STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056363	A. Building B. Wing	10/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grand Valley Health Care Center	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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39739 Based on interview and record review, the facility failed to implement its policy and procedure for an allegation of financial abuse for one of three sampled residents (Resident 1) by failing to: 1. conduct a thorough investigation of the alleged financial abuse. 2. provide documented evidence that a Situation, Background, Assessment and Recommendation (SBAR - a communication tool that helps provide essential, concise information about the condition of a resident) Form was completed. 3. ensure Resident 1 was monitored every shift for 72 hours for emotional distress or negative outcome as a result of the alleged financial abuse. These deficient practices had the potential to place Resident 1 at risk for further abuse and could have resulted in Resident 1 needing care or emotional support which was not provided. Findings: During a review of Resident 1's Admission Record indicated Resident 1 was originally admitted on [DATE] and readmitted on [DATE] with diagnoses that included hydrocephalus (a condition where too much cerebrospinal fluid [CSF- a clear, colorless, watery fluid that flows in and around your brain and spinal cord to help cushion the brain and spinal cord from injury and provide nutrients] builds up in the brain), and Alzheimer's Disease (a brain disorder that slowly destroys memory and thinking skills and, eventually, the ability to carry out the simplest tasks). Resident 1's Admission Record further indicated Resident 1's son (Family Member 1 [FM 1]), was Resident 1's financial power of attorney (POA - legal authorization for a designated person to make decisions about another person's property, finances, or medical care). During a review of Resident 1's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 8/21/2024 indicated Resident 1 had moderately impaired cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses). During a review of Resident 1's [NAME] Statement with a billing date of 10/3/2024 indicated the following due balance: a. August 2024 - balance due was $8,716.50. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	b. September 2024 - balance due was $2,357.00. c. October 2024 - balance due was $2,357.00. d. Total Balance due as of 10/3/2024 billing date was $13,430.50. During an interview on 10/21/2024 at 1:27 p.m., with the Business Office Manager (BOM), the BOM stated that she reported an allegation of financial abuse to the SSA on Resident 1's behalf after confirming and being aware on 10/3/2024 that FM 1 was receiving Resident 1's Social Security check (a monthly payment from the federal government that replaces part of a person's income when they retire or become disabled), but was not paying Resident 1's Share of Cost (the monthly amount an individual is responsible to pay towards their medical related services and supplies before Medi-Cal [a public health insurance program which provides needed health care services for limited income individuals] will begin to pay). The BOM stated that FM 1 informed her (BOM) that he (FM 1) could not pay for Resident 1's share of cost because FM 1 was using the money for his (FM 1's) daughter's school expenses. The BOM stated she (BOM) considered this as financial abuse because FM 1 was using Resident 1's money for his (FM 1) own personal expenses, instead of using it towards Resident 1's medical expenses. The BOM stated she (BOM) followed the facility's abuse policy and informed the Administrator (ADM), who is the abuse coordinator. During a concurrent interview and record review on 10/21/2024 at 1:30 p.m., with the Medical Records Director (MRD), Resident 1's SBAR forms from 7/11/2024 to 10/21/2024 were reviewed. The MRD stated there was no SBAR completed related to Resident 1's allegation of financial abuse. During an interview on 10/21/2024 at 2:01 p.m., with the Administrator (ADM), the ADM stated that he (ADM) did not conduct a formal investigation and did not complete a conclusion letter regarding the allegation of financial abuse reported on 10/3/2024 to the SSA. The ADM stated he (ADM) investigated through conversations with FM 1 but did not document anything. The ADM stated he understood the regulations and the policy of the facility and knew it was his (ADM) responsibility to thoroughly investigate the allegation of abuse and report the results of his investigation to the Department within five days. The ADM stated he did not think a formal typed up investigation and conclusion letter was needed since he (ADM) was in constant communication with FM 1 and Resident 1's goal of being discharged to an assisted living facility (ALF - a type of long-term care facility that provides housing, meals, and personal care support to a group of full-time residents) was met. During an interview on 10/21/2024 at 3:45 p.m. with the Director of Nursing (DON), the DON stated that the nursing department was unaware that there was a report of financial abuse made on behalf of Resident 1. The DON stated had Resident 1 verbalized abuse or had she (DON) been made aware of the financial abuse report, the nursing department would have completed an SBAR, developed a plan of care including interventions such as reporting to the physician, conducting an assessment and ensuring Resident 1 was monitored every shift for 72 hours for emotional distress or possible negative outcome as a result of the alleged financial abuse. However, she (DON) was not made aware, hence, nothing was done. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the policy and procedure titled, Abuse Reporting and Prevention, last revised in 04/2024, indicated it is the policy of the facility to ensure that alleged violations by anyone in the facility involving mistreatment, neglect, or abuse including misappropriation of resident property are reported to the administrator of the facility. The policy and procedure further indicated that the ADM, as the abuse coordinator, will investigate each alleged violation thoroughly and report results to appropriate agencies and personnel. The results of the investigation must be reported within five (5) working days of the incident. In addition, the policy and procedure indicated the following interventions be completed in response to the allegation of abuse: Initiate a physical and mental assessment of the resident and document objective findings. Notify the resident's attending physician regarding the alleged incident. Initiate a care plan to reflect the resident's condition. Complete an incident report.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39739 Based on interview and record review, the facility failed to implement policies and procedures for ensuring the reporting of a reasonable suspicion of a crime in accordance with Section 1150B of the Act by failing to ensure the results of the abuse investigation for the allegation of financial abuse that occurred on 10/3/2024 was reported to the State Survey Agency (SSA) within five (5) working days for one (1) of three (3) sampled residents (Resident 1). This deficient practice had the potential to place Resident 1 at risk for further abuse. Findings: During a review of Resident 1's Admission Record indicated Resident 1 was originally admitted on [DATE] and readmitted on [DATE] with diagnoses that included hydrocephalus (a condition where too much cerebrospinal fluid [CSF- a clear, colorless, watery fluid that flows in and around your brain and spinal cord to help cushion the brain and spinal cord from injury and provide nutrients] builds up in the brain), and Alzheimer's Disease (a brain disorder that slowly destroys memory and thinking skills and, eventually, the ability to carry out the simplest tasks). Resident 1's Admission Record further indicated Resident 1's son (Family Member 1 [FM 1]), was Resident 1's financial power of attorney (POA - legal authorization for a designated person to make decisions about another person's property, finances, or medical care). During a review of Resident 1's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 8/21/2024 indicated Resident 1 had moderately impaired cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses). During a review of Resident 1's [NAME] Statement with a billing date of 10/3/2024 indicated the following due balance: a. August 2024 - balance due was $8,716.50. b. September 2024 - balance due was $2,357.00. c. October 2024 - balance due was $2,357.00. d. Total Balance due as of 10/3/2024 billing date was $13,430.50. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/21/2024 at 1:27 p.m., with the Business Office Manager (BOM), the BOM stated that she reported an allegation of financial abuse to the SSA on Resident 1's behalf after confirming and being aware on 10/3/2024 that FM 1 was receiving Resident 1's Social Security check (a monthly payment from the federal government that replaces part of a person's income when they retire or become disabled), but was not paying Resident 1's Share of Cost (the monthly amount an individual is responsible to pay towards their medical related services and supplies before Medi-Cal [a public health insurance program which provides needed health care services for limited income individuals] will begin to pay). The BOM stated that FM 1 informed her (BOM) that he (FM 1) could not pay for Resident 1's share of cost because FM 1 was using the money for his (FM 1's) daughter's school expenses. The BOM stated she (BOM) considered this as financial abuse because FM 1 was using Resident 1's money for his (FM 1) own personal expenses, instead of using it towards Resident 1's medical expenses. The BOM stated she (BOM) followed the facility's abuse policy and informed the Administrator (ADM), who is the abuse coordinator. During an interview on 10/21/2024 at 2:01 p.m., with the Administrator (ADM), the ADM stated that he (ADM) did not conduct a formal investigation and did not complete a conclusion letter regarding the allegation of financial abuse reported on 10/3/2024 to the SSA. The ADM stated he (ADM) investigated through conversations with FM 1 but did not document anything. The ADM stated he understood the regulations and the policy of the facility and knew it was his (ADM) responsibility to thoroughly investigate the allegation of abuse and report the results of his investigation to the Department within five days. The ADM stated he did not think a formal typed up investigation and conclusion letter was needed since he (ADM) was in constant communication with FM 1 and Resident 1's goal of being discharged to an assisted living facility (ALF - a type of long-term care facility that provides housing, meals, and personal care support to a group of full-time residents) was met. A review of the policy and procedure titled, Abuse Reporting and Prevention, revised 04/2024, indicated it is the policy of the facility to ensure that alleged violations by anyone in the facility involving mistreatment, neglect, or abuse including misappropriation of resident property are reported to the administrator of the facility. The policy and procedure further indicated that the ADM, as the abuse coordinator, will investigate each alleged violation thoroughly and report results to appropriate agencies and personnel. The results of the investigation must be reported within five (5) working days of the incident.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39739 Based on interview and record review, the facility failed to develop a comprehensive person-centered care plan (a written course of action that helps a resident achieve outcomes that improve their quality of life) for one of three sampled residents (Resident 1), who was involved in an allegation of financial abuse. This deficient practice had the potential to negatively affect the delivery of care and services to Resident 1. Findings: During a review of Resident 1's Admission Record indicated Resident 1 was originally admitted on [DATE] and readmitted on [DATE] with diagnoses that included hydrocephalus (a condition where too much cerebrospinal fluid [CSF- a clear, colorless, watery fluid that flows in and around your brain and spinal cord to help cushion the brain and spinal cord from injury and provide nutrients] builds up in the brain), and Alzheimer's Disease (a brain disorder that slowly destroys memory and thinking skills and, eventually, the ability to carry out the simplest tasks). Resident 1's Admission Record further indicated Resident 1's son (Family Member 1 [FM 1]), was Resident 1's financial power of attorney (POA - legal authorization for a designated person to make decisions about another person's property, finances, or medical care). During a review of Resident 1's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 8/21/2024 indicated Resident 1 had moderately impaired cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses). During a review of Resident 1's [NAME] Statement with a billing date of 10/3/2024 indicated the following due balance: a. August 2024 - balance due was $8,716.50. b. September 2024 - balance due was $2,357.00. c. October 2024 - balance due was $2,357.00. d. Total Balance due as of 10/3/2024 billing date was $13,430.50. During a concurrent interview and record review on 10/21/2024 at 1:30 p.m., with the Medical Records Director (MRD), Resident 1's care plans from 7/11/2024 to 10/21/2024 were reviewed. The MRD stated there was no care plan developed in related to Resident 1's allegation of financial abuse. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 10/21/2024 at 2:35 p.m., with the Director of Staff Development (DSD), Resident 1's care plans from 7/11/2024 to 10/21/2024 were reviewed. The DSD stated she (DSD) could not find a care plan that addressed Resident 1's alleged financial abuse. The DSD stated that a care plan is created in response to all abuse allegations and there should have been a care plan developed for Resident 1's alleged financial abuse. The DSD stated it was important to have a care plan addressing Resident 1's alleged abuse in order for interventions to be placed to maintain Resident 1's psychosocial well-being (the state of mental, emotional, and social health of an individual). During an interview on 10/21/2024 at 3:45 p.m. with the Director of Nursing (DON), the DON stated that the nursing department was unaware that there was a report of financial abuse made on behalf of Resident 1. The DON stated had Resident 1 verbalized abuse or had she (DON) been made aware of the financial abuse report, the nursing department would have developed a plan of care including interventions such as reporting to the physician, conducting an assessment, and ensuring Resident 1 was monitored every shift for 72 hours for emotional distress or possible negative outcome as a result of the alleged financial abuse. However, she (DON) was not made aware, hence, a care plan was done. A review of the facility's policy and procedure titled, Comprehensive Care Planning, last revised in 1/2017 indicated it is the policy of the facility to develop a comprehensive care plan for each resident. The policy and procedure further indicated the plan of care must include measurable objectives and timeframes and describe the services that are to be furnished to attain and maintain the resident's highest practicable level of well-being. A review of the policy and procedure titled, Abuse Reporting and Prevention, last revised 04/2024, indicated one of the interventions to be completed in response to an allegation of abuse is to initiate a care plan to reflect the resident's condition.