

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER Grand Valley Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13524 Sherman Way Van Nuys, CA 91405	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0711 Level of Harm - Actual harm Residents Affected - Few	<p>Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43636</p> <p>Based on interview and record review, the facility failed to ensure that the primary care physician (Primary Medical Doctor 1 [PMD 1]) for one of four sampled residents (Resident 1), who had a history of hypothyroidism (a condition where the thyroid gland doesn't release enough thyroid hormone [plays a role in regulating weight, energy levels, growth and metabolism] into the bloodstream), reviewed Resident 1's General Acute Care Hospital 1 (GACH 1) progress notes, including medications essential to Resident 1's medical treatment. PMD 1 failed to prescribed Resident 1 her (Resident 1) routine medication (medication taken regularly) of Levothyroxine (a medication used to treat an underactive thyroid gland [a gland that makes and stores hormones that help regulate the heart rate, blood pressure, body temperature, growth development and energy) upon admission to the facility on [DATE].</p> <p>This deficient practice resulted in Resident 1 not receiving 30 doses of Levothyroxine from 5/26/2024 to 6/25/2024. Subsequently, Resident 1 was transferred to General Acute Care Hospital 2 (GACH 2) where Resident 1 was diagnosed with myxedema coma (severe hypothyroidism leading to decreased mental status [mental capacity], hypothermia [dangerously low body temperature], and other symptoms related to slowing of function in multiple organs) requiring Resident 1 to be admitted into the Intensive Care Unit (ICU- a unit in a hospital providing intensive care for critically ill patients) on 6/25/2024.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record indicated that Resident 1 was admitted to the facility on [DATE] with diagnoses that included hypothyroidism.</p> <p>During a review of Resident 1's History and Physical (H&P) from GACH 1, completed by PMD 1, dated 5/23/2024, the H&P indicated that Resident 1 was admitted to GACH 1 on 5/23/2024. Listed under Resident 1's medical history was a diagnosis of hypothyroidism. The H&P further indicated that Resident 1's routine home medications included Levothyroxine 100 micrograms (mcg-unit of measure), one tablet to be taken by mouth once a day.</p> <p>During a review of Resident 1's H&P completed by PMD 1 (same physician in charge of Resident 1's care while in the facility), dated 5/26/2024, the H&P indicated that Resident 1 did not have the capacity to understand and make decisions. The H&P further indicated that Resident 1's medical history included a diagnosis of hypothyroidism.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER Grand Valley Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13524 Sherman Way Van Nuys, CA 91405	
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 0711</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's Minimum Data Set (MDS - a comprehensive assessment and screening tool) dated 6/1/2024, the MDS indicated that Resident 1's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was intact. The MDS further indicated that Resident 1 required set up assistance with eating; supervision with oral hygiene; moderate assistance with personal hygiene; and maximum assistance with toileting hygiene and bathing.</p> <p>During a review of Resident 1's Physician Orders from 5/26/2024 to 6/25/2024, the Physician Orders for Resident 1 did not indicate an order for Levothyroxine.</p> <p>During a review of Resident 1's Change of Condition (COC- a sudden deviation from a resident's health status) dated 6/25/2024, the COC indicated that on 6/25/2024 at 9:52 a.m., Resident 1 passed out in the shower room. The COC further indicated at 9:54 a.m., Resident 1 regained consciousness (the state of being awake and aware of one's surrounding) and was verbally responsive. On 6/25/2024 at 10:07 a.m., 911 (telephone number to reach emergency services) was called, and on 6/25/2024 at 10:22 a.m., paramedics (a person trained to give emergency medical care to people who are injured or ill, typically in a setting outside of a hospital) arrived at the facility, took over Resident 1's care and transferred Resident 1 to GACH 2.</p> <p>During a review of Resident 1's Discharge Summary (DS) from GACH 2, dated 7/5/2024, the DS indicated that Resident 1 was admitted to GACH 2 on 6/25/2024 with diagnoses that included myxedema coma. The DS indicated that Resident 1 had a history of thyroidectomy (surgical removal of all or part of the thyroid gland) and was previously prescribed Levothyroxine, but Levothyroxine was not continued for the past several months. The DS indicated that Resident 1 had severely elevated thyroid stimulating hormone (TSH- a blood test that measures thyroid stimulating hormone [normal TSH level is 0.5 to 5.0 milli-international units per liter {mIU/L- unit of measure}]) and low thyroxine test (T4- a blood test that measures the level of thyroxine in the blood [normal T4 level is 0.8 to 1.9 nanograms per deciliter {ng/dL-unit of measure}]) dated 6/26/2024. Resident 1 was found to have profound (to the greatest possible degree) hypothyroidism and myxedema coma with an initial TSH level drawn on 6/26/2024, TSH level greater than 150 mIU/L. Resident 1 was initiated on Levothyroxine intravenous (into the vein). The DS also indicated that Resident 1's thyroid function was noted to be severely affected.</p> <p>During an interview on 7/24/2024 at 11:48 a.m. with PMD 1, PMD 1 stated that he (PMD 1) was the primary care physician for Resident 1 during Resident 1's stays at GACH 1 and at the facility. PMD 1 stated that Resident 1 had a history of hypothyroidism. When PMD 1 was asked if PMD 1 reviewed Resident 1's routine home medications that indicated that Resident 1 was taking Levothyroxine, PMD 1 stated that he (PMD 1) did not review Resident 1's routine home medications list. PMD 1 stated that had if he (PMD 1) reviewed Resident 1's routine home medications list, PMD 1 would have noted that Resident 1 was prescribed Levothyroxine and PMD 1 would have continued Resident 1's previously prescribed Levothyroxine. PMD 1 further stated it's a big problem Resident 1 ended up with myxedema coma as a result of the lack of Levothyroxine, an essential medication needed for Resident 1's diagnosis of hypothyroidism.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER Grand Valley Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13524 Sherman Way Van Nuys, CA 91405	
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 0711</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview and concurrent record review on 7/24/2024 at 12:10 p.m. with the Director of Nursing (DON), the DON reviewed Resident 1's H&P from GACH 1, completed by PMD 1, dated 5/23/2024 and Resident 1's H&P at the facility, completed by PMD 1, dated 5/26/2024, and Resident 1's Physician Orders from 5/26/2024 to 6/25/2024. The DON verified the Physician Orders for Resident 1 did not indicate an order for Levothyroxine. The DON stated PMD 1 did not prescribe Resident 1 Levothyroxine throughout Resident 1's stay at the facility. The DON stated PMD 1 should have reviewed Resident 1's total program of care including the list of medications and treatments upon admission to GACH 1 and upon admission to the facility vital to Resident 1's health and well-being.</p> <p>During a review of the facility policy and procedure (P&P), titled Physician Services and Orders dated January 2017, last reviewed on 8/17/2023, the P&P indicated that it is the policy of the facility that each resident remain under the care of a physician. Drugs, biologicals, laboratory services, radiology and other diagnostic services shall be administered or performed only upon the written order of a person duly licensed and authorized to prescribe such drugs and services. The physician must review the resident's total care at each visit, write, sign and date progress notes and sign and date all orders. This includes reviewing medications and treatments.</p>		