

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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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 06/12/2026
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 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** Based on observation, interview, and record review, the facility failed to implement and revise a comprehensive person-centered care plan (a document that summarizes a resident's needs, goals, and care/treatment) addressing residents' low air loss mattress (LALM - a specialty bed that alternates pressure to help heal and prevent pressure ulcer/injuries [PU/PI- injuries that breakdown the skin and underlying tissue when an area of skin is placed under pressure]) use for three of three sampled residents (Resident 1, Resident 2, and Resident 3). This deficient practice had the potential to negatively affect the delivery of care and services and miscommunication among the care team for residents with the LALM use. Findings: a. During a review of Resident 1's admission Record, the admission Record indicated that the facility originally admitted the resident on 2/2/2024 and readmitted the resident on 4/30/2025 with diagnoses that included diabetes mellitus (disorder characterized by difficulty in blood sugar control and poor wound healing) with foot ulcer, history of transient ischemic attack (TIA - known as a mini-stroke, and happens when a blood clot temporarily blocks blood flow to a part of the brain) and cerebral infarction (CI - a serious medical condition that occurs when blood flow to the brain is blocked, leading to brain cell death), and osteoarthritis (a degenerative joint disease where the cartilage that cushions the ends of bones gradually wears away, leading to pain, stiffness, and reduced movement) both ankles and feet. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 5/2/2026, the MDS indicated Resident 1 had intact cognition (ability to think and make decisions) and was dependent on staff for oral/toileting/personal hygiene, showering, upper/lower body dressing and transferring, and required maximal assistance on staff for bed mobility (movement). The MDS further indicated that Resident 1 was at risk of developing PUs/Pis. During a review of Resident 1's Order Summary Report, the Order Summary Report indicated an order for LALM with bolsters (raised, pillowy air edges on the sides that act as gentle bumpers to keep a resident from rolling out of bed) for skin management, ordered 2/27/2026. During a concurrent observation and interview on 6/12/2026 at 8:36 a.m., in Resident 1's room, with Treatment Nurse 1 (TN 1), observed Resident 1 lying in bed with a LALM. TN 1 stated that Resident 1's LALM use is for skin management. During a concurrent interview and record review on 6/12/2026 at 12:24 p.m., with Licensed Vocational Nurse 1 (LVN 1), reviewed Resident 1's physician orders for LALM use and Resident 1's care plans. LVN 1 stated that the licensed nurses did not implement or revise Resident 1's care plans for the LALM use for skin management currently. b. During a review of Resident 2's admission Record, the admission Record indicated that the facility admitted the resident on 2/18/2025 with diagnoses that included left femur (thigh bone) and tibia (the shinbone that located in the lower half of the leg) fractures (broken bone), and osteoarthritis on left hip. During a review of Resident 2's MDS dated [DATE], the MDS indicated Resident 2 had intact cognition. The MDS further indicated Resident 2 required moderate assistance on staff for toileting and personal hygiene, showering, upper and lower body dressing, bed mobility, and transferring. During a review of Resident 2's Order Summary Report, the Order Summary Report indicated an order for LALM for skin management, ordered 3/5/2026. During a concurrent interview and record review (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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	on 6/12/2026 at 8:52 a.m., with TN 1, reviewed Resident 2's physician order for LALM use and care plans. TN 1 stated that there were no care plans for the LALM use for a skin management currently, and no information either about Resident 2's LALM setting mode. c. During a review of Resident 3's admission Record, the admission Record indicated that the facility admitted the resident on 10/10/2025 with diagnoses that included diabetes mellitus, dysphagia (difficulty swallowing) and aphasia (a disorder that makes it difficult to speak) following cerebral infarction, and anemia (a condition where the body does not have enough healthy red blood cells). During a review of Resident 3's MDS dated [DATE], the MDS indicated Resident 3 had moderately impaired cognition, and Resident 3 required maximal assistance on staff for toileting hygiene, showering, lower body dressing and transferring, and required moderate assistance on staff for eating, oral hygiene, and bed mobility. The MDS further indicated that Resident 3 was at risk of developing PUs/PIs. During a review of Resident 3's Order Summary Report, the Order Summary Report indicated an order for LALM for skin and wound management, monitor for functional settings every shift, ordered 3/27/2026. During a review of Resident 3's care plan titled LALM, with an initiated date of 11/3/2025, last reviewed on 5/6/2025, and next evaluation date of 8/6/2026, indicated Resident 3 had impaired skin integrity and needed to use LALM to improve wound healing. The two interventions indicated as follows: Turn and reposition every two (2) hours and/or as needed when in bed, and keep area clean and dry. During a concurrent interview and record review on 6/12/2026 at 12:15 p.m., with LVN 1, reviewed Resident 3's physician orders for LALM use and the care plans. LVN 1 stated the care plan for LALM use was not indicating about the setting levels or mode, or how to manage the LALM use with linen, and not indicating specific interventions, and was not individualized or person-centered care plan. During an interview on 6/12/2026 at 4:28 p.m., with the Director of Nursing (DON), the DON stated that staff should revise and update the care plans when a resident's condition changes, and the purpose of the care plans was to provide proper interventions and care needed for each resident. During a review of the facility's policy and procedure (P&P) titled, Comprehensive Care Planning, last reviewed on 8/28/2025, the P&P indicated, The care plan must be reviewed and revised periodically, at least quarterly, and on an ongoing basis to reflect changes in the resident and the services provided or arranged must be consistent with each resident's written plan. The care plan must be reviewed and revised periodically, at least quarterly, and on an ongoing basis to reflect changes in the residents and the services provided or arranged must be consistent with each resident's written plan.		

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the proper use of low air loss mattress (LALM - a specialty bed that alternates pressure to help heal and prevent pressure ulcers/injuries [PU/PI- injuries that break down the skin and underlying tissue when an area of skin is placed under pressure]) by: Failing to maintain the LALM in the appropriate operating mode while a resident was in bed for one of three sampled residents (Resident 2).Applying multiple layers of linens over the LALM for two of three sampled residents (Resident 2 and Resident 3), which could interfere with the LALM's pressure-redistribution function. These failures had the potential to compromise the effectiveness of the LALM, increasing the resident's risk of skin breakdown and/or delaying the healing of existing PU/PI.During a review of Resident 2's admission Record, the admission Record indicated that the facility admitted the resident (Resident 2) on 2/18/2025 with diagnoses that included left femur (thigh bone) fracture (broken bone), left tibia (the shinbone that located in the lower half of the leg) fracture, and left hip osteoarthritis (a degenerative joint disease where the cartilage that cushions the ends of bones gradually wears away, leading to pain, stiffness, and reduced movement). During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool) dated 5/25/2026, the MDS indicated Resident 2 had intact cognition (ability to think and make decisions). The MDS further indicated Resident 2 required moderate assistance from staff with toileting hygiene, personal hygiene, showering, upper and lower body dressing, bed mobility (movement), and transfers. During a review of Resident 2's Order Summary Report, the Order Summary Report indicated the following physician orders:Sacroccocyx (the tailbone area at the bottom of the spine, right between the buttocks) area scar tissue, apply skin barrier cream (used to reinforce the skin's physical barrier, lock in moisture and protect against external irritants) and leave open to air every shift for preventative skin management, ordered 3/19/2025. LALM for skin management, ordered 3/5/2026. During a review of Resident 3's admission Record, the admission Record indicated that the facility admitted the resident (Resident 3) on 10/10/2025 with diagnoses that included diabetes mellitus (disorder characterized by difficulty in blood sugar control and poor wound healing), dysphagia (difficulty swallowing) and aphasia (a disorder that makes it difficult to speak) following cerebral infarction (CI - a serious medical condition that occurs when blood flow to the brain is blocked, leading to brain cell death), and anemia (a condition where the body does not have enough healthy red blood cells). During a review of Resident 3's MDS dated [DATE], the MDS indicated Resident 3 had moderately impaired cognition. The MDS indicated Resident 3 required maximal assistance from staff with toileting hygiene, showering, lower body dressing and transfers and required moderate assistance with eating, oral hygiene, and bed mobility. The MDS further indicated that Resident 3 was at risk for developing PUs/Pis. During a review of Resident 3's Order Summary Report, the Order Summary Report indicated the following orders: Sacroccocyx area, cleanse with soapy water, pat dry, apply barrier cream and leave open to air every shift to maintain skin integrity and as a preventive measure, ordered 4/22/2026. LALM for skin and wound management, monitor functional settings every shift, ordered 3/27/2026. 1. During a concurrent observation and interview on 6/12/2026 at 8:45 a.m., in Resident 2's room, with Treatment Nurse 1 (TN 1), observed Resident 2 lying in bed on a LALM that was set to static mode (function that stops the mattress from alternating pressure [a feature of some devices that inflate and deflate in sections, such as air mattresses, redistributes pressure across the body, which can help prevent PU and improve circulation]). TN 1 stated that the setting may have been the resident's (Resident 2) preference but needed to verify Resident 2's medical records. During a concurrent interview and record review on 6/12/2026 at 8:52 a.m., in the nurse station, with TN 1, TN 1 reviewed the Physician Order for LALM use and care plans for Resident 2 and stated there were no care plan regarding LALM use for skin management, and that there was no information either about Resident 2's LALM setting (continued on next page)		

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	mode. TN 1 further stated the LALM should be in alternating-pressure mode while the resident was in bed, because static mode provides constant pressure to the same areas of the body. During a concurrent interview and record review on 6/12/2026 at 3:08 p.m., with the Director of Nursing (DON), the DON stated the LALM should be set to alternating pressure mode when a resident is in bed. The DON further stated that if the mattress were temporarily placed in static mode to meet a resident's immediate needs or preferences, staff should return it to alternating-pressure mode unless the resident specifically request continuous use of static mode. During a concurrent interview and record review on 6/12/2026 at 3:18 p.m., with the DON, the DON reviewed Resident 2's Physician Order for LALM use and care plan and stated there were no care plans developed addressing LALM use or LALM settings. 2. a. During a concurrent observation and interview on 6/12/2026 at 9:05 a.m., in Resident 3's room, with TN 1, observed Resident 3 lying on a LALM while wearing an incontinence (loss of bowel or bladder control) brief over a disposable absorbent pad and spread sheet resulting in multiple layers between the resident and the mattress surface. TN 1 stated that the nursing staff should not use more than two layers of linen with a LALM. TN 1 stated staff should use one spread sheet and either one disposable absorbent pad or one incontinent brief depending on the resident's condition and preferences. TN 1 further stated that the purpose of LALM for Resident 3 was PUs/Pis prevention and that using more than two (2) layers could reduce the effectiveness of the LALM. 2. b. During a concurrent observation and interview on 6/12/2026 at 9:14 a.m., in Resident 2's room, with Certified Nursing Assistant 1 (CNA 1), observed Resident 2 lying on a LALM while wearing an incontinent brief over a disposable absorbent pad and spread sheet resulting in multiple layers between the resident and the mattress surface. CNA 1 stated that a night shift nurse (did not specify) placed the additional layer (three layers) at around 7:50 a.m. that morning, and that CNA 1 planned to remove one layer during morning care, because staff should not use more than two layers with a LALM. CNA 1 further stated that multiple layers could trap moisture and interfere with pressure ulcer prevention. During a concurrent interview and record review on 6/12/2026 at 3:50 p.m., with the DON, the DON stated that staff should use only one sheet with a LALM and that the use of multiple layers defeats the purpose of the LALM by reducing its effectiveness. During a review of the facility's policy and procedure (P&P) titled, Low Air Loss Mattress last reviewed on 8/28/2025, the P&P indicated, It is the policy of the facility to provide for the proper placement and management of a low air loss mattress when utilized by a resident. The manufacturer's guidelines should be reviewed for each individual mattress to ensure that this policy is what is recommended. If this policy is not in agreement with manufacturer's guidelines, the manufacturer's guidelines will be followed. During a review of the LALM's manual provided by the facility, titled, Alternating Pressure Mattress Replacement System with Low Air Loss copyrighted 2005, the LALM manual indicated, it was intended to reduce the incidence of PUs while optimizing patient comfort. Installation. may place a thin cotton sheet over the quilted mattress top cover. Operation. In static mode, the mattress provides a firm surface that makes it easier for the patient to transfer or reposition. The static mode prevents the patient from bottoming out when in a sitting position,		