

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555053	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Valley View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 729 Browning Road Delano, CA 93215	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>37697</p> <p>Based on observation, interview, and record review, the facility failed to implement their policy and procedure on grievances for one of three sampled residents (Resident 1). This failure had the potential for the grievances to not be addressed and result in negative consequences.</p> <p>Findings:</p> <p>During a review of Resident 1's ADMISSION RECORD (AR), dated 3/21/25, the AR indicated, Resident 1 had a diagnosis of epilepsy (a brain disorder that causes repeated seizures [brief periods of abnormal brain activity], often manifesting as unusual behaviors, sensations, or loss of awareness. Bright light in some individuals can trigger an episode), and capsular glaucoma (a condition in which the eye's ability to transmit images to the brain is damaged and bright light can negatively affect some individuals).</p> <p>During a review of Resident 1's Minimum Data Set (MDS- an assessment tool) under the section Brief Interview for Mental Status (BIMS- an assessment of cognition [how well a person thinks, remembers, and learns]), dated 3/20/25, the BIMS indicated, Resident 1 had a score of 15 (cognition [how well a person thinks, remembers, and learns] function) intact.</p> <p>During an interview on 3/20/25 at 1:24 p.m. with Resident 1, Resident 1 stated around 2/14/25 the facility placed a new sliding glass door that accessed the patio area into her room. Resident 1 stated the previous glass door had tint (the application of a thin film to glass which offers benefits like privacy, sunlight protection, reduced glare, and heat reduction) and the new sliding glass door did not have tint. Resident 1 stated the sunlight entering her room from the new sliding glass door bothered her eyes from the increased amount of light entering her room. Resident 1 stated around 2/15/25 she reported this issue to the facility maintenance worker (MW). Resident 1 stated nothing had been done regarding her complaint.</p> <p>During an interview on 3/20/25 at 1:59 p.m. with MW, MW stated Resident 1's sliding glass door was replaced on 1/17/25. MW stated the old sliding glass door had tint but the new one installed did not. MW stated Resident 1 voiced a complaint about the amount of light entering her room approximately one month after the new sliding glass door was installed. MW stated he voiced Resident 1's concerns to leadership (Administration, Social Services, Director of Nursing, and other individuals) during the morning meeting held daily.</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
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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/20/25 at 2:27 p.m. with Administrator in Training (AIT), AIT stated around 2/2025, MW mentioned in the morning meetings, Resident 1's concerns about the amount of light entering her room from the new sliding glass door. AIT stated he was not sure if there was documentation done regarding Resident 1's complaint and/or the facilities response to the complaint. AIT stated Social Services Director (SSD) was aware of Resident 1's complaint as she was part of the morning meetings.</p> <p>During an interview on 3/20/25 at 2:35 p.m. with SSD, SSD stated approximately three weeks ago she was informed of Resident 1's complaint about the amount of light entering her room from the new sliding glass door. SSD stated she was not aware what process the facility used to address resident complaints/grievances. SSD stated she had not done a grievance form about Resident 1's complaint.</p> <p>During an interview on 3/20/25 at 2:40 p.m. with AIT, AIT stated he was not aware what process the facility used to address resident complaints/grievances. AIT stated a grievance form had not been done for Resident 1's complaint.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Resident and Family Grievances, dated 11/2024, the P&P indicated, It is the policy of this facility to support each resident's and family member's right to voice grievances without discrimination, reprisal or fear of discrimination or reprisal. ' Prompt efforts to resolve' include facility acknowledgment of a complaint/grievance and actively working toward resolution of that complaint/grievance. The Grievance Official is responsible for overseeing the grievance process; receiving and tracking grievances through to their conclusion; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances; issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations. A resident or family member may voice grievances with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and other residents, and other concerns regarding their LTC (long term care) facility stay. Grievances may be voiced in the following forums . Verbal complaint to a staff member or Grievance Official. Written complaint to a staff member or Grievance Official. Written complaint to an outside party . Verbal complaint during resident or family council meetings . Via the company toll free Customer Service Line (if applicable). The staff member receiving the grievance will record the nature and specifics of the grievance on the designated grievance form, or assist the resident or family member to complete the form. The Grievance Official, or designee, will keep the resident appropriately apprised of progress towards resolution of the grievances. In accordance with the resident's right to obtain a written decision regarding his or her grievance, the Grievance Official will issue a written decision on the grievance to the resident or representative at the conclusion of the investigation. The written decision will include at a minimum . The date the grievance was received. The steps taken to investigate the grievance. A summary of the pertinent findings or conclusions regarding the resident's concern(s). A statement as to whether the grievance was confirmed or not confirmed. Any corrective action taken or to be taken by the facility as a result of the grievance. The date the written decision was issued.</p>		