

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 05/20/2025
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39550</p> <p>Based on observation, interview and record review, the facility failed to ensure residents were provided necessary assistance with activities of daily living, specifically with mobility and getting out of bed for two of two sampled residents (Resident 3 and Resident 4).</p> <p>This deficient practice resulted in residents remaining in bed for prolonged periods and potentially compromise residents ' dignity, preferences and functional well-being.</p> <p>Findings:</p> <p>a. During a review of Resident 3 ' s Admission Record, the Admission Record indicated the facility originally admitted Resident 3 on 3/17/2025 and readmitted Resident 3 on 3/30/2025 with diagnoses that included traumatic subdural hemorrhage (bleeding in the area between the brain and the skull usually caused by a head injury) without loss of consciousness (state of being awake and aware of one ' s surroundings), pneumonia (lung infection) and epilepsy (a neurological disorder characterized by recurring seizure [a sudden burst of electrical activity in the brain causing changes in behavior, movement, feelings and level of consciousness]).</p> <p>During a review of Resident 3 ' s Minimum Data Set (MDS - a resident assessment tool) dated 4/5/2025, the MDS indicated Resident 3 ' s cognition (the mental action or process of acquiring knowledge and understanding through thought, experience and the senses) was moderately impaired. The MDS indicated Resident 3 was dependent (helper does all of the effort and resident does none of the effort to complete activity) on staff with oral hygiene, toileting hygiene, dressing, personal hygiene and mobility (movement).</p> <p>During an observation on 5/19/2025 at 9:30 a.m., in Resident 3 ' s room, observed Resident 3 in bed with call light within reach and observed gastrostomy (g-tube- a medical device that ' s surgically placed through the abdominal wall and into the stomach used to provide direct access for supplemental feeding, hydration or medication) feeding on.</p> <p>During an observation on 5/19/2025 at 10:50 a.m., in Resident 3 ' s room, observed Resident 3 in bed with call light within reach and observed g-tube feeding off.</p> <p>During an observation on 5/19/2025 at 12:52 p.m., in Resident 3 ' s room, observed Resident 3 in bed with call light within reach and observed g-tube feeding off.</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 05/20/2025
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/19/2025 at 1:24 p.m., with Certified Nursing Assistant 3 (CNA 3), CNA 3 stated that she (CNA 3) is assigned to Resident 3 today (5/19/2025). CNA 3 stated that she (CNA 3) provided Resident 3 with morning care (care given in the morning to prepare the resident for the day). When asked if Resident 3 was assisted and taken out of bed, CNA 3 stated that she (CNA 3) did not take Resident 3 out of bed because Resident 3 has a g-tube. When asked if Resident 3 was offered to get out of bed, CNA 3 stated that she (CNA 3) did not offer to get Resident 3 out of bed because she forgot. When asked about the importance of taking residents out of bed, CNA 3 stated that it important to get residents out of bed because it will help residents not develop bed sores (skin injury caused by prolonged pressure on the body, particularly over bony areas), to help with their (residents) mobility, and to help with their (residents) entertainment.</p> <p>During an observation on 5/19/2025 at 1:45 p.m., in Resident 3 ' s room, observed Resident 3 in bed with call light within reach and observed g-tube feeding off.</p> <p>During an interview on 5/19/2025 at 2:00 p.m., with the Director of Staff Development (DSD), the DSD stated that getting residents out of bed is part of residents ' morning care. The DSD stated that the facility would like all residents to be out of bed by 11:00 a.m., each day. The DSD stated residents do not require a physician ' s order to get out of bed. When asked why Resident 3 was kept in bed, the DSD stated that Resident 3 is on g-tube feeding and the facility would rather keep Resident 3 in bed, depending on feeding times. The DSD stated that Resident 3 ' s g-tube feeding is turned on at 12:00 p.m. and turned off at 8:00 a.m.</p> <p>b. During a review of Resident 4 ' s Admission Record, the Admission Record indicated the facility originally admitted Resident 4 on 12/15/2023 and readmitted Resident 4 on 4/8/2025 with diagnoses that included pneumonia, chronic obstructive pulmonary disease (COPD - a lung disease causing restricted air flow and breathing problems) and low back pain.</p> <p>During a review of Resident 4 ' s MDS dated [DATE], the MDS indicated Resident 4 ' s cognition was intact. The MDS indicated Resident 4 required partial or moderate assistance from staff with mobility (movement) such as sit to stand and chair/bed to chair transfer.</p> <p>During an observation on 5/19/2025 at 9:32 a.m., in Resident 4 ' s room, observed Resident 4 in bed with call light within reach.</p> <p>During an observation on 5/19/2025 at 11:52 a.m., in Resident 4 ' s room, observed Resident 4 in bed, watching tv, with call light within reach.</p> <p>During an observation on 5/19/2025 at 12:55 p.m., in Resident 4 ' s room, observed Resident 4 in bed being assisted by a facility staff with lunch.</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 05/20/2025
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 0676</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 5/19/2025 at 1:05 p.m., in Resident 4 ' s room, observed Resident 4 in bed, watching tv, with call light within reach. Resident 4 stated that the physical therapist (a health professional trained to evaluate and treat people who have conditions or injuries that limit their ability to move and do physical activities) gets her up, out of bed and assists her with walking, usually in the afternoon at around 3:00 p.m. When asked if nursing staff gets Resident 4 up, out of bed, Resident 4 stated that nursing staff do not get her out of bed. When asked if nursing staff offer Resident 4 to get out of bed and on to a chair, Resident 4 stated that nursing staff have not offered to get her out of bed and have not offered for her to sit on a chair. Resident 4 continued to state that she (Resident 4) was not aware that nursing staff was allowed to get her out of bed.</p> <p>During a follow up interview on 5/19/2025 at 2:45 p.m., with the DSD, the DSD stated that assisting residents to get out of bed is a standard part of the CNA ' s daily responsibilities and is expected to be performed for all residents. The DSD stated CNAs should be offering each resident if he/she wishes to get out of bed. If residents refuse for any reason, CNAs are to report to the charge nurse. The DSD continued to state that getting residents out of bed affects residents ' quality of life because residents staying in their rooms and not given an opportunity to get out of bed can lead to residents ' decline in their psychosocial well-being. The DSD further stated that that DSD should be supervising the CNAs accordingly to ensure that residents are getting out of bed and being offered to get out of bed.</p> <p>During an interview on 5/20/2025 at 11:49 a.m., with the Administrator (ADM), the ADM stated that all residents should be offered to get out of bed as part of the residents' activities of daily living.</p> <p>During a review of the facility ' s policy and procedure titled Activities of Daily Living, and Scope of Services, last reviewed in 8/15/2024, indicated it is the policy that each resident receives, and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being consistent with the resident ' s comprehensive assessment and plan of care. This will include that nursing staff conduct routine resident monitoring to ensure resident safety and well-being. Staff will ensure that Activities of Daily Living are monitored, assisted with, and provided for those residents who are unable to perform Activities of Daily Living. Under procedure: Ensure that the following ADL functions are monitored, supervised, assisted with and or provided to the Resident population that the facility is servicing to include but not limited to g. Transferring bed/chair.</p> <p>During a review of the facility ' s policy and procedure titled Quality of Care, Routine Resident Monitoring and Scope of Services, last reviewed in 8/15/2024, indicated it is the policy that each resident receives, and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being consistent with the resident ' s comprehensive assessment and plan of care. This will include that nursing staff conduct routine resident monitoring to ensure resident safety and well-being. The facility to provide hygiene, bathing, dressing, grooming and oral care, mobility-transfer and ambulation including walking, toileting, dining-eating, including meals and snacks, and communication to residents assessed to require these services.</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 05/20/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>39550</p> <p>Based on observation, interview, and record review, the facility failed to provide oral care for one of three sampled residents (Resident 3).</p> <p>This deficient practice resulted in Resident 3 not being provided with oral care on 5/16/2025 which could lead to potential negative outcomes such as development of oral health issues (discomfort and pain) including tooth decay or gum disease.</p> <p>Findings:</p> <p>During a review of Resident 3 ' s Admission Record, the Admission Record indicated the facility originally admitted Resident 3 on 3/17/2025 and readmitted Resident 3 on 3/30/2025 with diagnoses that included traumatic subdural hemorrhage (bleeding in the area between the brain and the skull usually caused by a head injury) without loss of consciousness (state of being awake and aware of one ' s surroundings), pneumonia (lung infection) and epilepsy (a neurological disorder characterized by recurring seizure [a sudden burst of electrical activity in the brain causing changes in behavior, movement, feelings and level of consciousness]).</p> <p>During a review of Resident 3 ' s Minimum Data Set (MDS- a resident assessment tool) dated 4/5/2025, the MDS indicated Resident 3 ' s cognition (the mental action or process of acquiring knowledge and understanding through thought, experience and the senses) was moderately impaired. The MDS indicated Resident 3 was dependent (helper does all of the effort and resident does none of the effort to complete activity) on staff with oral hygiene, toileting hygiene, dressing, personal hygiene and mobility (movement).</p> <p>During a review of Resident 3 ' s Care Plan for Self-Care and Functional Mobility dated 4/7/2025, the Care Plan indicated that Resident 4 had impaired self-care abilities and functional mobility and was dependent on staff for oral hygiene. The interventions included to assist the resident with personal hygiene and provide oral care.</p> <p>During an observation on 5/16/2025 at 11:35 a.m., in Resident 3 ' s room, observed Resident 3 in bed with dry, cracked lips.</p> <p>During a concurrent observation and interview on 5/16/2025 at 12:10 p.m., with Certified Nursing Assistant 1 (CNA 1), in Resident 3 ' s room, observed Resident 3 in bed. CNA 1 stated that she (CNA 1) was assigned to Resident 3 for the day (5/16/2025) but Resident 3 is not part of CNA 1 ' s regular assignment. CNA 1 stated CNA 1 provided Resident 3 oral care. When CNA 1 was asked to describe Resident 3 ' s mouth, CNA 1 stated Resident 3 ' s lips are dry. When CNA 1 was asked to describe Resident 3 ' s tongue, CNA 1 stated that Resident 3 ' s tongue is not clean, with a buildup of thick white and yellow stuff (coating) on Resident 3 ' s tongue. CNA 1 continued to state that Resident 3 ' s tongue has been like that for a long time. CNA 1 stated that Resident 3 ' s tongue was not normal and reported to Licensed Vocational Nurse 1 (LVN 1) on 5/16/2025 at around 10:00 a.m.</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 05/20/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/16/2025 at 12:20 p.m., with LVN 1, LVN 1 stated that LVN 1 was not made aware of concerns related to Resident 3 ' s tongue until this morning (5/16/2025) at around 10:00 a.m. LVN 1 continued to state that LVN 1 was made aware of the condition of Resident 3 ' s tongue at 12:15 p.m., after the surveyor spoke to CNA 1.</p> <p>During a follow up interview on 5/16/2025 at 12:25 p.m., with CNA 1, CNA 1 stated that CNA 1 did not provide oral care to Resident 3. CNA 1 stated that she (CNA 1) informed LVN 1 of the condition of Resident 3 ' s tongue after being interviewed by the surveyor. CNA 1 stated that she (CNA 1) was about to provide Resident 3 with oral care but was not able to because Resident 3 started to scream. When asked why CNA 1 did not report to LVN 1, CNA 1 did not respond to the question and stated sorry.</p> <p>During an interview on 5/16/2024 at 2:46 p.m., with the Assistant Director of Nursing (ADON), the ADON stated that all residents, even residents who are on gastrostomy (g-tube- a medical device that ' s surgically placed through the abdominal wall and into the stomach used to provide direct access for supplemental feeding, hydration or medication) feeding should be provided oral care in the morning and before going to bed.</p> <p>During an interview on 5/16/2025 at 3:17 p.m., with the Director of Staff Development (DSD), the DSD stated that the facility failed to provide proper oral care to Resident 3 and failed to report Resident 3 ' s tongue condition so that Resident 3 ' s tongue condition can be addressed right away. The DSD stated that CNA 1 should have provided oral care in the morning as part of Resident 3 ' s Activities of Daily Living (ADLs- routine tasks or activities [such as personal hygiene, bathing, dressing and toileting] a person performs daily to care for themselves) and if there were any issues or concerns such as refusals or experiencing discomfort, CNA 1 should have reported to LVN 1 so that that the issue or concern will be addressed timely.</p> <p>During an interview on 5/20/2025 at 11:50 a.m., with the Administrator (ADM), the ADM stated that all residents should be provided quality care, and that oral care is to be provided to all residents.</p> <p>During a review of the facility ' s policy and procedure titled Oral Care, last reviewed in 8/15/2024, indicated it is the policy of the facility that oral care should be done at least once each shift and more frequently as necessary to cleanse and freshen the resident ' s mouth and prevent complications, such as infections of the mouth.</p> <p>During a review of the facility ' s policy and procedure titled Activities of Daily Living, and Scope of Services, last reviewed in 8/15/2024, indicated it is the policy of the facility that each resident receives, and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being consistent with the resident ' s comprehensive assessment and plan of care. This will include that nursing staff conduct routine resident monitoring to ensure resident safety and well-being. Staff will ensure that Activities of Daily Living are monitored, assisted with, and provided for those residents who are unable to perform Activities of Daily Living. Under procedure: Ensure that the following ADL functions are monitored, supervised, assisted with and or provided to the Resident population that the facility is servicing to include but not limited to c. mouth care. The person conducting the routine check shall report promptly to the Nurse supervisor/Charge Nurse any change in the resident ' s condition and/or medical needs. If resident is unable to conduct activities of daily living, they are to be provided services to maintain good nutrition, grooming, and personal and oral hygiene.</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 05/20/2025
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39550</p> <p>Based on interview and record review, the facility failed to implement an effective bowel (tube-shaped organ in the abdomen that completes the process of digestion) and bladder (a hollow organ that stores urine) retraining program (B&B retraining program - aim to establish or regain control over bowel and bladder function) for two of three sampled residents (Resident 1 and Resident 3) by not ensuring that the resident ' s bowel and bladder assessment was re-assessed in a timely manner.</p> <p>This deficient practice had the potential to result in Resident 1 and Resident 3 not being accurately assessed as candidates for a B&B retraining program and may have limited their (Resident 1 and Resident 3) opportunity to regain bowel and bladder function.</p> <p>Findings</p> <p>a. During a review of Resident 1 ' s Admission Record, the Admission Record indicated the facility admitted Resident 1 on 2/27/2025 with diagnoses that included osteoporosis (a bone disease that develops when the quality and structure of the bone changes) with current left femur fracture (broken thighbone), chronic kidney disease (long-term medical condition where your kidneys are not working well enough to filter blood, leading to a buildup of waste and fluid in the body) stage four (severe).</p> <p>During a review of Resident 1 ' s History and Physical (H&P) dated 2/28/2025, the H&P indicated Resident 1 has decision making capacity.</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS - a resident assessment tool) dated 3/5/2025, the MDS indicated Resident 1 ' s cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was moderately impaired. The MDS indicated Resident 1 required extensive assistance from staff with bed mobility, dressing, and personal hygiene. The MDS also indicated that Resident 1 required supervision or touching assistance with eating, oral hygiene, and personal hygiene and required substantial or maximal assistance with toileting hygiene.</p> <p>During a review of Resident 1 ' s Bowel and Bladder assessment dated [DATE], the Bowel and Bladder Assessment indicated Resident 1 had functional incontinence (unable to get to toilet in time due to physical disability, external obstacles, or problems with thinking or communicating). The Bowel and Bladder Assessment indicated Resident 1 was occasionally incontinent (inability to control urination, less than seven episodes of incontinence) with bladder function and occasionally incontinent (inability to control bowel movements, one episode of incontinence) with bowel function. Further review of Resident 1 ' s Bowel and Bladder Assessment form indicated to complete an evaluation after 72 hours however the evaluation was not completed until 3/12/2025.</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 05/20/2025
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 0690</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 5/19/2025 at 12:00 p.m., with Registered Nurse 1 (RN 1), Resident 1 ' s Bowel and Bladder assessment dated [DATE] was reviewed. RN 1 stated that Bowel and Bladder Assessments are done upon admission. RN 1 stated Resident 1 ' s Bowel and Bladder Assessment was not completed in a timely manner. RN 1 stated that licensed nurses are expected to re-evaluate the resident 72 hours after the initial Bowel and Bladder Assessment to determine if the resident is a candidate for B&B retraining program and to document their findings accordingly. The 72-hour evaluation section was completed on 3/12/2025, 10 days late. RN 1 stated that Resident 1 ' s Bowel and Bladder 72-hour evaluation should have been completed on 3/2/2025. RN 1 stated that because of the delay of the evaluation, the facility was not able to provide proper bowel and bladder interventions based on Resident 1 ' s assessment.</p> <p>b. During a review of Resident 3 ' s Admission Record, the Admission Record indicated the facility originally admitted Resident 3 on 3/17/2025 and readmitted Resident 3 on 3/30/2025 with diagnoses that included traumatic subdural hemorrhage (bleeding in the area between the brain and the skull usually caused by a head injury) without loss of consciousness (state of being awake and aware of one ' s surroundings), pneumonia (lung infection) and epilepsy (a neurological disorder characterized by recurring seizure [a sudden burst of electrical activity in the brain causing changes in behavior, movement, feelings and level of consciousness]).</p> <p>During a review of Resident 3 ' s MDS dated [DATE], the MDS indicated Resident 3 ' s cognition (the mental action or process of acquiring knowledge and understanding through thought, experience and the senses) was moderately impaired. The MDS indicated Resident 3 was dependent (helper does all of the effort and resident does none of the effort to complete activity) on staff with oral hygiene, toileting hygiene, dressing, personal hygiene and mobility (movement).</p> <p>During a review of Resident 3 ' s Bowel and Bladder assessment dated [DATE], the Bowel and Bladder Assessment indicated Resident 3 was always continent with bladder function and always incontinent (having no or insufficient voluntary control over bowel movements) with bowel function. Further review of Resident 3 ' s Bowel and Bladder Assessment form indicated to complete an evaluation after 72 hours however the evaluation was blank and not completed.</p> <p>During a concurrent interview and record review on 5/19/2025 at 12:10 p.m., with RN 1, Resident 3 ' s Bowel and Bladder Assessment form dated 3/30/2025 was reviewed. RN 1 stated that Resident 3 ' s Bowel and Bladder Assessment was not completed. RN 1 stated that the 72-hour evaluation portion of Resident 3 ' s Bowel and Bladder Assessment was blank. RN 1 stated that it is important to complete the resident ' s Bowel and Bladder Assessments in a timely manner to ensure that the proper plan of care and interventions for the resident are implemented.</p> <p>During a review of the facility ' s policy and procedure titled Bowel and Bladder Retraining Program, last reviewed in 8/15/2024, indicated the purpose of the bowel and bladder retraining program is to attempt to assist the incontinent resident regain as much of his or her ability to control bowel and bladder excretory functions.</p>		