

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 05/07/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>43878</p> <p>Based on interview and record review, the facility failed to develop a comprehensive person-centered care plan (a document designed to facilitate communication among members of the care team that summarizes a resident's health conditions, specific care needs, and current treatments) and implement care plan interventions for one of three sampled residents (Resident 1) to address Resident 1's:</p> <ol style="list-style-type: none"> 1. Use of Clozapine (a medication primarily indicated for the treatment of schizophrenia [a mental disorder characterized by disruptions in thought processes, perceptions, emotional responsiveness, and social interactions]). 2. The use of Ativan (a medication used to treat anxiety [a feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome]). 3. Change of condition (COC- when there is a sudden change in a resident's condition) when on 4/30/2025 Resident 1 exhibited increased agitation (a condition in which a person is unable to relax and be still), restlessness manifested by striking out staff and making multiple attempts to get out of bed. <p>These deficient practices had the potential to negatively affect the delivery of care and services, delayed interventions, and inappropriate psychotropic (drugs that affects how the brain works and causes changes in mood, awareness, thoughts, feelings or behavior) medication management.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated the facility admitted the resident on 4/29/2025 with diagnoses that included schizophrenia, mood affective disorder (a mental health condition characterized by persistent and intense changes in mood, energy levels, and behavior), and epilepsy (a brain disorder characterized by recurrent, unprovoked seizures [a sudden, uncontrolled electrical discharge in the brain that can cause temporary changes in brain function, behavior, and body movements]).</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 0656</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 Minimum Data Set (MDS - a resident assessment tool) dated 5/1/2025, the MDS indicated Resident 1 had moderately impaired cognition (mental action or process of acquiring knowledge and understanding through thought, experience, and the senses). The MDS indicated Resident 1 needed partial or moderate assistance from staff with oral hygiene and toileting hygiene and substantial or maximal assistance from staff with shower or bathing, and dressing.</p> <p>During a review of Resident 1's Physician's Order, dated 4/29/2025, the Physician's Order indicated Clozapine oral tablet 100 milligrams (mg- a unit of measurement), give 250 mg by mouth at bedtime for mood disorder manifested by rapid mood cycling as evidenced by (AEB) sudden shifts in mood from pleasant to extreme anger AEB yelling or screaming.</p> <p>During a review of Resident 1's Physician's Order, dated 4/30/2025, the Physician's Order indicated Ativan oral tablet one (1) mg, give one tablet by mouth every eight (8) hours as needed for anxiety, restlessness and agitation for 14 days manifested by striking out staff and getting out of bed multiple times.</p> <p>During a review of Resident 1's COC Evaluation Form, dated 4/30/2025, timed at 8:41 a.m., the COC indicated that on 4/30/2025 at 7:00 a.m. Resident 1 was observed with increased agitation and restlessness manifested by striking out staff and trying to get out of bed multiple times without assistance. The COC indicated that Resident 1's physician was notified at 8:42 a.m. and received a new order for Ativan one mg by mouth every eight hours as needed.</p> <p>During an interview on 5/7/2025 at 2:42 p.m., with the Director of Nursing (DON), the DON stated medication changes or changes in condition require a comprehensive care plan. The care plan should include measurable objectives and address the resident's level of functioning. The DON stated that Resident 1 had a COC on 4/30/2025 due to increased agitation, including pacing in the hallways, for which Ativan was ordered. The DON confirmed that there were no care plans developed addressing Resident 1's behavioral changes, the use of Ativan and the use of Clozapine. The DON stated that a care plan should have been developed following the COC on 4/30/2025. The DON stated the care plan should have been person-centered, addressing the manifestations of Resident 1's behavior and outlining appropriate monitoring. The DON further stated separate care plans should have been created for the use of Ativan and Clozapine. The DON stated that the absence of care plans creates a risk that staff may miss necessary interventions, making it difficult to address Resident 1's needs.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Care Plan-Comprehensive, last reviewed on 1/2025, the P&P indicated an individualized comprehensive care plan that includes measurable objective and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>43878</p> <p>Based on interview and record review, the facility failed to maintain medical records in accordance with accepted professional standards and practices for one of three sampled residents (Resident 1) when:</p> <ol style="list-style-type: none"> 1. The facility failed to accurately document Resident 1 ' s monitoring for mood disorder on the medication administration records (MAR - a daily documentation record used by a licensed nurse to document medications and treatments given to a resident). 2. The facility failed to accurately document Resident 1 ' s side effect of the inability to sit still for clozapine (a medication used to treat severely ill patients with schizophrenia [a mental illness that is characterized by disturbances in thought]). <p>These deficient practices resulted in inaccurate documentation of Resident 1 ' s records.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record, the Admission Record indicated the facility admitted the resident on 4/29/2025 with diagnoses that included schizophrenia, epilepsy (a brain disorder characterized by recurrent, unprovoked seizures [a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness]), essential (primary) hypertension (HTN - high blood pressure).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS - a resident assessment tool), dated 5/1/2025, the MDS indicated Resident 1 had the ability to usually be understood and had the ability to understand. The MDS indicated Resident 1 required substantial to maximal assistance (helper does more than half the effort) with showering, upper body dressing, lower body dressing and putting on and taking off footwear.</p> <p>During a review of Resident 1 ' s Physician ' s Order, dated 4/29/2025, the Physician ' s Order indicated:</p> <ul style="list-style-type: none"> - Clozapine oral tablet 100 milligram (mg - a unit of measurement) give 250 mg by mouth at bedtime for mood disorder manifested by (m/b) rapid mood cycling as evidence by (AEB) sudden shifts in mood from pleasant to extreme anger AEB yelling and screaming. - Monitor for mood disorder m/b rapid mood cycling AEB sudden shifts in mood from pleasant to extreme anger AEB yelling and screaming and tally up hashmark every shift for clozapine. - Inability to sit still (clozapine) every shift document if monitored, document - NO in the absence of side effects + YES in the presence of side effects, if present notify the doctor (MD) and document in progress notes. <p>(continued on next page)</p>

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<p>F 0842</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 Change in Condition (COC) Evaluation, dated 4/30/2025,at 8:41 a.m., the COC indicated Resident 1 had increased agitation and restlessness mood behavior striking out at staff and trying to get out of bed multiple times.</p> <p>During a review of Resident 1 ' s MAR, dated April 2025, the MAR for monitoring mood disorder m/b rapid mood cycling AEB sudden shifts in mood from pleasant to extreme anger AEB yelling and screaming and tally up hashmark every shift for clozapine indicated:</p> <ul style="list-style-type: none"> - 4/30/2025 evening shift, tally III, indicated NO, behaviors - 4/30/2025 night shift, tally III, indicated NO, behaviors. <p>During a review of Resident 1 ' s MAR, dated April 2025, the MAR for inability to sit still (clozapine) every shift document if monitored, document - NO in the absence of side effects + YES in the presence of side effects, if present notify the MD and document in progress notes indicated:</p> <ul style="list-style-type: none"> - 4/30/2025 day shift, + - 4/30/2025 evening shift, + - 4/30/2025 night shift, + <p>During a review of Resident 1 ' s MAR, dated May 2025, the MAR for monitoring for mood disorder m/b rapid mood cycling AEB sudden shifts in mood from pleasant to extreme anger AEB yelling and screaming and tally up hashmark every shift for clozapine indicated on 5/1/2025 the evening shift, tally I, indicated NO, behavior.</p> <p>During a review of Resident 1 ' s MAR, dated May 2025, the MAR for inability to sit still (clozapine) every shift document if monitored, document - NO in the absence of side effects + YES in the presence of side effects, if present notify the MD and document in progress notes indicated:</p> <ul style="list-style-type: none"> - 5/1/2025 day shift, + - 5/1/2025 evening shift, + <p>During a concurrent interview and record review, on 5/7/2025, at 11:03 a.m., with Licensed Vocational Nurse (LVN) 3, Resident 1 ' s MAR, dated April 2025 and May 2025, was reviewed and LVN 3 stated he documented + on 4/30/2025 and 5/1/2025 on the inability to sit still MAR because Resident 1 was not sitting still. LVN 3 stated he did not notify the MD of this side effect. LVN 3 statedbased on the inability to sit still MAR, the MD must be notified when documenting + because it indicates that the resident is having a side effect to the medication. LVN 3 stated Resident 1 was not showing signs of side effects to the medication and LVN 3 documented inaccurately, therefore there was no need to contact the MD. LVN 3 stated he should have documented - on the MAR. LVN 3 stated if facility staff are documenting improperly, it may appear that the resident is having these side effects, and the MD is not being notified.</p> <p>(continued on next page)</p>		

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<p>F 0842</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 5/7/2025, at 2:42 p.m., with the Director of Nursing (DON), Resident 1 ' s MARs, dated April 2025 and May 2025, were reviewed and the DON stated the staff tally the number of indicated behaviors per shift on the MAR for monitoring mood disorder. The DON stated the MAR for 4/1/2025 evening and night shift both have three tallies of behaviors but indicate there was no behavior. The DON stated the MAR for 5/1/2025 indicated there is one tally, and it indicated no behavior. The DON stated this is inaccurate documentation and should indicate yes because the resident was having the behavior. The DON stated the MAR for the inability to sit still means the resident is showing side effects of restlessness from clozapine. The DON reviewed the MAR for 4/30/2025 and 5/1/2025 and stated the MAR indicated Resident 1 was having side effects to the medication and the MD should have been contacted. The DON stated if the MD is not being notified of the side effects of the medication, the resident can be in danger and the side effects should be addressed right away because the resident is having a reaction to the medication and the MD needs to be made aware to provide orders. The DON stated if LVN 3 is inaccurately documenting there is potential for the documentation to appear that the resident is having side effects, and no interventions are being done.</p> <p>During a review of the facility ' s Policy and Procedure (P&P) titled, Charting and Documentation, last reviewed on 1/2025, the P&P indicated the documentation in the medical record will be objective, complete and accurate.</p>		