| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056363 | A. Building<br>B. Wing | 02/14/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Grand Valley Health Care Center | 13524 Sherman Way<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0550<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42275<br><br>Based on observation, interview, and record review, the facility failed to inform and provide information for two of two sampled residents (Resident 2 and 3) in advance regarding deep cleaning of their rooms.<br><br>This deficient practice had the potential to affect the residents' sense of self-worth, self-esteem, and the resident's right.<br><br>Findings:<br><br>a. During a review of Resident 2's Admission Record, the Admission Record indicated the facility admitted Resident 2 on 1/29/2025 with diagnoses including right knee and right ankle fractures (broken bones) and hypothyroidism (condition in which the thyroid gland doesn't produce enough thyroid hormone).<br><br>During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool) dated 2/4/2025, the MDS indicated the resident's cognitive (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) skills for daily decision making was intact, and the resident needed moderate assistance from staff with toileting hygiene, lower body dressing, bed mobility (movement) and transfer.<br><br>During a concurrent observation and interview on 2/14/2025 at 11:48 a.m., with Resident 2, observed Resident 2 sitting on a wheelchair wearing a right leg immobilizer (a medical device used to restrict movement of the joints) in the hallway of the activities room. When Resident 2 was asked when the facility informed Resident 2 that their room would be deep cleaned, Resident 2 stated that Resident 2 was informed on that morning, 2/14/2025. Resident 2 stated the facility did not inform in advance that their room would be deep cleaned, for how long it would take to complete, and why it was being done. Resident 2 was just informed that the room would be cleaned, and Resident 2 would be unable to use it and needed to wait outside of the room on that day at around 9 a.m. and was still waiting in the hallway. Resident 2 stated Resident 2 was wondering if it was to disinfect the room or just regular cleaning, and that no one provided that information, so Resident 2 was wondering why the room needed to be cleaned. Resident 2 further stated that the facility should inform the resident at least one or two days earlier if their room was scheduled for a deep cleaning and the resident would be unable to go in their room for two to three hours. Resident 2 stated the facility should inform the resident the reason for the deep cleaning of the room.<br><br>(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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| F 0550<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview on 2/14/2025 at 12:21 p.m., with Certified Nursing Assistant 3 (CNA 3), CNA 3 stated that Resident 2's room was scheduled for a deep cleaning on that day, 2/14/2025, and the CNAs did not know the deep cleaning schedule until the day of the deep cleaning. CNA 3 stated that CNA 3 forgot to tell Resident 2 how long the deep cleaning would take and forgot to tell Resident 2 that it was okay to return to their room. CNA 3 stated CNA 3 just informed Resident 2 that the room was scheduled for a deep cleaning then prepared Resident 2 and left Resident 2 in the hallway.<br><br>b. During a review of Resident 3's Admission Record, the Admission Record indicated the facility admitted Resident 3 on 10/8/2022 and readmitted the resident on 6/18/2023 with diagnoses including Guillain-Barre syndrome (a condition in which the body's immune system attacks the nerves).<br><br>During a review of Resident 3's MDS dated [DATE], the MDS indicated the resident's cognitive skills for daily decision making was intact, and the resident needed moderate assistance from staff with personal/toileting hygiene, upper/lower body dressing, and bed mobility, and total assistance from staff with transfer.<br><br>During an interview on 2/14/2025 at 12:01 p.m., with Resident 3 in the resident's room, Resident 3 stated that the facility just completed cleaning their room and Resident 3 was able to come into the room. When Resident 3 was asked if any facility staff informed Resident 3 that their room would be cleaned, Resident 3 stated that the resident was told that morning, 2/14/2025 and was informed Resident 3 would not be able to enter the room for two to three hours. Resident 3 stated Resident 3 was waiting in the activities room. Resident 3 stated the facility should inform Resident 3 at least three days earlier regarding a deep cleaning schedule in order to arrange Resident 3's stuff in the resident's own way. Resident 3 stated there was no time to arrange her stuff then she (Resident 3) was removed from her room.<br><br>During an interview on 2/14/2025 at 12:09 p.m., with Certified Nursing Assistant 2 (CNA 2), CNA 2 stated that Resident 3's room was scheduled for a deep cleaning on that day, 2/14/2025. CNA 2 stated housekeeping personnel were informing the residents about the room deep cleaning. CNA 2 stated CNA 2 just assisted Resident 3 out of the room and took Resident 3 to the activities room.<br><br>During a review of the facility-provided calendar titled, Deep Clean, dated 2/2025, the calendar indicated Resident 2 and Resident 3's rooms were scheduled for deep cleaning on 2/14/2025.<br><br>During a review of the facility-provided deep cleaning signage, the signage indicated, Deep Clean From 8 a. m. to 10 a.m.<br><br>During a concurrent interview and record review on 2/14/2025 at 1:55 p.m., with the Housekeeping Supervisor (HS), reviewed the deep cleaning calendar for 2/2025. The HS stated that the HS was the one posting the signage of deep clean from 8 a.m. to 10 a.m. on the residents' room doors on the day of the deep cleaning day, and the nursing staff would inform the residents about the deep cleaning of the rooms. The HS stated that the housekeeping department (HK Dept) had a monthly calendar, but the HK Dept never provided the deep cleaning calendars in advance to the nursing staff.<br><br>During an interview on 2/14/2025 at 3:22 p.m., with the Director of Nursing (DON), the DON stated that the facility should have a better system to inform the residents and resident representatives about room cleaning schedules in advance and at least one day earlier with written information. The DON stated sometimes even a temporary room change is needed depending on a resident's condition.<br><br>(continued on next page) |

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| F 0550<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During a review of the facility's policy and procedure (P&P) titled, Resident Rights, last reviewed on 8/15/2024, the P&P indicated, The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. A facility must protect and promote the rights of each resident, including each of the following rights To receive all information that is material to a resident's decision concerning to accept or refuse any proposed treatment or procedure To be treated with consideration, respect and full recognition of dignity and individuality, including privacy in treatment and in care of personal needs. |