indicated the resident can make needs known but cannot make decisions.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 89's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others. The MDS indicated the resident required partial to setup assistance on mobility and activities of daily living (ADL, activities such as bathing, dressing and toileting a person performs daily).</p> <p>During a review of Resident 89's Side Rail Utilization Assessment, dated 8/13/2024, the Side Rail Utilization Assessment indicated the siderails were not in use or requested.</p> <p>During a review of Resident 89's Fall Risk Assessment, dated 10/29/2024, the Fall Risk Assessment indicated the resident was at risk for falls.</p> <p>During an observation on 12/3/2024, at 1:21 p.m., observed Resident 89 lying in bed with both upper grab bars on.</p> <p>During a concurrent observation, interview, and record review on 12/3/2024, at 2:42 p.m., with RN 2, inside Resident 89's room, observed the upper grab bars/ side rails were applied on the resident. Reviewed the Order Summary Report, Side Rail Utilization Assessment, Informed Consent (voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered), and Care Plans of the resident. RN 2 stated there was no physician's order for the grab bars, the Side Rail Utilization Assessment was not updated, there was no consent on the use of grab bars, and no care plan was developed and implemented on the use of grab bars/side rail on the resident. RN 2 stated it was important to have a physician's order, a Side Rail Utilization Assessment, an informed consent, and a care plan on the use of the grab bars to ensure the grab bars/ side rails were needed and to prevent accidents with injury. RN 2 stated the resident came back to the facility on [DATE], and the Side Rail Utilization Assessment was not done for that readmission.</p> <p>During a review of the facility's recent P&P titled, Care Plans, Comprehensive Person-Centered, last reviewed on 10/9/2024, the P&P indicated a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. The comprehensive, person-centered care plan is developed within seven (7) days of the completion of the required comprehensive assessment (MDS).</p> <p>43455</p> <p>c.During a review of Resident 51's Admission Record dated 12/4/2024, the Admission Record indicated Resident 51 was originally admitted to the facility on [DATE] and readmitted on [DATE] with a diagnosis including depression.</p> <p>During a review of Resident 51's MDS, dated [DATE], the MDS indicated resident's cognition (mental action or process of acquiring knowledge and understanding) was intact (not impaired) based on the results of the Brief Interview for Mental Status ([BIMS] - a mandatory tool used to screen and identify cognitive condition of residents upon admission into a long-term care facility,) symptom presence and frequency for feeling down, depressed, or hopeless was marked zero (0). '</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 51's Order Summary Report, dated 12/4/2024, the Order Summary Report indicated Resident 51 was prescribed amitriptyline 10 milligram ([mg] - a unit of measure of mass) to give one tablet by mouth at bedtime for depression manifested by verbalization of sadness due to health issues, starting 9/17/2024.</p> <p>During a review of Resident 51's Medication Administration Record ([MAR] - a record of medications administered to residents,) for December 2024, the MAR indicated Resident 51 was prescribed amitriptyline 10 mg to give one tablet by mouth at bedtime for depression manifested by verbalization of sadness due to health issues, due at 9 p.m.</p> <p>During a review of Resident 51's Care Plan initiated 9/23/2024, the Care Plan did not indicate a measurable goal for depression or for the use of amitriptyline.</p> <p>During an interview on 12/4/2024 at 2:54 p.m., with the DON, the DON stated that after a thorough search of Resident 51's clinical record the DON was unable to locate the Care Plan for the goals and outcomes of depression and amitriptyline use individualized for Resident 51. The DON also stated not having a Care Plan for depression and amitriptyline use does not provide patient centered care for Resident 51. The DON stated without a Care Plan for depression and amitriptyline use, the facility will not be able to know what to care for and what improvement or decline to expect from the treatment for Resident 51. The DON stated the facility overlooked and failed to initiate a comprehensive Care Plan with measurable goals and outcomes for depression and amitriptyline between 9/23/2024 to 12/4/2024, to accurately reflect the needs of Resident 51 and ensure to maintain the highest level of functionality and quality of life. The DON stated the Care Plan has now been revised.</p> <p>During a review of the facility's P&P titled Care Plans, Comprehensive Person-Centered, last reviewed 10/9/2024, the P&P indicated A comprehensive person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial, and functional needs is developed and implemented for each resident.</p> <p>1. The Interdisciplinary team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident.</p> <p>8. The comprehensive, person-centered care plan will:</p> <p>a. Include measurable objectives and timeframes;</p> <p>b. Describe the services that are to be furnished to attain or maintain the resident's highest practicable, physical, mental, and psychosocial well-being;</p> <p>e. Include the resident's stated goals upon admission and desired outcomes</p> <p>g. Incorporate identified problem areas;</p> <p>h. Incorporate risk factors associated with identified problems;</p> <p>k. Reflect treatment goals, timetables and objectives in measurable outcomes;</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>m. Aid in preventing or reducing decline in the resident's functional status and/or functional levels;</p> <p>o. Reflect on currently recognized standards of practice for problem areas and conditions.</p> <p>12. A comprehensive, person-centered care plan is developed within seven (7) days of completion of the required comprehensive assessment (MDS.)</p> <p>13. Assessments of residents are ongoing and care plans are revised as information about the residents and the resident's condition change.</p> <p>During a review of the facility's P&P titled Behavioral Assessment, Interventions and Monitoring, last reviewed 10/9/2024, the P&P indicated The facility will provide, and residents will receive behavioral health services as needed to attain or maintain the highest practicable, physical, mental and psychosocial well-being in accordance with the comprehensive assessment and plan of care.</p> <p>1. The IDT will evaluate behavioral symptoms in residents to determine the degree of severity, distress, and potential safety risk to the resident, and develop a plan of care accordingly.</p> <p>2. The care plan will incorporate findings from the comprehensive assessment .and be consistent with current standards of practice.</p> <p>7. Interventions will be individualized and part of an overall care environment that supports the physical, functional and psychosocial needs, and strives to understand prevent or relieve the resident's distress or loss of abilities.</p>

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>43418</p> <p>Based on observation, interview, and record review, the facility failed to provide care and services for personal hygiene for one of one sampled resident (Resident 77) investigated under the activities of daily living (ADLs, activities such as bathing, dressing and toileting a person performs daily) care area when Resident 77, a female resident, was not offered shaving equipment or offered by the facility staff to be groomed for facial hair.</p> <p>This deficient practice had the potential to negatively affect the resident's psychosocial wellbeing.</p> <p>Findings:</p> <p>During a review of Resident 77's Admission Record, the Admission Record indicated the facility originally admitted Resident 77 on 10/27/2023 and readmitted the resident on 11/5/2024 with diagnoses including weakness.</p> <p>During a review of Resident 77's Minimum Data Set (MDS, a resident assessment tool), dated 10/29/2024, the MDS indicated Resident 77 was able to understand and make decisions and required setup assistance with personal hygiene (the ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face, and hands).</p> <p>During a review of Resident 77's History and Physical (H&P), dated 12/9/2023, the H&P indicated Resident 77 has the capacity to understand and make decisions.</p> <p>During a review of Resident 77's Care Plan titled, The resident has an ADL Self Care Performance Deficit, dated 2/2/2024, the Care Plan indicated Resident 77 requires supervision-total assistance with ADLs.</p> <p>During an observation on 12/3/2024, at 8:14 a.m., inside Resident 77's room, Resident 77 was lying in bed asleep with hair between her nose and lips.</p> <p>During an observation on 12/3/2024, at 2:30 p.m., inside Resident 77's room, Resident 77 was lying in bed asleep with hair between her nose and lips.</p> <p>During a concurrent observation and interview with Resident 77, on 12/4/2024, at 10:18 a.m., inside Resident 77's room, Resident 77 was lying in bed awake with hair between her nose and lips. Resident 77 stated she is able to take care of herself as long as she is provided the supplies. Resident 77 stated when she was initially admitted to the facility, she was offered a razor but has not had one to use due to readmissions from the general acute care hospital (GACH) and has not been offered another razor since her initial admission. Resident 77 further stated she would like a razor to shave her mustache and wished that the facility staff would ask or offer her equipment.</p> <p>(continued on next page)</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Certified Nursing Assistant (CNA) 1, on 12/4/2024, at 11:05 a.m., CNA 1 stated female residents with facial hair should be offered a razor if they are alert and able to take care of themselves. CNA 1 further stated if residents are not offered equipment or supplies to care for themselves, it can negatively affect their mental health.</p> <p>During an interview with the Director of Nursing (DON), on 12/4/2024, at 11:42 a.m., the DON stated Resident 77 is alert and needs setup or supervision with her ADL care. The DON stated the facility staff should offer Resident 77 a razor daily for her facial hair and if the resident has episodes of refusals, a plan of care should be created for her refusal. The DON stated female residents should be checked daily for facial hair and depending on the functional status of the resident, should be provided with the equipment if the resident is able to shave themselves or be assisted with shaving if they are not able to perform it themselves. The DON further stated if services or equipment are not offered to residents, it can negatively affect the residents' dignity.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Activities of Daily Living (ADL), Supporting, last reviewed 10/9/2024, the P&P indicated residents will be provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out ADLs. The P&P further indicated residents with cognitive impairment (difficulty understanding or making decisions) will have staff identify underlying causes of the problem and not assume the resident is refusing or declining care and approaching the resident in a different way or at a different time, or having another staff member speak with the resident may be appropriate.</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41379</p> <p>Based on observation, interview, and record review, the facility failed to ensure three of eight sampled residents (Residents 75, 63, and 61) received appropriate services to prevent a decline in range of motion range of motion (ROM, full movement potential of a joint) and mobility by failing to:</p> <ol style="list-style-type: none"> 1a. Provide Resident 75 with passive range of motion (PROM, movement at a given joint with full assistance from another person) exercises to both knees during the 12/4/2024 Restorative Nursing Aide (RNA, nursing aide program that help residents to maintain their function and joint mobility) treatment session as ordered by a physician. 1b. Provide appropriate monitoring of Resident 75's range of motion by therapy staff on a quarterly basis to determine any changes in ROM. 2. Provide appropriate monitoring of Resident 63's range of motion by therapy staff on a quarterly basis to determine any changes in ROM. 3. Provide an appropriate RNA order for Resident 61 for PROM prior to putting on both knee splints, left elbow splint and right hand splint six times a week. <p>These deficient practices had the potential for worsening of contractures in Residents 75, 63, and 61 and affect overall resident quality of life including pain, skin integrity, and difficulty performing ADLs.</p> <p>Findings:</p> <p>1a. During an observation and interview on 12/4/2024 at 10:02 a.m. in Resident 75's room, Restorative Nursing Aide 1 (RNA 1) and RNA 2 performed RNA treatment session at bedside for Resident 75. RNA 1 performed PROM to Resident 75's right shoulder, elbow, wrist, and fingers. RNA 1 was not able to move Resident 75's right arm all the way and could move the shoulder, elbow, wrist, and fingers a little. RNA 1 proceeded to perform PROM to Resident 75's right hip and ankle/foot. RNA 1 did not attempt to perform any ROM to the right knee. Upon completion of PROM exercises to the right upper extremity (RUE) and right lower extremity (RLE), RNA 2 performed left UE (LUE) PROM at the shoulder, elbow, wrist, and fingers. RNA 2 proceeded to perform PROM to Resident 75's left hip and left ankle/foot. RNA 2 did not attempt to perform ROM to Resident 75's left knee. At the end of the RNA session, when asked why RNA 1 and RNA 2 did not perform PROM exercises to both knees, RNA 1 and RNA 2 stated they did not attempt to perform RNA treatment to the knees, because both knees could not bend. RNA 1 then demonstrated and tried to bend Resident 75's right knee (which was in a straight position) and could not bend Resident 75's right knee.</p> <p>During a review of Resident 75's Admission Record (AR) dated 12/2/2024, the AR indicated Resident 75 admitted to the facility on [DATE] with diagnoses including but not limited to acute respiratory failure (any condition that affects breathing function and result in lungs not functioning properly), dependence on respirator (machine to help breathing), and contracture (a stiffening/shortening at any joint, that reduces the joint's range of motion) unspecified joint.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 75's History and Physical (H&P) examination, dated 12/4/2024, the H&P indicated Resident 75 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 75's Minimum Data Set (MDS, resident assessment tool), dated 9/20/2024, the MDS indicated Resident 75 was severely impaired in cognitive (mental processes involved in gaining knowledge and comprehension, includes thinking, knowing, remembering, judging, problem-solving) skills for daily decision making. The MDS indicated Resident 75 had functional limitation in range of motion impairments on both sides of the upper extremities and both sides of the lower extremities. The MDS indicated Resident 75 required dependent assistance from staff for oral hygiene, toileting, bathing, and dressing. The MDS indicated Resident 75 received six (6) days of Restorative Nursing Program for passive range of motion and 6 days of splint or brace (rigid material or apparatus used to support and immobilize a broken bone or impaired joint) assistance.</p> <p>During a review of Resident 75's care plan (CP), dated 10/13/2023 and revised on 12/4/2024, the CP indicated Resident 75 was at risk for further decline in ROM to all extremities. The CP goal indicated Resident 75 to maintain current ROM to all extremities. The CP intervention indicated for RNA to provide PROM exercises to all extremities once a day, 6 times a week and RNA to provide both pressure relief ankle foot orthosis (PRAFO, an orthotic device designed to correct or address problems with the ankle and foot and provide pressure relief at heels) splints up to four (4) hours or as tolerated once a day, 6 times a week.</p> <p>During a review of Resident 75's Order Summary Report (OSR) dated 12/4/2024, the OSR indicated an order dated 10/13/2023 for RNA to apply both PRAFO up to 4 hours or as tolerated once a day 6 times a week. The OSR indicated an order dated 10/13/2023 for RNA to provide PROM exercises to all extremities as tolerated once a day, 6 times a week.</p> <p>During an interview on 12/6/2024 at 9:21 a.m. with RNA 1, RNA 1 stated she did not perform RNA PROM exercises to Resident 75's knees because she could not move it.</p> <p>During an interview on 12/6/2024 at 9:28 a.m. with RNA 2, RNA 2 stated that RNAs should always try to perform PROM on Resident 75's knees because it was an order and if Resident 75 could not do it, then RNAs should report it.</p> <p>During an interview on 12/6/2024 at 9:41 a.m. with Physical Therapist 1 (PT 1), PT 1 stated when PT recommended an RNA program for Resident 75 for PROM to BLE 6 times a week as tolerated, it was expected for RNA staff to complete PROM exercises to all joints including the knees. PT 1 stated if the RNAs were not performing any part of the order such as not performing PROM to the knees, then it should be reported, and therapy staff should be notified. PT 1 stated the RNA staff should try to bend the knees to see if it can be moved, because if they did not move it and did not follow the RNA order for PROM to both knees, then there could be a tendency for a decline in ROM in the knees.</p> <p>During an interview on 12/6/2024 at 12:40 p.m. with the Director of Nursing (DON), the DON stated Resident 75 had an order for RNA to perform PROM exercises for all extremities 6 times a week. The DON stated if the RNA order was for PROM exercises to all extremities, then RNAs were expected to move all the joints including the knees and if RNAs could not perform any part of the order, the RNAs were expected to report it. The DON stated the RNAs should have reported that they did not complete the knee PROM because it could be a problem that needed to be addressed such as something could be wrong with Resident 75's knee.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's policy and procedures (P&P) titled, Restorative Nursing Services, last reviewed 10/9/24, the P&P indicated residents will receive restorative nursing care as needed to help promote optimal safety and independence.</p> <p>During a review of the facility's P&P titled, Resident Mobility and Range of Motion, last reviewed 10/9/24, the P&P indicated residents with limited range of motion will receive treatment and services to increase and/or prevent a further decrease in ROM.</p> <p>1b. During a review of Resident 75's Physical Therapy (PT) Evaluation dated 9/19/2023, the PT Evaluation indicated Resident 75 had impaired ROM in right hip and ankle, and left hip, knee, and ankle. The PT Evaluation indicated Resident 75's right knee was within normal limits and did not have any ROM impairments.</p> <p>During a review of Resident 75's Occupational Therapy (OT) Evaluation dated 9/20/2023, the OT Evaluation indicated Resident 75 had impaired ROM in both shoulders, elbows, wrist, and fingers.</p> <p>During a review of Resident 75's PT Evaluation dated 12/5/2024, the PT Evaluation indicated Resident 75 had ROM limitation in both hips, both knees, and both ankle/foot.</p> <p>During a review of Resident 75's OT Evaluation dated 12/5/2024, the OT Evaluation indicated Resident 75 had impaired ROM in both shoulders, elbows, wrist, and fingers.</p> <p>During a review of Resident 75's clinical records, the clinical records indicated Resident 75 received multiple Rehabilitation Screenings (Interdisciplinary Resident Screen) on 12/20/2023, 3/25/2024, 6/11/2024, and 9/18/2024. Resident 75's Rehab Screenings did not indicate any objective assessment or monitoring of ROM in both arms and legs. The Rehab Screenings indicated the following comments:</p> <p>-12/20/2023: no significant change of condition (COC), continue ROM and splinting program</p> <p>-3/25/2024: no significant COCs. Continue RNA program for splinting.</p> <p>-6/11/2024: no COC noted. Continue RNA program for ROM exercises and splinting to BUEs and BLEs.</p> <p>-9/16/2024: Resident presents with severe BUE flexion contractures on RNA program for PROM and splinting for both elbows and both hands. Resident also has an order for both PRAFOs. Dependent with self care, positioning and mobility.</p> <p>During an interview on 12/3/2024 at 10:21 a.m. with the Director of Rehabilitation (DOR), the DOR stated therapy staff completed quarterly screens for residents. DOR stated the rehab screen was not hands on and was based on staff interviews and resident record review.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/4/2024 at 3:53 p.m. with the DOR, the DOR stated rehab staff did not objectively assess the residents on their range of motion and the rehab screen was just visual. The DOR stated rehab staff relied on RNA and nursing staff to report and identify any declines in ROM or function to rehab staff. The DOR stated there was no baseline assessment of ROM for residents if they did not have an OT or PT evaluation. The DOR stated the current quarterly rehab screening system at the facility would not show if a resident developed a contracture because the rehab screening was only a yes or no question and was not an objective measure with degrees of movement at each joint. The DOR stated this would be a formal OT or PT evaluation.</p> <p>During an interview on 12/5/2024 at 10:42 a.m. with MDS Coordinator 1 (MDSC 1), MDSC1 stated MDS nurses did not perform an objective assessment of the resident's ROM during the MDS assessment. MDSC 1 reviewed the facility's policy and stated nursing staff did not complete an objective assessment of the resident's ROM and stated rehab staff also did not complete an objective assessment of the resident's ROM, because rehab staff do not touch the residents during quarterly screenings if they were not on therapy services. MDSC 1 stated for staff to be aware of any changes, the facility relied on CNA, RNA, and charge nurse staff to report any changes. MDSC 1 stated if there was a decline in ROM, this was considered a change in condition because it was a decline in the resident's care and would put the resident at risk for contracture and other risks. MDSC 1 stated the facility tried to avoid contractures because it could cause skin problems, injuries, pain, and difficulty in performing activities of daily living, such as eating.</p> <p>During an interview and record review on 12/5/2024 at 2:32 p.m. with Registered Nurse Supervisor (RN 1), the Admission/Readmission Data Tool dated 9/16/2023 was reviewed. RN 1 stated RN staff completed a basic ROM for residents upon admission under musculoskeletal, which only indicated if there was weakness or hemiparesis (one sided weakness) or contractures, and the location of the limitation such as upper or lower extremities. RN 1 stated the Admission Tool dated 9/16/2023 indicated Resident 75 had weakness and contracture to both upper extremities. RN 1 stated it was not objective and did not indicate how many degrees of movement Resident 75 had in each joint. RN 1 stated that RN staff were not trained in how to measure ROM and track the ROM. RN 1 stated it was the therapy staff that had the training to perform ROM assessment and monitor the resident's ROM. RN 1 stated only therapy staff completed objective ROM changes during therapy evaluations, but therapy did not complete evaluations unless there was a therapy evaluation order. RN 1 stated it was important to monitor ROM changes to prevent any worsening of contractures and movement. RN 1 stated residents that could not move their own extremity were at high risk to develop contractures. RN 1 stated contractures could affect a resident's quality of life such as cause pain, skin issues and it was important for staff to prevent contractures and prevent contractures from getting worse.</p> <p>During an interview and record review on 12/5/2024 at 4:34 p.m. Resident 75's PT evaluations and OT evaluations were reviewed with PT 1 and the DOR. The DOR stated Resident 75, compared to the OT eval dated 9/20/2023 and 12/5/2024 (about 14 months ago), Resident 75 had a decline in ROM in both shoulders, both elbows, right wrist and both finger joints. PT 1 stated Resident 75, compared to the PT eval dated 9/19/2023 and 12/5/2024, Resident 75 had a decline in ROM in both hips, right knee, and both ankles.</p> <p>During an interview on 12/6/2024 on 9:41 a.m. with PT 1, PT 1 stated it was important to be aware if a resident declined in ROM, because the resident may need a reassessment to see if there were any interventions that could be done.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Mountain View Conv Hosp		STREET ADDRESS, CITY, STATE, ZIP CODE 13333 Fenton Avenue Sylmar, CA 91342	
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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/6/2024 at 10:11 a.m. with the DOR, the DOR stated resident declines in ROM needed to be identified and reported, because there could be intervention such as splinting that could be done to still and try to improve joint integrity and maintain skin integrity.</p> <p>During an interview on 12/6/2024 at 12:40 p.m. with the DON, the DON stated the therapy staff did not touch the resident during the quarterly rehab screening. The DON stated the facility's monitoring system for a resident's ROM was not effective because there was no objective assessment of a resident's ROM in the joints and there was no way of knowing if a resident's ROM actually declined. The DON stated the facility could not rely on RNA, CNA or nursing staff to identify a decline in ROM in a resident because nursing staff were not trained to objectively assess a resident's ROM. The DON stated an RNA was trained to report a change, but if an RNA could not identify a change, then they would not report it. The DON stated it was the therapy staff that were trained and knowledgeable to objectively assess and monitor a resident's ROM, especially in resident's that were at high risk for contractures. The DON stated the current system of joint mobility quarterly screenings was not effective and not done correctly, because the therapy staff was not identifying changes in ROM in residents during the quarterly screenings, such as Resident 75. The DON stated the current system of monitoring a resident's ROM needed to be changed.</p> <p>During a review of the facility's P&P titled, Resident Mobility and Range of Motion, last reviewed 10/9/24, the P&P indicated residents will not experience an avoidable reduction in range of motion, residents with limited range of motion will receive treatment and services to increase and/or prevent further decrease in ROM. The P&P also indicated as part of the resident's comprehensive assessment, the nurse will identify the resident's current range of motion of his or her joints, limitations in movement or mobility, opportunities for improvement. The nurse will also identify conditions that place the resident at risk for complications related to ROM and mobility including pain, skin integrity issues, contractures. Interventions may include therapies, the provision of necessary equipment, and/or exercises. Documentation of the resident's progress toward the goals and objectives will include attempts to address any changes or decline in the resident's condition or needs.</p> <p>2. During an observation and interview on 12/4/2024 at 1:58 p.m. in Resident 63's room, RNA 3 performed RNA treatment to Resident 63 who was laying in bed. RNA 3 moved Resident 63's right arm up and down to less than shoulder level and out to the side. RNA 3 was able to bend and straighten Resident 63's right elbow a little but could not move it halfway. RNA 3 stated Resident 63's right elbow could not move much. RNA 3 was able to move the right wrist a little and straighten the fingers a little. RNA 3 was able to move the right leg up and down less than waist level and bend and straighten the knee a little, RNA 3 stated the right knee did not straighten all the way. RNA 3 was able to move the right ankle a little bit towards the body.</p> <p>During a review of Resident 63's Admission Record (AR) dated 12/5/2024, the AR indicated Resident 63 admitted to the facility on [DATE] with diagnoses including, but not limited to hemiplegia (weakness to one side of the body) and hemiparesis (inability to move one side of the body) following cerebral infarction (blockage of the flow of blood brain, causing or resulting in brain tissue death) affecting right dominant side and dysphagia (difficulty swallowing).</p> <p>During a review of Resident 63's H&P examination, dated 2/21/2024, the H&P indicated Resident 63 had the ability to make needs known, but could not make medical decisions.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 63's MDS dated [DATE], the MDS indicated Resident 63 had severe cognitive impairment, did not have any functional impairments in range of motion in either side of the upper extremities and had functional impairments in range of motion on one side of the lower extremity. The MDS indicated Resident 63 required set up assistance with eating, moderate assistance with upper body dressing, and maximal assistance with lower body dressing and sit to lying. The MDS indicated Resident 63 received five days of Restorative Nursing Program for passive range of motion.</p> <p>During a review of Resident 63's care plan (CP), dated 3/19/2024, the CP indicated Resident 63 was at risk for decline in ROM, deformity and/or contracture formation. The CP goal indicated Resident 63 to maintain or increase range of motion and prevent/reduce risk of deformity and/or contracture progression and/or formation. The CP intervention indicated for RNA to provide PROM exercises to RUE and RLE as tolerated once a day, 5 times a week.</p> <p>During a review of Resident 63's Order Summary Report (OSR) dated 12/5/2024, the OSR indicated an order dated 3/19/2024 for RNA to render PROM exercises to right upper extremity and right lower extremity as tolerated once a day, five times a week.</p> <p>During a review of Resident 63's Occupational Therapy (OT) Evaluation dated 2/21/2024, the OT evaluation indicated impairments in RUE in shoulder, elbow, wrist, and hands. The OT evaluation did not indicate any ROM limitations in the LUE.</p> <p>During a review of Resident 63's Physical Therapy (PT) Evaluation dated 2/21/2024, the PT Evaluation indicated Resident 63 had impairments in ROM in the right hip, knee, and ankle/foot. The PT Evaluation did not indicate any ROM limitations in ROM in the LLE.</p> <p>During a review of Resident 63's clinical records, the clinical records indicated Resident 63 received multiple Rehabilitation Screenings (Interdisciplinary Resident Screen) on 5/27/2024, 8/16/2024, and 11/28/2024. Resident 63's Rehab Screenings did not indicate any objective assessment or monitoring of ROM in both arms and legs. The Rehab Screenings indicated the following comments:</p> <p>-5/27/2024: on RNA program for ROM exercises to RUE and RLE.</p> <p>-8/16/2024: loss of motion on the RUE and RLE. No significant changes with function. Continue RNA program.</p> <p>-11/28/2024: no significant changes noted. Loss of motion to RUE and RLE. Continue RNA program.</p> <p>During a review of Resident 63's OT Evaluation dated 12/5/2024, the OT eval indicated impairments in RUE shoulder, elbow, wrist, and hands. The OT evaluation did not indicate any ROM limitations in the LUE.</p> <p>During a review of Resident 63's PT Evaluation dated 12/5/2024, the PT Evaluation indicated Resident 63 had impairments in ROM in the right hip, knee, and ankle/foot. The PT Evaluation did not indicate any ROM limitations in ROM in the LLE.</p> <p>During an interview on 12/3/2024 at 10:21 a.m. with the DOR, the DOR stated therapy staff completed quarterly screens for residents. The DOR stated the rehab screen was not hands on and was based on staff interviews and resident record review.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/4/2024 at 3:53 p.m. with the DOR, the DOR stated rehab staff did not objectively assess the residents on their range of motion and the rehab screen was just visual. The DOR stated rehab staff relied on RNA and nursing staff to report and identify any declines in ROM or function to rehab staff. The DOR stated there was no baseline assessment of ROM for residents if they did not have an OT or PT evaluation. The DOR stated the current quarterly rehab screening system at the facility would not show if a resident developed a contracture because the rehab screening was only a yes or no question and was not an objective measure with degrees of movement at each joint. The DOR stated this would be a formal OT or PT evaluation.</p> <p>During an interview on 12/5/2024 at 10:42 a.m. with MDSC 1, MDSC 1 stated MDS nurses did not perform an objective assessment of the resident's ROM during the MDS assessment. MDSC 1 reviewed the facility's policy and stated nursing staff did not complete an objective assessment of the resident's ROM and stated rehab staff also did not complete an objective assessment of the resident's ROM, because rehab staff do not touch the residents during quarterly screenings if they were not on therapy services. MDSC 1 stated for staff to be aware of any changes, the facility relied on CNA, RNA, and charge nurse staff to report any changes. MDSC 1 stated if there was a decline in ROM, this was considered a change in condition because it was a decline in the resident's care and would put the resident at risk for contracture and other risks. MDSC 1 stated the facility tried to avoid contractures because it could cause skin problems, injuries, pain, and difficulty in performing activities of daily living, such as eating.</p> <p>During an interview and record review on 12/5/2024 at 2:32 p.m., with RN 1, the Admission/Readmission Data Tool dated 9/16/2023 was reviewed. RN 1 stated RN staff completed a basic ROM for residents upon admission under musculoskeletal, which only indicated if there was weakness or hemiparesis or contractures, and the location of the limitation such as upper or lower extremities. RN 1 stated the Admission Tool dated 9/16/2023 indicated there was weakness and contracture to both upper extremities. RN 1 stated it was not objective and did not indicate how many degrees of movement Resident 75 had in each joint. RN 1 stated that RN staff were not trained in how to measure ROM and track the ROM. RN 1 stated it was the rehabilitation staff that had the training to perform ROM assessment and monitor the resident's ROM. RN 1 stated only rehab staff completed objective ROM changes during therapy evaluations, but therapy did not complete evaluations unless there was a therapy evaluation order. RN 1 stated it was important to monitor ROM changes to prevent any worsening of contractures and movement. RN 1 stated residents that could not move their own extremity were at high risk to develop contractures. RN 1 stated a contractures could affect a resident's quality of life such as cause pain, skin issues and it was important for staff to prevent contractures and prevent contractures from getting worse.</p> <p>During an interview and record review on 12/5/2024 at 4:05 p.m. with the DOR and PT 1, Resident 63's OT and PT evaluations dated 2/21/2024 and 12/5/2024 were reviewed. The DOR stated after review of both OT evaluations dated 2/21/2024 and 12/5/2024, Resident 63 had slight decline in ROM in right shoulder flexion (moving arm up), finger joints. The DOR stated Resident 63 had improvements in ROM in right shoulder abduction (moving arm away from body), right elbow, wrist, and knuckles. PT 1 stated after review of Resident 63's PT evaluations dated 2/21/2024 and 12/5/2024 indicated decline in ROM in the right hip and right ankle and improvements in ROM in the right knee.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/6/2024 at 10:02 a.m. with PT 1, PT 1 stated if there were improvements or decline in ROM, it was important for staff to identify that so that therapy staff could see the resident, because the resident could improve and could possibly upgrade the current RNA order. PT 1 stated rehab was not aware of any reports from RNA regarding any improvements or decline in ROM for Resident 63. PT 1 stated it was important to preserve a resident's joint integrity because it could affect the resident's mobility and positioning, which affects their overall functioning such as bed mobility, their potential to ambulate, stand, transfer. PT 1 stated if a resident had a contracture, it could prevent them from walking or transferring.</p> <p>During an interview on 12/6/2024 at 12:40 p.m. with the DON, the DON stated the therapy staff did not touch the resident during the quarterly rehab screening. The DON stated the facility's monitoring system for a resident's ROM was not effective because there was no objective assessment of a resident's ROM in the joints and there was no way of knowing if a resident's ROM actually declined. The DON stated the facility could not rely on RNA, CNA or nursing staff to identify a decline in ROM in a resident because nursing staff were not trained to objectively assess a resident's ROM. DON stated an RNA was trained to report a change, but if an RNA could not identify a change, then they would not report it. The DON stated it was the therapy staff that were trained and knowledgeable to objectively assess and monitor a resident's ROM, especially in resident's that were at high risk for contractures. The DON stated the current system of joint mobility quarterly screenings was not effective and not done correctly, because the therapy staff was not identifying changes in ROM in residents during the quarterly screenings. The DON stated the current system of monitoring a resident's ROM needed to be changed.</p> <p>During a review of the facility's P&P titled, Resident Mobility and Range of Motion, last reviewed 10/9/24, the P&P indicated residents will not experience an avoidable reduction in range of motion, residents with limited range of motion will receive treatment and services to increase and/or prevent further decrease in ROM. The P&P also indicated as part of the resident's comprehensive assessment, the nurse will identify the resident's current range of motion of his or her joints, limitations in movement or mobility, opportunities for improvement. The nurse will also identify conditions that place the resident at risk for complications related to ROM and mobility including pain, skin integrity issues, contractures. Interventions may include therapies, the provision of necessary equipment, and/or exercises. Documentation of the resident's progress toward the goals and objectives will include attempts to address any changes or decline in the resident's condition or needs.</p> <p>3. During an observation on 12/3/2024 at 9:34 a.m., Resident 61 was laying in bed and was wearing a left elbow splint and right hand roll.</p> <p>During a review of Resident 61's Admission Record (AR) dated 12/6/2024, the AR indicated Resident 61 admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including but not limited to chronic respiratory failure with hypoxia (lack of oxygen) and other muscle spasm.</p> <p>During a review of Resident 61's H&P examination, dated 4/15/2024, the H&P indicated Resident 61 did not have the capacity to understand and make decisions.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 61's MDS, dated [DATE], the MDS indicated Resident 61 was severely impaired in cognitive skills for daily decision making. The MDS indicated Resident 61 did not have functional limitation in range of motion impairments on both sides of the upper extremities or both sides of the lower extremities. The MDS indicated Resident 61 required dependent assistance from staff for oral hygiene, toileting, bathing, and dressing. The MDS indicated Resident 61 received four days of Restorative Nursing Program for passive range of motion and three days of splint or brace assistance.</p> <p>During a review of Resident 61's Order Summary Report (OSR) dated 12/6/2024, the OSR indicated the following orders dated 11/13/2022:</p> <ul style="list-style-type: none"> -RNA to apply both knee splints up to four (4) hours a day as tolerated once a day, six (6) times a week -RNA to apply left elbow splint up to 4 hours or as tolerated once a day, 6 times a week -RNA to apply right hand splint up to 4 hours a day or as tolerated once a day 6 times a week -RNA to render PROM exercises to BLE and BUE as tolerated once a day five (5) times a week. <p>During a review of Resident 61's care plan (CP), dated 11/29/2022 and revised on 2/16/2023, the CP indicated Resident 61 was at risk for decline in ROM/contracture related to medical condition, on RNA program. The CP goal indicated Resident 61 to maintain current range of motion and prevent further contracture daily for three months. The CP intervention indicated for RNA to provide PROM exercises as ordered, AFO/splint application by RNA as ordered.</p> <p>During an interview and record review on 12/6/2024 at 1:43 p.m. with RNA 1, Resident 61's RNA orders were reviewed. RNA 1 stated the RNA order for PROM was only for 5 times a week, but the RNA orders for splinting was for 6 times a week. RNA 1 stated it was not possible to put on the splints on the 6th day without doing first the PROM with Resident 61. RNA 1 stated RNAs performed PROM with Resident 61 six times a week but the RNA order did not indicate to perform PROM 6 times a week.</p> <p>During an interview and record review on 12/6/2024 at 1:50 p.m. with the DOR, Resident 61's RNA orders were reviewed. The DOR stated Resident 61 had RNA orders to put on both knee splints, right hand splint, and left elbow splint 6 times a week, and an RNA order to perform PROM to BUE and BLE 5 times a week. The DOR stated the RNA order for PROM for 5 times a week was not correct, because RNAs need to do PROM exercises prior to putting on a splint. The DOR stated the RNA order for PROM should be for 6 times a week and stated the RNA order for PROM frequency should be changed. The DOR stated it was important to perform joint ROM and mobilization in order to reach the maximum joint movement and position before putting on a splint, because the resident could be very contracted and the splint would not fit and could put the resident at risk for an injury.</p> <p>During a review of the facility's P&P titled, Resident Mobility and Range of Motion, last reviewed 10/9/24, the P&P indicated residents with limited mobility will receive appropriate services, equipment and assistance to maintain or improve mobility.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44376</p> <p>Based on observation, interview, and record review the facility failed to ensure the resident environment was free of accident hazards for six of eight sampled residents (Residents 16, 22, 6, 74, 405, and 354) investigated under accidents by failing to ensure:</p> <ol style="list-style-type: none"> Residents 16 and 22's fall mat (a cushioned floor pad designed to help prevent injury should a person fall) did not have a side table on top of them. Resident 6's bed pad alarm (a device that alerts caregivers when a patient or resident attempts to leave their bed or chair without assistance) was working when the resident went to the bathroom. Resident 74's bed did not have frayed wires on the bed remote control. Resident 405's bed was not left in an elevated/high position while unattended by staff. Resident 354's floor mat did not have the oxygen concentrator (a medical device that separates nitrogen [a colorless, odorless, and nontoxic gas found in the air, soil, and water] from the air around so a person can breathe up to 95 percent [% - a unit of measurement]) of pure oxygen on top of it. <p>These deficient practices had increased the chances of the resident incurring accidents such as falls, electrical shock, and even death.</p> <p>Findings:</p> <p>1.a During a review of Resident 16's Admission Record (AR), the AR indicated the facility admitted the resident on 10/10/2024, with diagnoses including metabolic encephalopathy (a change in how the brain works due to an underlying condition), paraplegia (loss of movement and/or sensation, to some degree, of the legs), and abnormal posture.</p> <p>During a review of Resident 16's History and Physical (H&P), dated 10/11/2024, the H&P indicated the resident had physical debility (a stated of being weak, feeble, or infirm), muscle weakness, and physical deconditioning. The H&P indicated the resident can make needs known but cannot make medical decisions.</p> <p>During a review of Resident 16's Minimum Data Set (MDS, a resident assessment tool), dated 10/16/2024, the MDS indicated the resident had the ability to make self-understood and understand others. The MDS indicated the resident was dependent to needing substantial to maximal assistance on mobility and activities of daily living (ADL, activities such as bathing, dressing and toileting a person performs daily).</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 16's Order Summary Report, dated 10/16/2024, the Order Summary Report indicated an order for low bed (a bed that is closer to the ground than a traditional bed) with bilateral floor mats to reduce potential injury. (Informed consent obtained by MD from resident representative [RP] after explanation of risks and benefits and verified by licensed nurse [LN]).</p> <p>During a concurrent observation and interview on 12/3/2024, at 1:16 p.m., with Certified Nursing Assistant 3 (CNA 3) and CNA 4 (CNA 4), inside Resident 16's room, observed Resident 16's fall mat at the left side of the bed with the side table on top of the fall mat. Both CNA 3 and CNA 4 stated there should be no side table on top of the fall mat to prevent injury to resident when he falls. CNA 4 added, placing the side table on top of the fall mat can make the table unstable and can fall on the resident.</p> <p>During an interview on 12/4/2023, at 11:32 a.m., with the Director of Nursing (DON), the DON stated there should be no side table on top of the fall mat because it can affect the stability of the side table and can fall on the resident.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled, Falls and Fall Risk, Managing, last reviewed on 10/9/2024, the P&P indicated based on previous evaluations and current data, the nursing staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling. Examples of initial approaches might include exercise and balance training, a rearrangement of room furniture, improving footwear, changing the lighting, etc.</p> <p>1.b During a review of Resident 22's Admission Record, the Admission Record indicated the facility originally admitted the resident on 5/28/2023 and readmitted on [DATE] with diagnoses including acute on chronic respiratory failure (a condition when someone with a long-term breathing problem suddenly experience significant worsening of breathing difficulty requiring immediate medical attention, tracheostomy (a surgical procedure to create an opening through the neck into the trachea [windpipe] to facilitate breathing) status, and dependence on ventilator (a breathing machine that delivers air and oxygen into the lungs of a patient whose breathing has ceased, is failing or inadequate.</p> <p>During a review of Resident 22's H&P) dated 4/1/2024, the H&P indicated the resident had the capacity to understand and make decisions.</p> <p>During a review of Resident 22's MDS, dated [DATE], the MDS indicated the resident had an intact cognition (mental action or process of acquiring knowledge and understanding) and required total assistance from staff with all activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive).</p> <p>During a review of Resident 22's Order Summary Report, the Order Summary Report indicated a physician's order dated 4/2/2024 for bilateral floor mats to reduce potential injury.</p> <p>During a review of Resident 22's care plan (CP) on risk for falls related to acute on chronic respiratory failure, tracheostomy with ventilator dependence initiated 12/11/2023 and last revised 12/20/2023, the CP indicate bilateral floor mat for safety management as one of the interventions.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 12/3/2024 at 10:20 a.m. inside Resident 22's room, observed presence of floor mats on the left and right side of Resident 22's bed with the overbed table on top of the right floor mat.</p> <p>During a concurrent observation and interview on 12/3/2024 at 11:00 a.m. inside Resident 22's room with Registered Nurse 3 (RN 3), RN 3 verified Resident 22's overbed table was placed on top of the floor mat. RN 3 stated there should be no heavy items placed or left on top of the floor mat. RN 3 stated the table can be unstable and items such as personal items on top of the table can fall on the resident and cause an injury.</p> <p>During an interview on 12/4/2024 at 11:30 a.m. with the DON, the DON stated there should be no heavy items on top of the floor mat. The DON stated the overbed table or any heavy equipment on top of the floor can be repositioned to provide a safe environment for the resident. The DON stated the overbed table should not have been left on top of the floor mat as the stability of the table can be affected and things can fall on the resident and can cause injury.</p> <p>During a review of the facility's P&P titled, Falls and Fall Risk, Managing, last reviewed 10/9/2024, the P&P indicated based on previous evaluations and current data, the nursing staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling. Examples of initial approaches may include exercise and balance training, rearrangement of room furniture, improving footwear, and changing the lighting.</p> <p>During a review of the facility's P&P titled, Hazardous Areas, Devices and Equipment, last reviewed 10/9/2024 indicated:</p> <ul style="list-style-type: none"> - All hazardous, devices and equipment in the facility will be identified and addressed appropriately to ensure resident safety and mitigated accident hazards to the extent possible. - A hazard is identified as anything in the environment that has the potential to cause injury or illness. examples of environmental hazards include but are not limited to a furniture that is unstable or positioned at an improper height for residents. <p>2. During a review of Resident 6's Admission Record (AR), the AR indicated the facility admitted the resident on 12/11/2022, and readmitted the resident on 5/26/2024, with diagnoses including fracture (a break or a crack in a bone) of the sacrum (bones of the buttocks), nasal bones, and history of falling.</p> <p>During a review of Resident 6's H&P, dated 5/2/2024, the H&P indicated the resident can make needs known but cannot make medical decisions.</p> <p>During a review of Resident 6's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others. The MDS indicated the resident had impaired vision and uses a walker and a wheelchair to ambulate. The MDS indicated the resident required moderate to supervision assistance on mobility and activities of daily living (ADL). The MDS indicated the resident had a fall while a resident at the facility and was using a bed and chair alarm.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 6's Fall Risk Assessment, dated 8/22/2024, the Fall Risk Assessment indicated the resident was at risk for falls.</p> <p>During a review of Resident 6's Order Summary Report, dated 8/22/2024, the Order Summary Report indicated an order for bed and wheelchair (w/c) alarm to alert staff of unassisted transfers. Every shift for status post (s/p) fall.</p> <p>During a review of Resident 6's Care Plan (CP) titled The resident has had an actual fall with no visual signs of injury, last revised on 8/22/2024, the CP indicated an intervention of bed and wheelchair alarm to alert staff to prevent unassisted transfer.</p> <p>During an observation on 12/3/2024, at 9:26 a.m., observed Resident 6 inside the bathroom sitting on a wheelchair, washing her face in the sink by herself. Certified Nursing Assistant 6 (CNA 6) came in later to assist the resident. Observed the resident had a pad alarm on the bed but no audible alarms were sounding off since the resident was out of bed.</p> <p>During a concurrent observation and interview on 12/3/2024, at 9:35 a.m., with CNA 6, inside Resident 6's room, observed Resident 6's bed pad alarm not having audible sound alarms while the resident was out of bed. CNA 6 stated the bed pad alarm should emit a sound to notify the staff that the resident was out of bed. CNA 6 stated she does not know why it was not sounding off, and she was just assisting the resident in the bathroom, and she will call the CNA assigned to the resident.</p> <p>During a concurrent observation and interview on 12/3/2024, at 9:37 a.m., with CNA 4, inside Resident 6's room, observed Resident 6's bed pad alarm not sounding off. CNA 4 stated the bed pad alarm was not working and she will try to fix them. CNA 4 stated the bed alarm is not working and she will ask the maintenance to exchange them with a new one. CNA 4 stated it was everybody's responsibility to ensure the bed pad alarm is working at all times to prevent the resident from falls.</p> <p>During an interview on 12/4/2024, at 11:30 a.m., with the DON, the DON stated the staff, especially the ones assigned directly to the resident should test the bed pad alarm daily to ensure it is working. The DON stated the bed pad alarm should always be working to ensure the resident was not getting out of the bed unsupervised to prevent another fall.</p> <p>During a review of the facility's recent P&P titled, Falls and Fall Risk, Managing, last reviewed on 10/9/2024, the P&P indicated Position-change alarms will not be used as the primary or sole intervention to prevent falls, but rather will be used to assist the staff in identifying patterns and routines of the residents. The use of alarms will be monitored for efficacy and staff will respond to alarms in a timely manner.</p> <p>3. During a review of Resident 74's Admission Record (AR), the AR indicated the facility admitted the resident on 12/11/2023, with diagnoses including acute respiratory failure (a serious condition that makes it difficult to breathe on your own) with hypoxia (low levels of oxygen in the body tissues), and encephalopathy.</p> <p>During a review of Resident 74's H&P, dated 12/13/2023, the H&P indicated the resident had the capacity to understand and make decisions.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 74's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others.</p> <p>During a review of Resident 74's Order Summary Report, dated 1/10/2024, the Order Summary Report indicated an order for psych consult (an appointment with a psychiatrist to obtain his medical opinion on a specific case) due to (d/t) aggressive behavior.</p> <p>During a review of Resident 74's Care Plan (CP) titled The resident has communication problem related to (r/t) hearing deficit ., last revised on 2/23/2024, the CP indicated an intervention to ensure/provide a safe environment.</p> <p>During a concurrent observation and interview on 12/3/2024, at 9:49 a.m., with Licensed Vocational Nurse 3 (LVN 3), inside Resident 74's room, observed Resident 74's bed remote control with frayed wires. LVN 3 stated there should be no frayed wires on the bed remote control of the resident to prevent accidents such as electrical shock.</p> <p>During an interview on 12/4/2024, at 8:10 a.m., with the Maintenance Supervisor (MS), the MS stated the maintenance department was responsible for making sure resident's bed control pads does not have frayed wires. The MS stated the staff should have reported the incident to the maintenance department as soon as they see frayed electrical cords on resident environment. The MS stated there was no potential for electrical shock on the resident as it is only low voltage.</p> <p>During an interview on 12/4/2024, at 11:41 a.m., with the DON, the DON stated there should be no frayed wires on the resident's environment to prevent potential electrocution of the resident. The DON stated it was everyone's responsibility to ensure the resident's environment were safe and free from accidents.</p> <p>During a review of the facility-provided Low Bed 1 Manual, undated, the manual indicated for your safety, the information in this manual must be followed to minimize the risk of electric shock, fire, or to prevent property damage, personal injury, or loss of life. Ensure that no damage is made to power supply cords by rolling the bed over them. Ensure cords are not frayed or damaged.</p> <p>During a review of the facility's recent P&P titled, Maintenance Service, last review on 10/9/2024, the P&P indicated the maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times.</p> <p>44244</p> <p>4. During a review of Resident 405's Admission Record, dated 12/6/2024, the Admission Record indicated the facility admitted Resident 405 on 11/24/2024 with diagnoses that included hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (partial paralysis or weakness on one side of the body) following cerebral infarction (stroke, loss of blood flow to a part of the brain) affecting the right dominant side, dementia (a progressive state of decline in mental abilities), and gastrostomy (GT - a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems).</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 405's MDS dated [DATE], the MDS indicated Resident 405 sometimes had the ability to understand others and usually had the ability to be understood. The MDS further indicated the resident was dependent on staff for eating, toileting, dressing, oral and personal hygiene, and mobility.</p> <p>During a review of Resident 405's Physician's Order Note dated 11/25/2024, the Physician's Order Note indicated Resident 405 did not have the capacity to understand and make decisions. The note further indicated Resident 405 had a history of falling out of the bed with GT dislodgement.</p> <p>During a review of Resident 405's Care Plan (CP) regarding anticoagulants (a class of medications used to prevent blood clots [clumps that occur when blood hardens from a liquid to a solid]), initiated 12/1/2024, the CP indicated the resident was at risk for bleeding and to take precautions to avoid falls.</p> <p>During an observation on 12/3/2024 at 9:30 a.m., observed Resident 405 lying in bed, awake. Resident 405 did not respond to the surveyor. Observed the resident's bed appeared to be in the high/elevated position.</p> <p>During an observation on 12/3/2024 at 9:36 a.m., observed Certified Nursing Assistant 7 (CNA 7) entered resident 405's room and adjusted the resident's NC (a small plastic tube, which fits into the person's nostrils for providing supplemental oxygen). CNA 7 then exited Resident 405's room. Observed CNA 7 left Resident 405's bed in the elevated/high position.</p> <p>During a concurrent observation and interview on 12/3/2024 at 10:08 p.m. with CNA 7, observed Resident 405's bed remained in the elevated/high position. CNA 3 entered Resident 405's room and stated the resident's bed was elevated to the high position. CNA 7 stated she was not sure why the bed was in the high position, and she was not assigned to care for the resident. CNA 7 lowered Resident 405's bed.</p> <p>During an interview on 12/3/2024 at 10:14 a.m. with CNA 5, CNA 5 stated she was caring for Resident 405 and the resident did not have the ability to move the bed up and down. CNA 5 stated she was not sure why Resident 405's bed was up and she had not noticed it before when she checked on the resident. CNA 5 stated it was important to not leave the bed up to prevent injuries in the resident, especially if they are a fall risk.</p> <p>During an interview on 12/4/2024 at 11:16 a.m. with RN 2, RN 2 stated if a resident accidentally falls from a bed left in the high position the fall may result in a more severe injury like a fracture. RN 2 stated Resident 405 is a new admission and is not able to move the bed up and down. RN 2 stated Resident 405 is not alert, is bedbound, and the resident should have the bed in the low position to prevent accidents and injuries.</p> <p>During a concurrent interview and record review on 12/6/2024 at 11:09 a.m. with the DON, the DON reviewed the facility policy and procedures regarding fall prevention. The DON stated residents should not have their beds left in the high position. The DON stated when resident's fall from a low bed the potential for injury is less severe, but when they fall from the bed in the high position it may result in a fracture, or they may hit their head. The DON stated the facility policy was not followed when Resident 405's bed was left in the high position.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility provided P&P titled, Falls and Fall Risk, Managing, last reviewed 10/9/2022, the P&P indicated based on previous evaluations and current data, the nursing staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and try to minimize complications from falling. Environmental factors that contribute to the risk of falls include incorrect bed height.</p> <p>43988</p> <p>5. During a review of Resident 354's Admission Record, the Admission Record indicated the facility originally admitted the resident on 4/6/2015 and readmitted on [DATE] with diagnoses including chronic respiratory failure (a condition that usually happens when the airways that carry air to the lungs become narrow and damaged which limits the movement of air throughout the body), tracheostomy (a surgical procedure to create an opening through the neck into the trachea [windpipe] to facilitate breathing) status, and dependence on ventilator (a breathing machine that delivers air and oxygen into the lungs of a patient whose breathing has ceased, is failing or inadequate).</p> <p>During a review of Resident 354's H&P dated 5/30/2024, the H&P indicated the resident did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 354's MDS, dated [DATE], the MDS indicated the resident had severely impaired cognition (mental action or process of acquiring knowledge and understanding) and required total assistance from staff with all activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive).</p> <p>During a review of Resident 354's Order Summary Report, the Order Summary Report indicated a physician's order dated 5/28/2024 for bilateral floor mats to decrease potential injury.</p> <p>During a review of Resident 354's care plan (CP) on risk for falls related to medical conditions with comorbidities, cognitive status, initiated 5/31/2024 and last revised 9/11/2024, the CP indicated bilateral floor mats at bedside as one of the interventions.</p> <p>During an observation on 12/3/2024 at 10:34 a.m. inside Resident 354's room, observed presence of floor mats on the left and right side of Resident 354's bed with the oxygen concentrator on top of the left uppermost part of the left floor mat.</p> <p>During a concurrent observation and interview on 12/3/2024 at 11:05 a.m. inside Resident 354's room with Registered Nurse 3 (RN 3), RN 3 verified Resident 354's oxygen concentrator was placed and slightly tilted on top of the left floor mat. RN 3 stated there should be no heavy items placed or left on top of the floor mat. RN 3 stated the oxygen concentrator can be unstable and possibly fall pulling on the oxygen tubing connected to Resident 354's ventilator set up.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/4/2024 at 11:30 a.m. with the DON, the DON stated there should be no heavy items on top of the floor mat. The DON stated the oxygen concentrator or any heavy equipment on top of the floor can be repositioned to provide a safe environment for the resident. The DON stated the oxygen concentrator should not have been left on top of the floor mat as the stability of the device can be affected and can potentially fall causing accident and accidental pulling of the oxygen tubing connected to the oxygen concentrator. During a review of the facility's P&P titled, Falls and Fall Risk, Managing, last reviewed 10/9/2024, the P&P indicated based on previous evaluations and current data, the nursing staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling. Examples of initial approaches may include exercise and balance training, rearrangement of room furniture, improving footwear, and changing the lighting.</p> <p>During a review of the facility's P&P titled, Hazardous Areas, Devices and Equipment, last reviewed 10/9/2024 indicated:</p> <ul style="list-style-type: none"> o All hazardous, devices and equipment in the facility will be identified and addressed appropriately to ensure resident safety and mitigated accident hazards to the extent possible. o A hazard is identified as anything in the environment that has the potential to cause injury or illness. examples of environmental hazards include but are not limited to a furniture that is unstable or positioned at an improper height for residents. <p>During a review of the facility-provided P&P titled, Hazardous Areas, Devices and Equipment, last reviewed 10/9/2022, the P&P indicated all hazardous areas, devices, and equipment in the facility will be identified and addressed appropriately to ensure resident safety and mitigate accident hazards to the extent possible. A hazard is defined as anything in the environment that has the potential to cause injury or illness. Examples of environmental hazards include furniture that is positioned at an improper height for residents. Training of safety and interventions to reduce hazard risks will be ongoing.</p> <p>During a review of the facility-provided P&P titled, Safety and Supervision of Residents, last reviewed 10/9/2022, the P&P indicated the facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities. Employees shall be trained on potential accident hazards and demonstrate competency on how to prevent avoidable accidents.</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44244</p> <p>Based on observation, interview, and record review, the facility failed to provide appropriate treatment and services to prevent complications of enteral feeding (EF or tube feeding, a form of nutrition that is delivered into the digestive system as a liquid) for two of three sampled residents (Resident 94, 60, and 68) reviewed under the Tube Feeding care area by failing to:</p> <ol style="list-style-type: none"> 1. Ensure Licensed Vocational Nurse 4 (LVN 4) checked for residual (the amount of liquid or food that remains in the stomach after a tube feeding) prior to administering the gastrostomy tube (G-tube or GT - a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems) feeding for Resident 94. 2. Label the water flush bag with the rate to be infused for Resident 60. 3. Ensure the licensed nurse (LN) indicated the administration rate for the EF formula and water flush bag for Resident 68. <p>These failures had the potential to result in altered nutritional status such as dehydration (occurs when your body loses more fluids than it takes in) and malnutrition (not getting enough of the right nutrients your body needs from food) and complications associated with enteral feeding such as aspiration pneumonia (lung infection/inflammation caused by accidentally inhaling food or liquid into the lungs), abdominal pain, and diarrhea.</p> <p>Findings:</p> <p>a. During a review of Resident 94's Admission Record (AR), dated 12/4/2024, the AR indicated the facility admitted Resident 94 on 10/8/2024 with diagnoses that included hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (partial paralysis or weakness on one side of the body) following cerebral infarction (stroke, loss of blood flow to a part of the brain) affecting the left non-dominant side, gastrostomy, and dysphagia (difficulty swallowing).</p> <p>During a review of Resident 94's Minimum Data Set (MDS - resident assessment tool), dated 10/14/2024, the MDS indicated Resident 94 rarely / never had the ability to understand others and rarely / never had the ability to be understood. The MDS further indicated the resident was dependent on staff for toileting, showering, dressing, oral and personal hygiene, and mobility. The MDS indicated the resident required EF while in the facility.</p> <p>During a review of Resident 94's Order Summary Report, dated 12/4/2024, the Order Summary Report indicated the following orders:</p> <p>- EF Order: every four hours bolus feeding (large amounts of EF several times a day) of Diabetesource AC 1. 2 (a type of EF formula), total of 250 milliliters (mL - a unit of measurement) every four hours for a total of 1500/1800 kilocalories (kcal - a unit of measurement) in 24 hours, dated 11/29/2024.</p> <p>(continued on next page)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- EF Order: every shift check residual prior to each feeding, if greater than 100 cubic centimeters (cc - a measurement equal to one mL) hold feeding for one hour. Re-check, if less than 100 cc then resume feeding. If unable to resume, notify MD, dated 10/22/2024.</p> <p>- EF Order: water flush at 160 mL every four hours for a total of 800 cc in 24 hours, dated 11/11/2024.</p> <p>During a review of Resident 94's Care Plan (CP) regarding nutritional status, initiated 10/8/2024 and last revised on 10/13/2024, the CP indicated the resident was dependent on GT. The CP indicated to provide enteral feeding formula as ordered and tolerated.</p> <p>During an EF observation on 12/5/2024 at 10:45 a.m., observed Resident 94 lying in bed. LVN 4 prepared Resident 94's feeding and water flush, entered the resident's room, checked for GT placement with a stethoscope, and then administered the EF and water flush. Observed LVN 4 did not check for residual prior to administering the EF.</p> <p>During a follow up interview and record review on 12/5/2024 at 11 a.m., with LVN 4, LVN 4 reviewed Resident 94's physician orders. LVN 4 stated LVN 4 did not check for residual prior to administering the EF, but LVN 4 did check for placement of the GT. LVN 4 reviewed Resident 94's physician orders and noted there was an order to check for residual prior to administering the EF. LVN 4 stated LVN 4 should have checked Resident 94's residual prior to administering the feeding, but did not because LVN 4 was nervous. LNV 4 stated it was important to check for residual because the EF should not be given if there was more than a certain amount of residual remaining.</p> <p>During a concurrent interview and record review on 12/6/2024 at 11:09 a.m. with the Director of Nursing (DON), the DON reviewed the facility policy and procedures regarding EF. The DON stated the nurse must check for residual prior to administering an EF because there may be less gastric motility and EF may not be fully absorbed. The DON stated if more EF is added to the EF remaining in the stomach, the resident may aspirate (food or liquid accidentally inhaled into the lungs) causing pneumonia (an infection/inflammation in the lungs). The DON stated it was a standard of practice to check for residual and the standard of practice was not followed.</p> <p>During a review of the facility-provided procedure titled, Enteral Tube Feeding via Syringe (Bolus), last reviewed 10/9/2024, the procedure indicated the purpose was to provide nutritional support to residents unable to obtain nourishment orally. Verify there is a physician's order for the procedure. Review the resident's care plan and provide for any special needs of the resident. Check the order to verify the type, amount, method and rate of administration. Monitor residents for feeding intolerance.</p> <p>44376</p> <p>b. During a review of Resident 60's AR, the AR indicated the facility admitted the resident on 4/11/2024, and readmitted the resident on 11/23/2022, with diagnoses including, dysphagia, and diabetes type 2 (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing).</p> <p>During a review of Resident 60's History and Physical (H&P), dated 5/2/2024, the H&P indicated the resident did not have the capacity to understand and make decisions.</p> <p>(continued on next page)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 60's MDS, dated [DATE], the MDS indicated the resident rarely to never had the ability to make self-understood and understand others. The MDS indicated the resident was totally dependent on mobility and activities of daily living (ADL, activities such as bathing, dressing and toileting a person performs daily). The MDS also indicated the resident has a tube feeding and was on therapeutic diet.</p> <p>During a review of Resident 60's Order Summary Report, dated 9/17/2024, the Order Summary Report indicated an order of enteral feed order every shift. Flush enteral tube (a flexible plastic tube that delivers liquid nutrition directly into the stomach and small intestine) with 40 cc/hour (hr) times (x) 20 hrs of water every 6 hours to provide 80 cc/day.</p> <p>During an observation on 12/3/2024, at 9:16 a.m., inside Resident 60's room, observed the resident's water flush bag was not labeled with the rate of delivery via pump.</p> <p>During an interview and record review on 12/4/2024, at 11:39 a.m., with the DON, the DON stated the rate of water flush was missing on the label of Resident 60's water flush bag. The DON stated it was important to label the water flush tubing bag with the rate so that the staff know the right amount of water flush to be delivered to the resident and to prevent over or under hydration of the resident.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled, Enteral Feedings- Safety Precautions, last reviewed on 10/9/2024, the P&P indicated to check the enteral nutrition label against the order before administration. Check the following information: g. rate of administration (ml/hr). On the formula label document initials, date and time the formula was hung, and initial that the label was checked against the order.</p> <p>43988</p> <p>c. During a review of Resident 68's Admission Record, the Admission Record indicated the facility originally admitted Resident 68 on 5/6/2024 and readmitted the resident on 9/27/2024, with diagnoses including acute respiratory failure (a condition that occurs when the lungs suddenly cannot provide enough oxygen to the body causing extreme shortness of breath), gastrostomy status, and tracheostomy (a surgical procedure to create an opening through the neck into the trachea [windpipe] to facilitate breathing) status.</p> <p>During a review of Resident 68's H&P dated 9/30/2024, the H&P indicated Resident 68 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 68's MDS dated [DATE], the MDS indicated Resident 68 had severely impaired cognition (mental action or process of acquiring knowledge and understanding) and required total assistance from staff with all activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive). The MDS indicated Resident 68 received tube feedings.</p> <p>During a review of Resident 68's Order Summary Report, the Order Summary Report indicated the following physician's orders:</p> <p>- 10/3/2024: Glucerna 1.5 (a calorically dense feeding formula designed to help minimize spikes in blood sugar) at 75 ml/hr for 20 hours to provide 1500 ml formula per 2250 kCal.</p> <p>(continued on next page)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- 11/13/2024: Free water via enteral pump (a medical device that slowly delivers nutrients to a patient's GI tract through a feeding tube) at 70 ml/hr for 20 hours to provide 1400 ml in 24 hours or until total volume infused.</p> <p>During an observation 12/3/2024 at 11:09 a.m. inside Resident 68's room, observed Resident 68's enteral pump was turned off with EF formula bag of Glucerna 1.5 and water flush bag hanging on the pole labeled with the resident name, room number, and start date and time. The EF bag and water flush bag did not indicate the administration rate.</p> <p>During a concurrent observation and interview on 12/3/2024 at 11:23 a.m. inside Resident 68's room with Licensed Vocational Nurse 1, LVN 1 stated when hanging a new bag, the licensed nurse should label both the formula bag and water flush bag with the resident name, room number, start date and time, and the administration rate. LVN 1 verified Resident 68's formula bag and water flush bag did not indicate the administration rate. LVN 1 stated the formula and water flush bag should have indicated the administration rate to ensure the resident was receiving the correct amount of formula and water flush as ordered by the physician.</p> <p>During an interview on 12/3/2024 at 11:30 a.m. with Registered Nurse 1 (RN 1), RN 1 stated the nurses are supposed to label the formula bag and water flush bag every time they change the bags with the resident name, room number, start date and time, and the administration rate. RN 1 stated the formula bag and water flush bag should have indicated the administration rate to ensure all staff are aware the resident was getting the accurate amount of feeding and water prescribed by the physician.</p> <p>During an interview on 12/4/2024 at 4:00 p.m. with the DON, the DON stated the nurses should check the physician's order first prior to changing the EF formula bag and water flush bag. The DON stated the label should indicate the resident's name, room number, start date and time, and the administration rate so that all the staff would be aware the resident is getting the accurate amount of water and formula every day. The DON stated if the administration rate is not accurate or correct, it placed the resident at risk of not receiving the correct amount of EF and water which may lead to malnutrition and dehydration.</p> <p>During a review of the facility's P&P titled, Enteral Feedings - Safety Precautions, last reviewed 10/9/2024, the P&P indicated the facility ensures the safe administration of enteral nutrition. The P&P further indicated:</p> <ol style="list-style-type: none"> 1. Check the enteral nutrition label against the order before administration. Check the following information: <ol style="list-style-type: none"> a. Resident name, ID, and room number b. Type of formula c. Date and time formula was prepared d. Route of delivery e. Access site <p>(continued on next page)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>f. Method (pump, gravity, syringe), and</p> <p>g. Rate of administration</p> <p>2. On the formula label document initials, date and time the formula was hung, and initial that the label was checked against the order.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>43988</p> <p>Based on observation, interview, and record review, the facility failed to provide residents with necessary respiratory care and services that is in accordance with professional standards of practice to one (1) out of 1 sampled resident (Resident 97) investigated respiratory care area by failing to ensure the oxygen humidifier (a medical device that adds moisture to supplemental oxygen to help relieve respiratory problems and irritation) indicated the date it was last changed.</p> <p>This deficient practice placed the resident at risk for acquiring infection.</p> <p>Findings:</p> <p>During a review of Resident 97's Admission Record, the Admission Record indicated the facility admitted Resident 97 on 11/4/2024 with diagnoses including acute respiratory failure (a condition that occurs when the lungs suddenly cannot provide enough oxygen to the body causing extreme shortness of breath), gastrostomy status (GT - a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems), and tracheostomy (a surgical procedure to create an opening through the neck into the trachea [windpipe] to facilitate breathing) status.</p> <p>During a review of Resident 97's History and Physical (H&P) dated 11/6/2024, the H&P indicated Resident 97 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 97's Minimum Data Set (MDS - a resident assessment tool) dated 11/10/2024, the MDS indicated Resident 97 had severely impaired cognition (mental action or process of acquiring knowledge and understanding) and required total assistance from staff with all activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive). The MDS indicated Resident 97's tracheostomy status.</p> <p>During a review of Resident 97's Order Summary Report, the Order Summary Report indicated a physician's order dated 11/5/2024 for humidified oxygen via tracheostomy at two (2) liters per minute (liters/min - a unit of measurement).</p> <p>During a review of Resident 97's care plan on presence of tracheostomy related to impaired breathing mechanics, initiated 11/8/2024, the care plan indicated to give humidified oxygen as prescribed.</p> <p>During an observation on 12/3/2024 at 9:43 a.m., inside Resident 97's room, observed Resident 97 with tracheostomy connected to an oxygen concentrator (a medical device that separates nitrogen [a colorless, odorless, and nontoxic gas found in the air, soil, and water] from the air around so a person can breathe up to 95 percent [% - a unit of measurement]) with a humidifier at 2 liters/min. It was observed Resident 97's oxygen humidifier did not indicate the date it was last changed.</p> <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 12/3/2024 at 10:04 a.m., inside Resident 97's room with Respiratory Therapist 1 (RT 1), RT 1 stated oxygen humidifiers are changed every Monday and Thursday by the night shift staff and labeled with the date it was last changed. RT 1 verified Resident 97's oxygen humidifier did not indicate the date it was last changed. RT 1 stated the oxygen humidifier should have indicated the date it was last changed so the staff would be aware if the oxygen humidifier was changed or not. RT 1 stated not indicating the date on the humidifier placed the resident at risk for infection if not changed as scheduled.</p> <p>During a concurrent observation and interview on 12/3/2024 at 10:06 a.m., inside Resident 97's room with Registered Nurse 1 (RN 1), RN 1 stated oxygen humidifiers are changed two times a week by the night shift respiratory therapist assigned to the resident and labeled with the date it was last changed. RN 1 verified Resident 97's oxygen humidifier did not indicate the date it was last changed. RN 1 stated the humidifier should have been labeled with the date it was last changed so all the staff would be aware if the humidifier was changed as scheduled and placed the resident at risk for infection if not changed as scheduled.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Changing Disposable Equipment, last reviewed 10/9/2024, the P&P indicated:</p> <ul style="list-style-type: none"> - Disposable equipment is for single use only and be changed as regularly scheduled and on a as needed basis. - Disposable equipment must be labeled with the patient's name and date. - Humidifiers are changed every Monday and Thursday by the night shift staff. 		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44376</p> <p>Based on observation, interview, and record review the facility failed to ensure the resident was assessed for the use of grab bars/bed rails (a metal or plastic bars positioned along the side of a bed), which includes a review of risks including entrapment (when a resident is trapped in the spaces in between or around the bed rails, mattress, or bed frame); and informed consent (voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered) was obtained from the resident or if applicable, the resident representative for one of one sampled resident (Resident 89) investigated under bedrails by failing to obtain a physician's order on the use of grab bars/side rails, obtain an informed consent, assess the resident on the safe use, and develop and implement a care plan on the use of grab bars/side rails.</p> <p>This deficient practice placed the residents at risk for potential accidents such as a body part being caught between the rails, falls if a resident attempts to climb over, around, between, or through the rails.</p> <p>Findings:</p> <p>During a review of Resident 89's Admission Record (AR), the AR indicated the facility admitted the resident on 8/6/2024, with diagnoses including encephalopathy (a change in how the brain functions), syncope (fainting or passing out) and collapse, and fall.</p> <p>During a review of Resident 89's History and Physical (H&P), dated 8/9/2024, the H&P indicated the resident can make needs known but cannot make decisions.</p> <p>During a review of Resident 89's Minimum Data Set (MDS, a resident assessment tool), dated 11/8/2024, the MDS indicated the resident had the ability to make self-understood and understand others. The MDS indicated the resident required partial to setup assistance on mobility and activities of daily living (ADL, activities such as bathing, dressing and toileting a person performs daily).</p> <p>During a review of Resident 89's Side Rail Utilization Assessment, dated 8/13/2024, the Side Rail Utilization Assessment indicated the grab bars/siderails were not in use or requested.</p> <p>During a review of Resident 89's Fall Risk Assessment, 10/29/2024, the Fall Risk Assessment indicated the resident was at risk for falls.</p> <p>During an observation on 12/3/2024, at 1:21 p.m., observed Resident 89 lying in bed with both upper grab bars/side rails on.</p> <p>(continued on next page)</p>

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation, interview, and record review on 12/3/2024, at 2:42 p.m., with Registered Nurse 2 (RN 2), inside Resident 89's room, observed the upper grab bars/side rails were applied on the resident. Reviewed the Order Summary Report, Side Rail Utilization Assessment, Informed Consent, and Care Plans of the resident. RN 2 stated there was no physician's order for the grab bars/side rails, the Side Rail Utilization Assessment was not updated, there was no consent on the use of grab bars/side rails, and no care plan was developed and implemented on the use of grab bars/side rails on the resident. RN 2 stated it was important to have a physician's order, a Side Rail Utilization Assessment, an informed consent, and a care plan on the use of the grab bars to ensure the grab bars were needed and to prevent accidents with injury. RN 2 stated the resident came back to the facility on [DATE], and the Side Rail Utilization Assessment was not done for the readmission.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled, Bed Safety and Bed Rails, last reviewed on 10/9/2024, the P&P indicated Bed rails are adjustable metal or rigid plastic bars that attach to the bed. They are available in a variety of types, shapes, and sizes ranging from full to one-half, one-quarter, or one-eighth lengths. Some bed rails are not designed as part of the bed by the manufacturer and may be installed on or used along the side of a bed. For the purpose of this policy bed rails include:</p> <ul style="list-style-type: none"> a. side rails; b. safety rails; and c. grab/assist bars. <p>The use of bed rails or side rails (including temporarily raising the side rails for episodic use during care) is prohibited unless the criteria for use of bed rails have been met, including attempts to use alternatives, interdisciplinary evaluation, resident assessments, and informed consent.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43455</p> <p>Based on observation, interview, and record review the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure to dispose of medications in a manner that was not retrievable, in one (1) of two (2) inspected Medication Rooms (Medication Room Station 1.) 2. Include the verifying signatures of two licensed nurses on the Medication Disposition Record/Pass Log for six (6) of six (6) logged records. <p>As a result, control and accountability of discontinued medications and medications awaiting final disposition (process of returning and/or destroying unused medications) did not follow state and federal regulations and facility policy and procedures.</p> <p>These deficient practices increased the opportunity for medication diversion (the transfer of a medication from a lawful to an unlawful channel of distribution or use,) and increased the risk that residents in the facility could have accidental exposure to harmful medications and delayed medication treatment during emergencies possibly leading to physical and psychosocial harm, and hospitalization .</p> <p>Findings:</p> <p>During a concurrent observation and interview on [DATE] at 9:15 a.m., with Registered Nurse (RN) 2, by Medication Room Station 1, the pharmaceutical waste bin was observed to contain a mixture of unopened and unused medications in their original manufacturer packaging, as well as intact (not damaged or impaired in any way) lose medication tablets and capsules out of their manufacturer packaging. RN 2 stated the pharmaceutical waste bin contained medications that were disposed in original manufacture packaging and as lose tablets and capsules. RN 2 stated, per facility policy and procedures, medications needed to be disposed of in a manner that the medications could not be retrieved intact (unchanged from original form) by pouring liquid over them. RN 2 stated that the pharmaceutical bin did not contain liquid poured over the medications, and the medications remained in a form that could be easily retrieved and re-used. RN 2 stated when medications are not disposed properly there could be the potential for accidental misuse and diversion.</p> <p>During a concurrent record review and interview on [DATE] at 9:20 a.m., with RN 2, by Medication Room Station 1, RN 2 reviewed Medication Disposition Record/Pass records between [DATE] and [DATE]. RN 2 stated RN 2 was unable to locate the witness signatures of licenses nurses on the six (6) logged disposition records. RN 2 stated that licensed nurses failed to follow policy of signing the logs by a witness when disposing medications.</p> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent record review and interview on [DATE] at 2:54 p.m., with the Director of Nursing (DON,) the DON reviewed the six (6) Medication Disposition Record/Pass Log records. The DON stated the DON was unable to locate the witness signatures on the logs dated between [DATE] and [DATE]. The DON stated licensed nurses failed to include the signatures of witnesses when destroying medications. The DON stated it was important to verify and sign these logs with witnesses to prevent medication diversions and accidental exposure to residents. During the same interview, the DON stated expired or discontinued medications were destroyed by removing them from manufacturer containers, placing them in the pharmaceutical bin and pouring water over the medications to make them irretrievable. The DON acknowledged some medications in the bin were in original manufacturer containers and the bin did not contain water poured over the medications, the medications remained in their original form, allowing for easy access, retrieval, and potential re-use. The DON acknowledged that without proper disposal the potential of accidental misuse and diversion of medications could affect the safety of all residents and staff. The DON stated the facility failed to destroy the medications found in the pharmaceutical bin in Medication Room Station 1 safely and according to policy.</p> <p>During a review of the policy and procedures (P&P) titled Discarding and Destroying Medications, last reviewed [DATE], the P&P indicated Medications will be disposed of in accordance with federal, state, and local regulations governing management of non-hazardous pharmaceuticals, hazardous waste and controlled substances.</p> <p>2. Non-controlled .will be disposed of in accordance with state regulations and federal guidelines regarding disposition of non-hazardous medications.</p> <p>a. Take the mediation out of the original container</p> <p>b. Mix medication, either liquid or solid, with an undesirable substance. Undesirable substances include sand, coffee grounds, kitty litter, or other absorbent material.</p> <p>c. Dispose of the waste in the presence of two witnesses</p> <p>e. Include the signatures of at least two witnesses.</p> <p>11. The medication disposition record will contain the following information:</p> <p>h. Signature of witnesses.</p> <p>During a eview of the facility P&P titled Medication Destruction, last reviewed [DATE], the P&P indicated:</p> <p>C. Non-controlled medication destruction occurs in the presence of 2 licensed nurses.</p> <p>D. The nurse(s) and/or pharmacist witnessing the destruction ensure that the following information is entered on the medication disposition form.</p> <p>6) Signature of witnesses.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43455</p> <p>Based on interview and record review, the facility failed to ensure two of five sampled residents (Residents 17 and 353) reviewed for unnecessary (any medication in excessive dose, excessive duration, without adequate monitoring) medications were free from the use of unnecessary psychotropic (any medication capable of affecting the mind, emotions, and behavior) medications in accordance with the facility policy and procedure by:</p> <p>1. Failing to monitor side effects (also known as adverse effects - unwanted, uncomfortable, or dangerous effects that a drug may have) of Trazadone (a psychotropic medication used for depression [also referred to as antidepressant] and insomnia [inability to sleep]) for Resident 17.</p> <p>As a result, there was no documentation in the clinical chart indicating if Resident 17 experienced any adverse consequences from the use of Trazodone between 11/1/2024 and 12/4/2024.</p> <p>This deficient practice had the potential to cause Resident 17 to receive suboptimal (less than the highest standard or quality) care and to be unable to identify the side effects related to Trazodone, resulting in the use of unnecessary medications causing potential adverse consequences and negatively impacting their physical, mental, and psychosocial well-being.</p> <p>2. Failing to ensure as needed (PRN) psychotropic drugs (medications that affect the mind, emotions, and behaviors) were limited to 14 days by failing to indicate a duration for the resident's prn lorazepam (medication used to manage anxiety [feeling of fear, dread, uneasiness]).</p> <p>This deficient practice had the potential to result in the use of unnecessary psychotropic drugs and adverse effects (an undesired and harmful result of a treatment or intervention, such as a medication or surgery) of the medication.</p> <p>Findings:</p> <p>a. During a review of Resident 17's Admission Record (a document containing demographic and diagnostic information,) dated 12/4/2024, the Admission Record indicated Resident 17 was originally admitted to the facility on [DATE] and readmitted on [DATE] with a diagnosis including depression (a mental health condition that can cause feelings of sadness, loss of interest in activities and difficulty sleeping.)</p> <p>During a review of Resident 17's Order Summary Report, dated 12/4/2024, the Order Summary Report indicated Resident 17 was prescribed Trazodone 50 milligram ([mg] - a unit of measure of mass) to give one tablet by mouth at bedtime for depression manifested by persistent inability to sleep, starting 9/17/2024.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 17's Medication Administration Record ([MAR] - a record of medications administered to residents,) for November and December 2024, the MAR indicated Resident 17 was prescribed Trazodone 50 mg to give one tablet by mouth at bedtime for depression manifested by persistent inability to sleep, at 9 p.m.</p> <p>During a review of Resident 17's Care Plan (a document outlining a detailed approach to care customized to an individual resident's need,) initiated 9/4/2024, the Care Plan indicated The resident uses antidepressant medication Trazodone. Give antidepressant medications ordered by physician. Monitor/document side effect and effectiveness. Antidepressant side effects: nausea, vomiting, anxiety, sexual dysfunction, insomnia, dizziness, weight loss or gain, tremors, sweating, drowsiness, fatigue, dry mouth, diarrhea, constipation, headache, and increased risk for falls.</p> <p>During a review of Resident 17's Minimum Data Set (MDS - a resident assessment tool), dated 9/4/2024, the MDS indicated resident's cognition (mental action or process of acquiring knowledge and understanding) was intact (not impaired) based on the results of the Brief Interview for Mental Status ([BIMS] - a mandatory tool used to screen and identify cognitive condition of residents upon admission into a long-term care facility,) symptom presence and frequency for feeling down, depressed, or hopeless was marked zero (0), and trouble falling or staying asleep, or sleeping too much was not marked.</p> <p>During a concurrent record review of Resident 17's clinical record and MAR for November and December 2024 and an interview on 12/4/2024 at 11:01 a.m., with the Director of Nursing (DON,) the DON stated after a search of Resident 17's clinical record and MAR the DON was unable to locate documentation for monitoring the side effects of Trazodone. The DON stated according to the care plan initiated 9/4/2024, the facility needed to monitor the side effects of Trazodone including, nausea, vomiting, anxiety, sexual dysfunction, insomnia, dizziness, weight loss or gain, tremors, sweating, drowsiness, fatigue, dry mouth, diarrhea, constipation, headache, and increased risk for falls. The DON stated monitoring side effects of Trazodone was important to ensure Resident 17 was free from use of unnecessary medications and adverse consequences, and potential harm by negatively impacting their physical and psychosocial well-being. The DON stated the facility failed to monitor the side effects of Trazodone for Resident 17 between 11/1/24 and 12/4/2024, and starting immediately will implement the monitoring of side effects.</p> <p>During a review of the facility's policy and rocedures (P&P,) titled Adverse consequences and Medication Errors, last reviewed 10/9/2024, the P&P indicated:</p> <p>2. An 'adverse consequence' is defined as an unpleasant symptom or event that is due to or associated with a medication, such as an impairment or decline in an individual's mental or physical condition or functional or psychosocial status. An adverse consequence may include:</p> <p>a. Adverse drug/medication reaction</p> <p>b. Side effect</p> <p>3. An adverse drug reaction (ADR), a form of adverse consequence, is defined as a secondary and usually undesirable effect of a drug and is different from the therapeutic and helpful effects of the drug. An ADR is any noxious and unintended response to a drug and occurs in doses for prophylaxis, diagnosis or therapy.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. The staff and practitioner shall strive to minimize adverse consequences by:</p> <p>a. Following relevant clinical guidelines and manufacturer's specifications for use, dose, administration, duration, and monitoring of the medication.</p> <p>9. Facility staff monitor the resident for possible medication-related adverse consequences.</p> <p>During a review of facility P&P titled Behavioral Assessment, Interventions and Monitoring, last reviewed 10/9/2024, the P&P indicated:</p> <p>10. When medications are prescribed for behavioral symptoms, documentation will include:</p> <p>h. Monitoring for efficacy and adverse consequences.</p> <p>4a. The IDT will monitor for side effects and complications related to psychoactive medications; for example, lethargy, abnormal involuntary movements, anorexia, or recurrent falling.</p> <p>38552</p> <p>b. During a review of Resident 353's Admission Record, the Admission Record indicated the facility originally admitted the resident on 8/14/2023 and readmitted on [DATE], with diagnoses including chronic respiratory failure (a condition in which not enough oxygen passes from the lungs into the blood), tracheostomy (a surgical procedure to create an opening through the neck into the trachea [windpipe] to facilitate breathing) status, and dependence on ventilator (a breathing machine that delivers air and oxygen into the lungs of a patient whose breathing has ceased, is failing or inadequate).</p> <p>During a review of Resident 353's MDS dated [DATE], the MDS indicated the resident rarely or never had the ability to make self understood and understand others.</p> <p>During a review of Resident 353's physician order sheet, dated 11/28/2024, the physician's order indicated an order for lorazepam oral tablet 0.5 milligram (mg- a unit of measure). Give 1 tablet by gastrostomy tube ((GT - tube placed into stomach for nutritional support and administering medications) every 8 hours as needed for anxiety manifested by tachypnea (rapid or shallow breathing) leading to shortness of breath or desaturation (drop in blood oxygen levels).</p> <p>During a concurrent interview and record review on 12/4/2024, at 4:06 p.m., reviewed lorazepam order, with Registered Nurse 1 (RN 1). RN 1 stated their facility practice for psychotropic medications should indicate a stop order date. RN 1 stated Resident 353's lorazepam, ordered on 11/28/2024, has an indefinite duration. RN 1 stated the physician would usually indicate a duration for the use of psychotropic medications. RN 1 stated there were no documentation about the rationale (reason) for indefinite use of Resident 353s PRN lorazepam, ordered on 11/28/2024.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/6/2024 at 12:24 p.m., with the Director of Nursing (DON), the DON stated the facility's process for PRN psychotropic medications should indicate a duration and as much as possible for 14 days as needed and if need to extend to notify the resident's physician. The DON stated if there is no duration indicated and no documented rationale then the resident would be placed at risk for unnecessary medication. The DON stated it is also to reduce the resident's polypharmacy (taking multiple prescription drugs at the same time). The DON stated there should be a documented rationale for the indefinite use or if there were no rationale then the order would need to indicate 14 days duration for the PRN psychotropic medication, lorazepam.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled, Psychotropic Medication Management, last reviewed on 10/9/2024, the P&P indicated PRN orders for psychotropic drugs are limited to 14 days. Except if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he/she should document his/her rationale in the resident's medical record and indicate the duration for the PRN order.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43455</p> <p>Based on observation, interview, and record review, the facility failed to ensure that its medication error rate was less than 5 percent (%) due to five (5) errors observed out of 28 total opportunities resulting in an error rate of 17.86%. The medication errors were as follows:</p> <ol style="list-style-type: none"> 1. Resident 57 received a dose Omega-3 Fatty Acid (a medication used as a dietary supplement to protect eye health) that was different than the one ordered by Resident 57's physician. 2. Resident 404 did not receive metformin (a medication used to treat diabetes mellitus 2 ([DM 2] - a condition where there is high blood sugar levels) and pioglitazone (a medication that treats DM 2) as ordered by Resident 404's physician, and received a form of multivitamin that was different than the one ordered by Resident 404's physician. 2. Resident 258 received a form of multivitamin (a medication used as a dietary supplement to provide essential vitamins, minerals, and other nutritional elements) that was different than the one ordered by Resident 258's physician. <p>These failures had the potential to result in Residents 57, 258, and 404 to experience medication adverse effects (unwanted, uncomfortable, or dangerous effects that a medication may have) and the potential to result in Resident 57's, 258's and 404's health and well-being to be negatively impacted.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a review of Resident 57's Admission Record (a document containing demographic and diagnostic information,) dated 12/3/2024, the Admission Record indicated Resident 57 was originally admitted to the facility on [DATE] with a diagnosis including cataract (clouding of the eye's lens that causes blurred, cloudy, double vision). <p>During a review of Resident 57's Order Summary Report (a report listing the physician order for the resident), dated 11/1/2024, the Order Summary Report indicated Resident 57 was prescribed Omega-3 Fatty Acid 1000 mg capsule to give two (2) capsules by mouth once a day for supplement, starting 10/22/2024.</p> <p>During a review of Resident 57's Medication Administration Record ([MAR] - a document of the medications administered to a resident that is part of the resident's permanent medical record), for December 2024, the MAR indicated Resident 57's Omega-3 Fatty Acid 1000 mg capsule to give two (2) capsules by mouth once a day for supplement, was due at 9 a.m.</p> <ol style="list-style-type: none"> 2. During a review of Resident 258's Admission Record dated 12/3/2024, the Admission Record indicated Resident 258 was originally admitted to the facility on [DATE] with a diagnosis including aftercare for joint replacement surgery. <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 258's Order Summary Report, dated 12/4/2024, the Order Summary Report indicated Resident 258 was prescribed multivitamin tablet to give one (1) tablet by mouth once a day for supplement, starting 11/30/2024.</p> <p>During a review of Resident 258's MAR for December 2024, the MAR indicated Resident 258's multivitamin tablet to give one (1) tablet by mouth once a day for supplement, was due at 9 a.m.</p> <p>3. During a review of Resident 404's Admission Record dated 12/3/2024, the Admission Record indicated Resident 404 was originally admitted to the facility on [DATE] with a diagnosis including malnutrition (an imbalance between the nutrients your body needs to function and the nutrients it gets) and DM 2.</p> <p>During a review of Resident 404's Order Summary Report dated 12/4/2024, the Order Summary Report indicated Resident 404 was prescribed:</p> <ul style="list-style-type: none"> a. metformin 500 mg to give one (1) tablet by mouth twice a day for DM 2, starting 12/2/2024, b. multivitamin tablet to give one (1) tablet by mouth once a day for supplement, starting 11/30/2024, c. pioglitazone 15 mg to give one (1) tablet by mouth once a day for DM 2, starting 12/2/2024. <p>During a review of Resident 404's MAR for December 2024, the MAR indicated Resident 404's:</p> <ul style="list-style-type: none"> a. metformin 500 mg to give one (1) tablet by mouth twice a day for DM 2, was due at 9 a.m. and 5 p.m., b. multivitamin tablet to give one (1) tablet by mouth once a day for supplement, was due at 9 a.m., c. pioglitazone 15 mg to give one (1) tablet by mouth once a day for DM 2, was due at 9 a.m. <p>During an observation on 12/3/2024 at 8:42 a.m., by Medication Cart 1, Licensed Vocational Nurse 5 (LVN 5) was observed not administering metformin 500 milligram ([mg]-a unit of measure of mass) tablet and pioglitazone 15 mg tablet, and was observed administering multivitamin with minerals tablet orally (by mouth) to Resident 404. Resident 404 was observed swallowing the multivitamin with mineral tablet with full glass of water.</p> <p>During an interview on 12/3/2024 at 10:30 a.m., with LVN 5, LVN 5 stated that she failed to prepare and administer metformin 500 mg tablet and pioglitazone 15 mg tablet, and administered multivitamin with minerals tablet to Resident 404, during the morning medication administration at 8:42 a.m. LVN 5 stated that she failed to administer the correct dose of form of multivitamin to Resident 404, as prescribed by the physician. LVN 5 stated that not administering metformin and pioglitazone can harm Resident 404 by not treating DM 2. LVN 5 stated administering multivitamin with minerals to Resident 404 may not be beneficial to their health and may cause adverse effects. LVN 5 stated these were considered medication errors. LVN 5 stated that she will notify the physician for not administering metformin and pioglitazone and administering incorrect multivitamin to Resident 404 and obtain additional orders as necessary.</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 12/3/2024 at 9:32 a.m., by Medication Cart 6, LVN 6 was observed administering Omega-3 Fatty Acid 500 mg two (2) capsules (=1000 mg) to Resident 57. Resident 57 was observed swallowing two (2) Omega-3 Fatty Acid 500 mg capsules mixed in applesauce followed by a cup of soda.</p> <p>During an observation on 12/3/2024 at 9:44 a.m., by Medication Cart 6, LVN 6 was observed administering multivitamin with minerals tablet orally to Resident 258. Resident 258 was observed swallowing the multivitamin with mineral tablet with a sip of water.</p> <p>During an interview on 12/3/2024 at 10:51 a.m., with LVN 6, LVN 6 administered two (2) Omega-3 Fatty Acid 500 mg capsules to Resident 57 during the morning medication administration on 12/3/2024 at 9:32 a.m., and administered multivitamin with mineral tablet to Resident 258 during the morning medication administration on 12/3/2024 at 9:44 a.m. LVN 6 stated that she failed to follow physician orders and failed to follow 5 rights of medication administration by not administering Omega-3 Fatty Acid 2000 mg to Resident 57 and not administering multivitamin without minerals to Resident 258. LVN 6 stated giving less than the ordered amount of Omega-3 Fatty Acid may not help Resident 57's condition and giving additional minerals to Resident 258 may cause unnecessary adverse effects. LVN 6 stated these were considered medication errors.</p> <p>During an interview on 12/4/2024 at 2:54 p.m., with the Director of Nursing (DON), the DON stated several licensed nurses failed to follow facility medication administration guidelines to ensure physician orders are followed and the right medications were administered to residents. The DON stated licensed nurses also failed to follow the 5 rights of medication administration by failing to check the medication label against the order. The DON stated that LVN 5 overlooked to administer metformin and Pioglitazone, and administered the wrong multivitamin to Resident 404, and that LVN 6 administered the wrong dose of Omega-3 Fatty Acid to Resident 57 and the wrong multivitamin to Resident 258. DON stated these were considered medication errors. The DON stated not administering the correct medications can lead to harm by causing more adverse effects to Resident 57, 258 and 404 and does not treat their conditions.</p> <p>During a review of the facility's policy and procedures (P&P), titled Administering Medications, last reviewed 10/9/2024, the P&P indicated that Medications are administered in a safe and timely manner, and as prescribed.</p> <p>5. Medications are administered in accordance with prescriber orders.</p> <p>7. Medications are administered within one (1) hour of their prescribed time.</p> <p>10. The individual administering the medication checks the label THREE (3) times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication.</p> <p>During a review of the facility's P&P, titled Adverse consequences and Medication Errors, last reviewed 10/9/24, the P&P indicated:</p> <p>2. An 'adverse consequence' is defined as an unpleasant symptom or event that is due to or associated with a medication, such as an impairment or decline in an individual's mental or physical condition or functional or psychosocial status. An adverse consequence may include:</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>a. Adverse drug/medication reaction</p> <p>b. Side effect</p> <p>3. An adverse drug reaction (ADR), a form of adverse consequence, is defined as a secondary and usually undesirable effect of a drug and is different from the therapeutic and helpful effects of the drug. An ADR is any noxious and unintended response to a drug and occurs in doses for prophylaxis, diagnosis or therapy.</p> <p>4. The staff and practitioner shall strive to minimize adverse consequences by:</p> <p>a. Following relevant clinical guidelines and manufacturer's specifications for use, dose, administration, duration, and monitoring of the medication;</p> <p>5. A medication error is defined as the preparation or administration of drugs or biological which is not in accordance with physician's orders, manufacturer specifications, or accepted professional standards and principles of the professional(s) providing services.</p> <p>6. Examples of medication error include:</p> <p>a. Omission - a drug is ordered but not administered;</p> <p>c. Wrong dose</p> <p>f. Wrong drug</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>47441</p> <p>Based on observation, interview, and record review, the facility failed to prepare food by methods that conserved temperatures when breakfast food temperatures in Station Three (3) had the following temperatures:</p> <ul style="list-style-type: none"> - Fried eggs 114 degrees Fahrenheit (F, a degree of temperature) - Oatmeal 94 F - Milk 51 F - Juice 69 F <p>This deficient practice placed 34 of 77 facility residents in Station 3, including Resident 6, on regular consistency texture (texture with no restriction) and texture modified diets at risk of unplanned weight loss, a consequence of poor food intake, getting food from the kitchen.</p> <p>Findings:</p> <p>During a review of Resident 6's Admission Record, the Admission Record indicated the facility originally admitted Resident 6 on 12/11/2022 and readmitted the resident on 5/26/2024 with diagnoses including hypothyroidism (when thyroid gland does not make enough thyroid hormones to meet the body's needs), hyperlipidemia (high fats in the blood), and essential hypertension (HTN, high blood pressure). The Admission Record further indicated Resident 6's room was in Station 3.</p> <p>During a review of Resident 6's Minimum Data Set (MDS, a resident assessment tool), dated 9/12/2024, the MDS indicated Resident 6 had moderately intact (process of thinking and reasoning) skills for daily decision making and required set-up and clean up assistance when eating.</p> <p>During a review of Resident 6's Order Summary Report, dated 12/12/2022, the Order Summary Report indicated Resident 6 was ordered regular diet (diet with no restriction) with thin liquid consistency (diet with no restriction).</p> <p>During an interview on 12/3/2024 at 9:57 a.m. with Resident 6, Resident 6 stated the food for breakfast was sometimes cold and not tasty.</p> <p>During a review of the facility's daily spreadsheet titled Cycle 4 2024, dated 12/4/2024, the spreadsheet indicated residents on regular diet would include the following foods in the tray:</p> <ul style="list-style-type: none"> - Juice 4 fluid ounces (oz, a unit of measurement) - Cold or hot cereal 1 serving - Fried egg 1 each <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - Bacon 1 slice - Toast/Jelly 1 each. - Coffee 8 oz - Milk 8 oz - Margarine 1 each <p>During an observation on 12/4/2024 at 7 a.m., staff started the trayline (an area where foods were assembled) service for breakfast.</p> <p>During an observation on 12/4/2024 at 7:17 a.m., the kitchen staff finished plating foods for Station 3 residents.</p> <p>During an observation on 12/4/2024 at 7:19 a.m., the kitchen staff left the kitchen and delivered the cart for Station 3 in the dining room hallway.</p> <p>During an observation on 12/4/2024 at 7:20 a.m., a nursing staff checked the 20 trays for Station 3 against the diet list (a list of resident's names with their diets) for accuracy.</p> <p>During an observation on 12/4/2024 at 7:27 a.m., the cart left the dining room hallway.</p> <p>During an observation on 12/4/2024 at 7:29 a.m., nursing staff started passing the trays to the residents in Station 3.</p> <p>During an observation on 12/4/2024 at 7:37 a.m., nursing staff passed all the trays in Station 3.</p> <p>During a concurrent observation and interview on 12/4/2024 at 7:38 a.m. of the test tray (a process of tasting, temping, and evaluating the quality of food), the Dietary Supervisor (DS) checked the temperatures of the food using the facility food thermometer and the following foods had the following temperatures:</p> <ul style="list-style-type: none"> - Fried eggs 114 F - Bacon 81 F - Oatmeal 94 F - Milk 51 F - Juice 69 F <p>The DS stated the foods were cold especially the oatmeal and this could be cause of the travel time from the kitchen to Station 3. The DS stated residents could have poor intake because of the acceptability of the food resulting to weight loss as a potential outcome.</p> <p>(continued on next page)</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policies and procedures (P&P) titled Menus, reviewed 10/8/2024, the P&P indicated Menus are developed and prepared to meet resident choices including religious, cultural, ethnic needs following established national guidelines for nutritional adequacy.</p>

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>47441</p> <p>Based on observation, interview and record review, the facility failed to prepare foods in a form designed to meet individual needs when residents on puree diet/level four (4) (food that are soft and pudding-like consistency) received puree beans that could not hold it shape and puree cabbage that was weeping liquid on the resident's plate.</p> <p>This deficient practice had the potential to cause coughing, choking (to keep from breathing the normal way) and death for 11 of 76 residents on puree/level 4 diet.</p> <p>Findings:</p> <p>During a review of the facility's daily spreadsheet titled Cycle 4, dated 12/3/2024, the spreadsheet indicated residents on puree/level 4 diet would include the following foods in the tray:</p> <ul style="list-style-type: none"> - Puree pork loin 3 ounces (oz, a unit of measurement) - Puree Boston baked beans 1/2 cup (c, a household measurement) - Puree steamed cabbage 2 oz. - Puree bread 1 each - Puree peach cobbler 1/2 c. - Water 8 oz <p>During an observation on 12/3/2024 at 12:06 a.m. of lunch trayline (an area where foods were assembled) puree Boston baked beans was not holding it shape when dished out to the resident's plate.</p> <p>During a concurrent observation and interview on 12/3/2024 at 12: 47 p.m. of the puree/level 4 diet test tray (a process of tasting, temping, and evaluating the quality of food) with the Dietary Supervisor (DS), Diet Aide 1 (DA 1), and [NAME] 2, the DS stated the puree Boston baked beans did not hold it shape on the plate and puree diet should hold its shape on the plate and it should not be watery. [NAME] 2 stated the puree cabbage and puree pork loin were weeping water. The DS stated if the puree food did not hold it shape it would not be presentable in the tray resulting for resident not to eat the food causing weight loss and malnutrition (lack of proper nutrition caused by not having enough to eat). DA 1 stated aspiration would be another potential outcome for the residents if their puree food was not in the right texture and consistency.</p> <p>During a review of the facility's policies and procedures (P&P) titled Menu Policies, reviewed 10/9/2024, the P&P indicated therapeutic diets, including textured-modified diets, as ordered by the physician are preplanned by Registered Dietitian (RDN) and prepared and served using safe, sanitary food practices. Procedure: (1) Registered Dietitian (RDN) prepare therapeutic diets based on the approved diet manual.</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's Diet Manual titled Dysphagia Diets Puree IDDSI Level 4, reviewed 10/9/2024, indicated Definition: A diet used in the dietary management of dysphagia with food texture prepared lump-free, not firm, or sticky and holds its shape on a plate. The diet requires no biting or chewing. Any liquids must not separate from the food and the food can fall off a spoon intact. The food is more easily swallowed and prevents aspiration. Recommendations: (3) Puree foods do not require chewing. They should have a pudding like consistency without lumps (i.e., sour cream or mayonnaise thickeners/moistens). All foods are appropriate if the consistency is pureed smooth without fibrous particles. Gravy or sauce may be added for lubrication or flavor enhancement.</p> <p>During a review of the facility's recipe titled P Boston Baked Beans #2, dated 2024, the recipe indicated, Ingredients: Boston baked beans and thickener. CCP: Finished product should pass both the (1) spoon tilt test and the (2) Fork drip test.</p> <p>During a review of the facility's recipe titled P Steamed Cabbage, dated 2024, the recipe indicated, Ingredient: steamed cabbage and thickener. (2) Add thickener and hot water. Process until smooth.</p> <p>During a review of the International Dysphagia Diet Standardization Initiative ([IDDSI] a framework for categorizing food textures and drink thickness) guideline website titled IDDSI dated 7/2019, the IDSSI website indicated, Level 4 Pureed is usually eaten with spoon, falls off spoon in a single spoonful when tilted and continues to hold shape on the plate, no lumps, not sticky, and liquid must not separate from solid.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47441</p> <p>Based on observation, interview, and record review, the facility failed to ensure safe and sanitary food storage and food preparation practices in the kitchen when:</p> <p>a. There were chipped, cracked, and rusted kitchen utensils and equipment.</p> <p>1. Two (2) of five (5) shelves in the walk-in refrigerator had cracks and rusts.</p> <p>2. [NAME] chopping board had food stains, cracks, and scratches.</p> <p>b. Food preparation surfaces and kitchen equipment were not cleaned and sanitized.</p> <p>1. Reach-in refrigerator had food debris, dirt and dust build up around the gasket (a piece of rubber in between surfaces).</p> <p>2. Dry storage racks with dust build up and food debris and dirt on the floor in the dry storage room.</p> <p>3. Coffee machine spout (a tube or lip projecting from a container, through which liquid can be poured) had dried up coffee and waterspout had mineral water buildup.</p> <p>4. Condiments storage area had food debris and sugar spill.</p> <p>5. Mixer had dry food splatter and residue.</p> <p>c. A dented can was stored with non-dented cans.</p> <p>d. Staff was wearing a watch, a red bracelet, and two (2) silver rings while preparing food.</p> <p>e. 1. [NAME] touched the faucet dial after washing her hands then proceeded working.</p> <p>2. [NAME] washed her hands in the two-compartment sink using the dish soap for 3 seconds then rinse her hands.</p> <p>f. Staff did not wash and properly air-dry kitchen equipment before using.</p> <p>1. [NAME] got the measuring cup from the two-compartment sink, wipe it with a towel and started using it.</p> <p>2. [NAME] used the blue scoop in trayline (an area where foods were assembled) after washing it in the three-compartment sink's sanitizer without air drying.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>These failures had the potential to result in harmful bacteria growth and cross contamination (transfer of harmful bacteria from one place to another) that could lead to foodborne illness (a disease caused by consuming food or drinks that are contaminated by germs or chemicals) in of 73 of 76 medically compromised residents who received food and ice from the kitchen.</p> <p>Findings:</p> <p>a.1. During an observation on 12/3/2024 at 8:16 a.m. of the racks in the walk-in refrigerator, 2 of 5 racks had chips and cracks and one (1) was rusted.</p> <p>During a concurrent observation and interview on 12/03/2024 at 8:34 a.m. with the Dietary Supervisor (DS), the DS stated the paint of the racks in the walk-in refrigerator was coming off and it was not okay due to physical contamination (occurs when food is mixed with foreign object that is not meant to be there). The DS stated since the racks had cracks and rusts it would be difficult to clean causing bacterial growth. The DS stated foodborne illness could be a potential outcome to the residents of having crack and rusted racks in the kitchen.</p> <p>During a review of facility's policies and procedures (P&P) titled Refrigerator and Freezers, reviewed 10/9/2024, the P&P indicated, (9) Supervisors will inspect refrigerators and freezers monthly for gasket condition, fan condition, presence of rust, excess condensation, and any other damage or maintenance needs. Necessary repairs will be initiated immediately.</p> <p>During a review of facility's P&P titled Sanitation, reviewed 10/9/2024, the P&P indicated, The food service area shall be maintained in a clean and sanitary manner. (2) All utensils, counters, shelves, and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corrosions, open seams, cracks, and chipped areas that may affect their use or proper cleaning, seals hinges and fasteners will be kept in good repair.</p> <p>a.2. During an observation on 12/3/2024 at 10:08 a.m. of the chopping board, the green chopping board had scratches.</p> <p>During a concurrent observation and interview on 12/3/2024 at 10:25 a.m. of the chopping boards with the DS, the DS stated the green chopping board had cracks and food stains and needed to be replaced because of cross-contamination to food.</p> <p>During a review of facility's P&P titled Section F: Safety and Sanitation, reviewed 10/9/2024, the P&P indicated, (15) Separate cutting boards (color coded suggested) will be designated and use for raw fish, meat and poultry, cooked meat and poultry, and raw fruits and vegetables. All cutting boards will be cleaned and sanitized after every use.</p> <p>During a review of Food Code 2022, the Food Code 2022 indicated, 4-202.11 Food-Contact Surfaces. (A) Multiuse Food-contact surfaces shall be (1) Smooth (2) Free of breaks, open seams, cracks, chips, inclusions, pits, and similar imperfections. (3) Free of sharp internal angles, corners, and crevices, (4) Finished to have smooth welds and joints.</p> <p>b.1. During an observation on 12/3/2024 at 8:24 a.m. in the reach-in freezer, shelves had dirt debris and the gasket of the freezer had dust buildup.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 12/3/2024 at 8:31 a.m. of the reach-in freezer with the DS, the DS stated the dirt in the reach-in freezer were food particles and it was not acceptable. The DS stated staff needed to clean the reach-in freezer daily, as needed, and deep clean it every week. The DS stated last time the reach-in freezer was cleaned was last Saturday. DS stated the staff did not clean it well. The DS stated it was important to maintain the cleanliness of the freezer to prevent cross-contamination that could cause foodborne illnesses to the residents.</p> <p>During a review of facility's P&P titled Refrigerators and Freezers, reviewed 10/9/2024, the P&P indicated, (10) Refrigerator and freezers will be kept clean, free from debris, and moped with sanitizing solution on a scheduled basis and more often as necessary.</p> <p>b.2. During an observation on 12/3/2024 at 8:44 a.m. of the dry storage room, the racks had dust buildup and there were food debris on the floor.</p> <p>During a concurrent observation and interview on 12/3/2024 at 8:51 a.m. of the dry storage area with the DS, the DS stated the racks had dust buildup and there were food debris on the floor that needed to be cleaned. The DS stated the morning (AM) dishwasher was scheduled to clean the dry storeroom every Wednesday, Thursday, and Saturday. The4 DS stated they needed to clean the storeroom so as not to attract pest that could cause cross-contamination to food.</p> <p>During a review of facility's P&P titled Recommended Storage Practices, reviewed 10/9/2024, the P&P indicated, Store all packaged food, canned foods, or food item in clean and dry place at all times. Storage areas: (d) shelves will be kept clean. (e) Storage areas will be kept clean and free of clutter.</p> <p>During a review of facility's P&P titled Section F: Safety and Sanitation, reviewed 10/9/2024, the P&P indicated, Floors: (1) Floors are to be kept clean, dry, uncluttered and free from broken tiles or defective boards.</p> <p>b.3. During an observation on 12/3/2024 at 9:48 a.m. of the coffee machine dispenser, the spout had dry coffee buildup and the waterspout had hard water buildup.</p> <p>During a concurrent observation and interview on 12/3/2024 at 10:15 a.m. with the DS, the DS stated their vendor was responsible cleaning the coffee machine. The DS stated there was a coffee debris and accumulation in the coffee machine spout and the waterspout had minerals buildup. The DS stated it was not okay to have coffee and mineral build up in the spout of the machine due to cross-contamination.</p> <p>During a review of facility's P&P titled Section F: Safety and Sanitation, reviewed 10/9/2024, the P&P indicated, Food and Nutrition Services employees shall perform job responsibilities in a safe and sanitary manner. Concerns will be reported to the Nutrition Services Manager (NSM). Food services employees will be trained on safety and sanitation procedures when hired and on regular schedule throughout employment.</p> <p>b.4. During an observation on 12/3/2024 at 9:51 a.m. of the condiment containers, the sugar, creamer, and sweetener containers had dirt debris and dust.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 12/3/2024 at 10:19 a.m. with the DS, the DS stated the condiment area had sugar splatter and it needed to be maintained clean to prevent bugs or pest going in the area.</p> <p>During a review of facility's P&P tilted Sanitation, reviewed 10/9/2024, the P&P indicated, The food service area shall be maintained in a clean and sanitary manner. (1) All kitchen areas and dining areas shall be kept clean, free from litter and rubbish and protected from rodents, roaches, flies, and other insects.</p> <p>b.5. During an observation on 12/3/2024 at 9:56 a.m. of the mixer, the mixer covered with white plastic had food splatters and residue in its internal parts.</p> <p>During a concurrent observation and interview on 12/3/2024 at 10:22 a.m. of the mixer with the DS, the DS stated they used the mixer five (5) times every week for cake mixes and they used it for lemon bar last night. The DS stated they cleaned the mixer after every use, and it had dry food splatters. The DS stated the food splatter needed to be cleaned to prevent the debris from falling to the food for bacterial growth prevention. The DS stated bacterial growth in food could lead to food borne illnesses to residents.</p> <p>During a review of facility's P&P tilted Sanitation, reviewed 10/9/2024, the P&P indicated, The food service area shall be maintained in a clean and sanitary manner. (3) All equipment, food contact surfaces and utensils shall be washed to remove or completely loosens soils by using the manual or mechanical means necessary and sanitized using hot water and/or chemical sanitizing solution.</p> <p>During a review of Food Code 2022, the Food Code 2022 indicated, 4-601.11 (A) Equipment Food Contact Surfaces and utensils shall be cleaned: (1) Except as specified in (B) of this section, before use with a different type of raw animal food such as beef, fish, lamb, pork or poultry; (2) Each time there is a change from working with raw foods to working with ready-to-eat food; (3) Between uses with raw fruits and vegetables and with time/temperature control for safety food. (4) Before using or storing a food temperature measuring device, and (5) At the time during the operation when contamination may have occurred.</p> <p>During a review of Food Code 2022, the Food Code 2022 indicated,4-602.13 Nonfood-Contact Surfaces. Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues.</p> <p>During a review of Food Code 2022, the Food Code 2022 indicated, 4-602.12 Cooking and Baking Equipment. (A) The food contact surfaces of cooking and baking equipment shall be cleaned at least every 24 hours.</p> <p>This section does not apply to hot oil cooking and filtering equipment if it is cleaned as specified subparagraph 4-602.11 (D)(6).</p> <p>During a review of Food Code 2022, the Food Code 2022 indicated, 3-307.11 Miscellaneous Sources of Contamination. Food shall be protected from contamination that may result from a factor or source not specified under Subparts 3-301-3-306.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>c. During an observation on 12/3/2024 at 8:44 a.m. in the dry storage room, a dented can was stored with the non-dented can.</p> <p>During a concurrent observation and interview on 12/3/2024 at 8:49 a.m. of the dry storage area with the DS, the DS stated there was a dented can stored with the non-dented cans. The DS stated they separated dented cans from non-dented cans because they could not use dented cans. The DS stated dented cans were dangerous to use as air could go to the canned food, it could spoil and if consumed, residents could get sick caused by bacteria.</p> <p>During a review of the facility's P&P titled Dented Cans Policy, reviewed 10/9/2024, the P&P indicated, Food in unlabeled, rusty, leaking, broken containers or can with side dents, rim dent or swells shall not be retained or used by the facility. All dented cans and rusty cans are to be separated from remaining stock and placed in a specified labeled area for return to purveyor for refund. All leaking cans are to be disposed of immediately. A sharp dent or either the top or side seam can damage the seam and allow bacteria to enter the can. Discard any can with deep dent on any seam.</p> <p>During a review of Food Code 2022, the Food Code 2022 indicated, 3-101.11 Safe Unadulterated, and Honestly Presented. Food shall be safe, unadulterated, and, as specified under 3-601.12, honestly presented. 3-201.11 Compliance with Food Law. A primary line of defense ensuring that food meets the requirements of S3-101.11 is to obtain food from approved sources, the implications of which are discussed below. However, it is also critical to monitor food products to ensure that, after harvesting, processing, they do not fail victim to conditions that endanger their safety, make them adulterated, or compromise their honest presentation. The regulatory community, industry, and consumers should exercise vigilance in controlling the conditions to which foods are subjected and be alert to signs of abuse. FDA considers food in hermetically sealed containers that are swelled or leaking to be adulterated and actionable under the Federal Food, Drug, and Cosmetic Act. Depending on the circumstances, rusted, and pitted or dented cans may also present a serious potential hazard.</p> <p>d. During an observation on 12/3/2024 at 10:11 a.m. of the Dietary Aide</p> <p>1 (DA 1), DA 1 was wearing a watch, a red bracelet, two (2) silver rings while cutting and dishing out peach cobbler.</p> <p>During an interview on 12/3/2024 at 10:27 a.m. with the DS, the DS stated employee should not wear jewelries during food preparation, and they only allowed to wear wedding bands because jewelries could fall in the food causing cross-contamination.</p> <p>During a review of facility's P&P titled Section F: Safety and Sanitation, reviewed 10/9/2024, the P&P indicated, (13) Jewelry will be kept to a minimum and hand jewelry (e.g. rings) will be kept covered with gloves during food handling. Fingernails shall be kept clean and trimmed.</p> <p>A review of Food Code 2022, the Food Code 2022 indicated 2-303.11 Prohibition. Except for a plain ring such as wedding band, while preparing food, food employees may not wear jewelry including medical information jewelry on their arms and hands.</p> <p>e.1. During an observation on 12/3/2024 at 10:32 a.m. of [NAME] 1, Cook</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1 washed her hands in the two-compartment sink then touched the water faucet dial and got a paper towel and wiped her hand. [NAME] 1 proceeded to go to work.</p> <p>e.2. During an observation on 12/3/2024 at 11:37 a.m. of [NAME] 1, [NAME] 1 washed her hands in the two-compartment sink, got soap from the green bucket and quickly rinse her hands for three (3) seconds.</p> <p>During an interview on 12/3/2024 at 12:30 p.m. with the DS, the DS stated it was not okay for the staff to wash their hands in the two-compartment sink as the green bucket was for dish soap and staff was supposed to use handwashing soap. The DS stated the process for handwashing were as follows:</p> <ul style="list-style-type: none"> a. Use soap for handwashing in the handwashing sink. b. Wash hands for 20 seconds and scrub between the fingers. c. Rinse the hands. d. Dry hands with paper towel. <p>The DS stated it was important to wash their hands to get rid of germs that could contaminate food and result to food borne illnesses to residents.</p> <p>During a review of facility's P&P titled Recommended Storage Practices, reviewed 10/9/2024, the P&P indicated, VII. Handwashing. Policy: Each employee will wash his or her hands frequently to eliminate visible dirt and reduce bacterial load. Procedure: (1) When to wash:</p> <ul style="list-style-type: none"> - When reporting to work - After working with or cleaning dirty equipment or utensils. - Anytime hands are soiled. <p>During a review of facility's P&P titled Preventing Foodborne Illness-Employee Hygiene and Sanitary Practices, reviewed 10/9/2024, the P&P indicated, Food and nutrition service employees will follow appropriate hygiene and sanitary procedures to prevent the spread of foodborne illness. (6) Employee must wash their hands:</p> <ul style="list-style-type: none"> - During food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing task; and/or - After engaging in other activities that contaminate the hands. <p>(continued on next page)</p>		

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For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Food Code 2022, the Food Code 2022 indicated 2-301.14 When to Wash. FOOD EMPLOYEES shall clean their hands and exposed portions of their arms as specified under S 2-301.12 immediately before engaging in FOOD preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS, and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES and: (A) After touching bare human body parts other than clean hands and clean, exposed portions of arms; P (B) After using the toilet room; P (C) After caring for or handling SERVICE ANIMALS or aquatic animals as specified in 2-403.11(B); P (D) Except as specified in 2-401.11(B), after coughing, sneezing, using a handkerchief or disposable tissue, using TOBACCO PRODUCTS, eating, or drinking; P (E) After handling soiled EQUIPMENT or UTENSILS; P (F) During FOOD preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; P (G) When switching between working with raw FOOD and working with READY-TO-EAT FOOD; P (H) Before donning gloves to initiate a task that involves working with FOOD; P and (I) After engaging in other activities that contaminate the hands.</p> <p>f.1. During an observation on 12/3/2024 at 10:33 a.m. of [NAME] 1, [NAME] 1 got the measuring cup from the two-compartment sanitizing sink and wiped it with the paper towel and start using it to measure the food thickener.</p> <p>During an interview on 12/3/2024 at 12:16 a.m. with the DS, the DS stated the proper dishwashing in the two-compartment sink is to wash the kitchen utensils, soak it in sanitizer then allow the utensil to air dry. The DS stated they do not use towel to dry the utensils to allow sanitizer to disinfect the utensils. The DS stated not air drying could cause food borne illnesses to the residents.</p> <p>f.2. During an observation on 12/3/2024 at 12:20 p.m. of the trayline, [NAME] 1 got the scoop from the sanitizer sink, shook off the water with sanitizer from the scoop and used it to scoop out food in the steamtable.</p> <p>During an interview on 12/3/2024 at 12:28 p.m. with the DS, the DS stated staff needed to air dry washed utensils to allow the sanitizer to evaporate and not air drying could cause chemical contamination. The DS stated chemical contamination could promote bacterial growth because the chemical did not have time to dry.</p> <p>During a review of facility's P&P titled Recommended Storage Practices, reviewed 10/9/2024, the P&P indicated, Two-compartment sink method (7) Place sanitized dishes on drain board to air dry.</p> <p>During a review of facility's P&P titled Sanitation, reviewed 10/9/2024, the P&P indicated, (10) Food preparation equipment and utensils that are manually washed will be allowed to air dry whenever practical.</p> <p>During a review of Food Code 2022, the Food Code 2022 indicated, 4-901.11 Equipment and Utensils, air-drying required. After cleaning and sanitizing equipment and utensils: (A) Shall be air-dried or used after adequate draining as specified in the first paragraph of 40 CFR 180.940 tolerance exemptions for active and inert ingredients for use in antimicrobial formulations (food-contact surface sanitizing solutions), before contact with food and; (B) May not be cloth dried except that utensils that have been air-dried may be polished with cloths that are maintained clean and dry.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38552</p> <p>Based on interview and record review, the facility failed to document the resident's condition and treatments administered when the resident was found unresponsive for one of one sampled resident (Resident 100) reviewed under death care area.</p> <p>This deficient practice had the potential to result in inaccurate documentation in the medical record regarding Residents 100's condition and response to care.</p> <p>Findings:</p> <p>During a review of Resident 100's Admission Record, the Admission Record indicated the facility originally admitted the resident on [DATE] and readmitted the resident on [DATE] with diagnoses including sepsis (a life-threatening blood infection), chronic obstructive pulmonary disease (COPD- a chronic lung disease causing difficulty in breathing), and type 2 diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing).</p> <p>During a review of Resident 100's History and Physical (H&P), dated [DATE], the H&P indicated the resident had the capacity to understand and make decisions. The H&P indicated the resident's code status as full code (all resuscitation procedures will be provided when the resident's heart stopped beating and/or stopped breathing).</p> <p>During a review of Resident 100's physician's order sheet, dated [DATE], the physician's order sheet indicated cardiopulmonary resuscitation (CPR-a resuscitation procedure) according to the Physician Orders for Life-Sustaining Treatment (POLST- portable medical orders that communicate patient wishes for end-of-life intervention to health care facilities and providers, including emergency medical services).</p> <p>During a review of Resident 100's Health Status Note, dated [DATE] at 4:41 a.m., the Health Status Note indicated as per Certified Nursing Assistant (CNA) account of the event she was about to provide care to Resident 100 and as she walked in resident was non-responsive and immediately called the charge nurse's attention. Code blue protocol was initiated.</p> <p>During a concurrent interview and record review, on [DATE] at 11:43 a.m., reviewed Resident 100's Health Status Notes and vital signs (measurements of the body's most basic functions such as body temperature, heart rate, respiration rate, and blood pressure), dated [DATE], with the Director of Staff Development (DSD), the DSD stated when the resident has a change of condition or an emergency procedure, the licensed nurse who responded should document the assessment including the resident's vital signs and the status of the resident including pulse/heart rate then to start CPR when there is no pulse. The DSD stated the documenting the assessments they need to prove status of the resident at that moment. The DSD stated there were no documentation of the resident's vital signs and treatment/s that were provided.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 12:29 p.m. with the Director of Nursing (DON), the DON stated the purpose of accurate documentation is to know proper and correct care is being provided to the residents. The DON stated when the licensed nurse does not document, then the resident's medical record is incomplete.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Charting and Documentation, last reviewed [DATE], the P&P indicated all services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional, or psychosocial condition, shall be documented in the residence medical record. The medical record should facilitate communication between the interdisciplinary team regarding the residence condition and response to care. The P&P indicated documentation of procedures and treatments will include care dash specific details, including:</p> <ol style="list-style-type: none"> a. The date and time the procedure/treatment was provided; b. The name and title of the individual(s) who provided the care; c. The assessment data and/or any unusual findings obtained during the procedure/treatment; d. How the resident tolerated the procedure/treatment; e. Whether the resident refused the procedure/treatment; f. Notification of family, physician, or other staff, if indicated; and g. The signature and title of the individual documenting. <p>44244</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44244</p> <p>Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections by failing to:</p> <ol style="list-style-type: none"> 1.Ensure the nasal cannula (NC - tubing connected to a device that gives additional oxygen [O2] through the nose) was labeled with the date last changed to ensure the NC was changed weekly per the facility policy and procedure for one of three sampled residents (Resident 405) reviewed under the Respiratory Care area. 2. Ensure to label the urinal bottle (a container for collecting urine that is used by people who are unable to use a bathroom toilet) with the name and room number of the resident for one of one sampled resident (Resident 89) investigated during random resident screening. <p>These failures had the potential to spread infections and illnesses among residents and staff.</p> <p>Findings:</p> <p>a.During a review of Resident 405's Admission Record, dated 12/6/2024, the Admission Record indicated the facility admitted Resident 405 on 11/24/2024 with diagnoses that included hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (partial paralysis or weakness on one side of the body) following cerebral infarction (stroke, loss of blood flow to a part of the brain) affecting the right dominant side, acute respiratory failure (a serious condition that occurs suddenly when the lungs cannot get enough oxygen), and dependence on supplemental oxygen.</p> <p>During a review of Resident 405's Minimum Data Set (MDS - resident assessment tool), dated 11/30/2024, the MDS indicated Resident 405 rarely / never had the ability to understand others and rarely / never had the ability to be understood. The MDS further indicated the resident was dependent on staff for eating, toileting, showering, dressing, oral and personal hygiene, and mobility.</p> <p>During a review of Resident 405's Physician's Order Note dated 11/25/2024, the Physician's Order Note indicated Resident 405 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 405's Order Summary Report, dated 12/6/2024, the Order Summary Report indicated an for O2 at two liters per minute (LPM, a unit of measurement) via NC continuously, dated 11/24/2024.</p> <p>During an observation on 12/3/2024 at 9:30 a.m., observed Resident 405 lying in bed, awake. Resident 405 did not respond to the surveyor. Observed the resident administered O2 via an NC. Observed the NC was not labeled.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 12/3/2024 at 9:36 a.m., Certified Nursing Assistant 7 (CNA 7) entered resident 405's room and assessed the NC tubing. CNA 7 stated the NC was not labeled.</p> <p>During an interview on 12/4/2024 at 11:09 a.m. with Registered Nurse 2 (RN 2), RN 2 stated O2 tubing is changed weekly and as needed, but RN 2 was not sure which day the tubing was changed. RN 2 stated they know the NC is changed weekly because the date is labeled on the NC with a sticker. RN 2 stated if the NC is not changed weekly then it may cause an infection in the resident.</p> <p>During an interview on 12/5/2024 at 12:58 p.m. with the Infection Preventionist (IP), the IP stated NCs are changed weekly on Tuesdays. The IP stated the NCs are changed by assigned staff and the assigned staff changes depending on who is working. The IP stated NCs are labeled with a sticker that includes the date the NC was changed. The IP stated the NCs are labeled with the date so all the staff can see when the NC was changed. The IP stated all staff are responsible for ensuring the NCs are dated. The IP stated the facility policy may not specifically indicate to label the NC, but labeling the NC is the process used to ensure the NCs are changed. The IP stated when NCs are not changed weekly it is an infection control issue and it may result in bacteria growth from the moisture in the NC. The IP stated bacteria growth in the NC may potentially result in pneumonia or a respiratory infection in the resident.</p> <p>During a concurrent interview and record review on 12/6/2024 at 11:09 a.m. with the Director of Nursing (DON), the DON reviewed the facility policy and procedures regarding infection control. The DON stated all NCs are changed weekly and labeled. The DON stated the NCs are labeled to ensure no residents with a NC are missed. The DON stated if the NC is missed and not changed, the NC may become dirty and transmit microorganisms to the resident's lungs potentially resulting in respiratory problems. The DON stated the facility policy was not followed when Resident 104's NC was not labeled with the date.</p> <p>During a review of the facility-provided policy and procedure (P&P) titled, Policies and Procedures - Infection Control, last reviewed 10/9/2024, the P&P indicated the facility's infection control policies and practices are intended to maintain a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections.</p> <p>44376</p> <p>b. During a review of Resident 89's Admission Record (AR), the AR indicated the facility admitted the resident on 8/6/2024, with diagnoses including diabetes type 2 (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) and encephalopathy (a change in how the brain functions).</p> <p>During a review of Resident 89's History and Physical (H&P), dated 8/9/2024, the H&P indicated the resident could make needs known but cannot make decisions.</p> <p>During a review of Resident 89's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others. The MDS indicated the resident required partial to setup assistance on mobility and activities of daily living (ADL, activities such as bathing, dressing and toileting a person performs daily).</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 12/3/2024, at 9:03 a.m., with Certified Nursing Assistant 2 (CNA 2), inside Resident 89's room, observed a urinal bottle hanging at the right side of the resident's bed not labeled with the room number and initials of the resident. CNA 2 stated the urinal bottle should be labeled with the room number and initials of the resident to prevent switching of the urinal bottle with other residents for infection control.</p> <p>During an interview on 12/4/2023, at 11:30 a.m., with the DON, the DON stated the urinal should be personalized for infection control. The DON stated the staff should label the urinal bottle with the name of the resident and the room number.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled, Policies and Practices- Infection Control, last reviewed on 10/9/2024, the P&P indicated this facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections.</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p>38552</p> <p>Based on interview and record review, the facility failed to implement the facility's Antibiotic Stewardship Program (ASP- a set of commitments and actions designed to improve the use of antibiotics [a medication used to treat bacterial infections]) for one of one sampled resident (Resident 3) investigated under the infection control care area by failing to monitor and complete the infection surveillance evaluation for Resident 3's metronidazole (a type of antibiotic) order.</p> <p>This deficient practice had the potential to place the resident at risk for microbial resistance and reduced resident outcomes.</p> <p>Findings:</p> <p>During a review of Resident 3's Admission Record, the Admission Record indicated the facility originally admitted the resident on 3/23/2007 and readmitted the resident on 7/10/2024 with diagnoses including chronic respiratory failure (a condition in which not enough oxygen passes from the lungs into the blood), tracheostomy (a surgical procedure to create an opening through the neck into the trachea [windpipe] to facilitate breathing) status, and dependence on ventilator (a breathing machine that delivers air and oxygen into the lungs of a patient whose breathing has ceased, is failing or inadequate).</p> <p>During a review of Resident 3's Minimum Data Set (MDS- a resident assessment tool), dated 9/27/2024, the MDS indicated Resident 3 had severely impaired cognition (mental action or process of acquiring knowledge and understanding) and required total assistance from staff with all activities of daily living (ADLs-activities such as bathing, dressing and toileting a person performs daily). The MDS indicated Resident 81 was receiving high-risk drug class, antibiotic.</p> <p>During a review of Resident 3's physician order sheet, the physician order sheet indicated the following:</p> <ul style="list-style-type: none"> - Metronidazole oral tablet 500 milligrams (mg-a unit of measure). Give 1 tablet via gastrostomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems) tube (GT) every eight (8) hours for left distal posterior leg infection for seven (7) days, order dated 9/17/2024. - Metronidazole oral tablet 500 mg. Give 1 tablet via GT every 8 hours for left distal posterior leg infection, order dated 9/24/2024. <p>(continued on next page)</p>

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 12/4/2024 at 11:42 a.m., reviewed Resident 3's Infection Screening/Evaluation forms with the Infection Preventionist (IP), the IP stated the infection screening/evaluation form was not completed for the antibiotic metronidazole ordered on 9/17/2024 and 9/24/2024. The IP stated metronidazole ordered on 9/24/2024 has indefinite date, no stop date. The IP stated the evaluation is done to determine if it was a true infection or not and if the antibiotic was indicated. The IP stated the form is completed as part of their antibiotic monitoring. The IP stated the residents could potentially be at risk for antibiotic resistance. The IP stated the charge nurse who received the physician order should complete it but if she (IP) was at the facility, she (IP) would do it. The IP stated she reviews the new antibiotics daily, but she missed this one.</p> <p>During an interview on 12/6/2024 at 12:22 p.m. with the Director of Nursing (DON), the DON stated the ASP is used to monitor the use of antibiotics in their residents. The DON stated if the ASP is not followed, then residents are unnecessarily placed on antibiotics. The DON stated the ASP should be followed to prevent the resident's resistance to antibiotics and to ensure antibiotics are ordered responsibly.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Antibiotic Stewardship, last reviewed 10/9/2024, the P&P indicated if an antibiotic is indicated, prescribers will provide complete antibiotic orders including the following elements:</p> <p>d. Duration of treatment:</p> <p>(1) Start and stop date; or</p> <p>(2) Number of days of therapy;</p> <p>During a review of the facility's P&P titled, Antibiotic Stewardship - Review and Surveillance of Antibiotic Use and Outcomes, dated 10/9/2024, the P&P indicated all clinical infections treated with antibiotics will undergo review by the infection preventionist, or designee. The P&P indicated that all resident antibiotic regimens will be documented on the facility-approved antibiotic surveillance tracking form. The information will include:</p> <p>a. resident name and medical record number;</p> <p>b. unit and room number;</p> <p>c. date symptoms appeared;</p> <p>d. name of antibiotic;</p> <p>e. start date of antibiotic;</p> <p>f. start date of antibiotic;</p> <p>g. site of infection;</p> <p>h. date of culture;</p> <p>(continued on next page)</p>

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