

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2025
NAME OF PROVIDER OR SUPPLIER Valley Vista Nursing and Transitional Care LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 6120 N. Vineland Ave North Hollywood, CA 91606	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>42311</p> <p>Based on interview and record review, the facility failed to ensure the residents received care consistent with professional standards of practice for one of three sampled residents (Resident 1) by failing to ensure vital signs (measurements that indicate the status of a person's body's vital functions and are used to assess overall health) were taken prior to discharging Resident 1 home on 4/18/2025, as indicated in the facility's policy.</p> <p>This deficient practice had the potential for delay in Resident 1's care and services.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated the facility admitted Resident 1 on 2/3/2025, with diagnoses that included other idiopathic peripheral autonomic neuropathy (nerve damage in the autonomic nervous system (network of nerves) where the cause is unknown, that can affect functions like pulse rate [number of times your heart beats in one minute] and blood pressure [the force of your blood pushing against the walls of your arteries as your heart pumps blood throughout your body]), unspecified (unconfirmed) epilepsy (repeatedly uncontrolled electrical activity in the brain, which may produce a jerking movement of a part or the entire body), and diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing). The Admission Record indicated the facility discharged Resident 1 home on 4/18/2025, at 1 p.m.</p> <p>During a review of Resident 1's History and Physical (H&P- a medical examination that involves a doctor taking a patient's medical history, performing a physical exam, and documenting their findings), dated 3/3/2025, the H&P indicated Resident 1 had the capacity to understand and make decisions.</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 2/7/2025, the MDS indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were moderately impaired. The MDS indicated Resident 1 required moderate assistance from staff for oral hygiene, toileting and personal hygiene.</p> <p>During a review of Resident 1's Progress Notes, dated 4/17/2025, timed at 3 p.m. the Progress Notes indicated Resident 1 requested to be discharge home in the morning (4/18/2025) with Family Member 1 (FM 1).</p> <p>During a review of Resident 1's Physician Order, dated 4/17/2025, timed at 3:21 p.m., the Physician order indicated to discharge Resident 1 home in the morning (4/18/2025) per Resident 1's request.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's Progress Notes, dated 4/18/2025 timed at 12:51 p.m. the Progress Notes indicated Resident 1 was discharge home and left the facility at 12:15 p.m., with FM 1.</p> <p>During a review of Resident 1's Transfer/Discharge Report, dated 4/18/2025, the Transfer/Discharge Report indicated latest vital signs (basic measurements of how your body is functioning) as follows:</p> <ol style="list-style-type: none"> 1. Blood pressure - 131/79 millimeters of mercury (mmHg-unit of pressure) on 4/18/2025. 2. Pulse rate - 78 beats per minute (bpm) on 4/17/2025. 3. Temperature -98.2 degrees Fahrenheit on 4/17/2025. 4. Respirations (the number of breaths a person takes in one minute) 18 breathes per minute (bpm) on 4/17/2025. <p>During a concurrent interview and record review on 4/23/2024, at 10:25 a.m., with the Director of Nursing (DON), Resident 1's Transfer/Discharge Report, dated 4/18/2025 and Weights and Vital Summary, dated 4/17/2025, to 4/18/2025, was reviewed. The Weights and Vitals Summary indicated latest vital signs as follows:</p> <ol style="list-style-type: none"> 1. Blood pressure 131/79 mmHg on 4/18/2025 at 8:39 a.m. 2. Pulse rate -78 bpm on 4/17/2025 at 7:17 p.m. 3. Temperature-98.2 F on 4/17/2025 at 7:17 p.m. 4. Respirations-18 bpm on 4/17/2025 at 7:17 p.m. 5. Saturations 98 percent (%-by a hundred) on 4/17/2025 at 7:17 p.m. <p>The DON stated complete set of vital signs should be taken before discharging Resident 1 home. The DON stated the nurse should have rechecked vital signs of Resident 1 before sending Resident 1 home. The DON stated the importance of checking vital signs before discharge was to know the current status of Resident 1.</p> <p>During a concurrent interview and record review on 4/23/2025, at 12:03 p.m., with the DON, facility's policy and procedure (P&P), titled, Discharging the Resident, dated 12/2016 and last reviewed on 1/2025, the P&P indicated, Assess and document resident's condition at discharge, including skin assessment, if medical condition allows.</p> <p>Documentation</p> <p>The following information should be record in the resident's medical record: .3. All assessment data obtained during the procedure, if applicable.</p>		