

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 08/01/2025
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure a resident's low air loss mattress (a specialized mattress that alternates pressure to prevent skin breakdown) was in the correct setting for one (Resident 1) of three sampled residents. This deficient practice had the potential to place the resident at increased risk for discomfort and development of pressure ulcers (localized, pressure-related damage to the skin and/or underlying tissue usually over a bony prominence). Findings: During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE], with the most recent admission on [DATE] with diagnoses including urinary tract infection (UTI-an infection in the bladder/urinary tract), type 2 diabetes (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), morbid obesity (severely over weight), cerebral infarction (a condition where part of the brain dies due to lack of blood supply), and paraplegia (loss of movement and/or sensation, to some degree, of the legs). During a review of Resident 1's Minimum Data Set (MDS-a resident assessment tool) dated 6/19/2025, the MDS indicated Resident 1's condition (ability to think and make decisions) was intact. The MDS further indicated that Resident 1 required set up assistance from staff with eating, and oral hygiene. The MDS indicated Resident 1 was dependent on staff for toileting hygiene, showering, lower body dressing and putting on/taking of footwear. During a review of Resident 1's Physician Order dated 7/18/2025, the Physician Order indicated for Resident 1 to have a low air loss mattress for skin management. During a concurrent interview and observation on 7/31/2025 at 1:15 p.m. with Licensed Vocational Nurse (LVN) 1, observed Resident 1's low air loss mattress was set for a weight between 600 and 1000 pounds (lbs.-unit of weight). LVN 1 confirmed that the low air loss mattress was set between 600 and 1000 lbs. LVN 1 confirmed that Resident 1's posted weight was 246 lbs. and that the low air loss mattress setting was out of range for Resident 1. LVN 1 stated that the low air loss mattress setting should be lower than 250 lbs. During an interview on 8/1/2025 at 1:30 p.m. with the Director of Nursing (DON), the DON stated that Resident 1's low air loss mattress should be in the correct setting. The DON confirmed that Resident 1's low air loss mattress was not in the correct setting and should be set according to the resident's current weight. The DON stated that there is an increased risk of skin breakdown which could lead to pressure ulcer if Resident 1's low air loss is not in the correct setting. During a review of the facility's policy and procedure (P&P) titled Prevention of Pressure Injuries also known as Pressure Sores dated 8/15/2024, the P&P indicated that the purpose of this procedure is to provide information regarding identification of pressure injury also known as pressure sore risk factors and interventions for specific factors. Pressure injuries are usually formed when a resident remains in the same position for an extended period of time causing increased pressure or decrease of circulation (blood flow) to an area with subsequent destruction of tissue. Interventions and preventive measures include to use a special mattress that contains foam, air, gel, or water, as indicated.</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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