

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 06/18/2025
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>Based on interview and record review, the facility failed to develop a baseline care plan for one of two sampled residents (Resident 3) within 48 hours of Resident 3's admission.</p> <p>This failure had the potential to cause a delay of care for Resident 3 and negatively Resident 3's well-being.</p> <p>Findings:</p> <p>During a review of Resident 3's admission Record, the admission Record indicated the facility admitted Resident 3 on 11/18/2021 and readmitted Resident on 6/12/2025 with diagnoses including chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), anxiety disorder (feeling of anxiousness that affects daily life), and schizophrenia (a mental illness that is characterized by disturbances in thoughts).</p> <p>During a review of Resident 3's History and Physical (H&P), dated 6/12/2025, the H&P indicated Resident 3 had impaired cognitive functioning (mental processes that enable people to think, understand, make decisions, and complete tasks).</p> <p>During an interview on 6/18/2025 at 12:58p.m. with the Licensed Vocational Nurse (LVN) 2, LVN 2 stated Resident 3's baseline care plan was not completed within 48 hours of admission. LVN 2 stated Resident 3's comprehensive care plan was not updated after readmission as of 6/18/2025. LVN 3 stated the failure had the potential to jeopardize Resident 3's safety and cause a delay of care</p> <p>During a review of the facility-provided policy and procedure (P&P) titled, Care Plans-Baseline, last reviewed on 1/2025, the P&P indicated, A baseline plan of care to meet the resident's immediate health and safety needs is developed for each resident within forty-eight (48) hours of admission. The baseline care plan includes instructions needed to provide effective, person-centered care of the resident</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
---	-------	-----------

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 06/18/2025
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 - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure residents received treatment and care in accordance with professional standards of practice to meet the residents' physical, mental, and psychosocial (relating to the interrelation of social factors and individual thoughts and behavior) needs for two of three sampled residents (Resident 1 and Resident 2) by failing to:</p> <ol style="list-style-type: none"> 1. Administer treatments as ordered by the physician for Residents 1 and 2. 2. Follow physician order for Resident 1's blood sugar (BS-body's main source of energy) monitoring. <p>These failures had the potential to delay residents' care and negatively affect their well-being.</p> <p>Findings:</p> <p>1. a. During a review of Resident 1's admission Record, the admission Record indicated the facility admitted Resident 1 on 1/26/2021 and readmitted on [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), and dementia (a progressive state of decline in mental abilities).</p> <p>During a review of Resident 1's Minimum Data Set (MDS-a resident assessment tool), dated 6/9/2025, the MDS indicated Resident 1 had severely impaired cognitive functioning (mental processes that enable people to think, understand, make decisions, and complete tasks).</p> <p>During a review of Resident 1's Care Plan (CP) for wound management, initiated on 4/2/2025, the CP interventions indicated to provide wound care treatment as ordered.</p> <p>-5/17/2025: Left anterior medial toe, Normal Saline (NS-saltwater solution used to wound care), pat dry, Betadine (a medication used to prevent infections in open wounds and cuts), cover with dry dressing every day shift for redness on the nail.</p> <p>During a concurrent interview and record review on 6/18/2025 at 2:56 p.m. with Licensed Vocational Nurse (LVN) 1, Resident 1's Treatment Administration Record (TAR), dated 6/2025 was reviewed. The TAR indicated on 6/15/2025 for 7 a.m. administration time, there was no licensed staff initials in the box for Resident 1's treatment orders for Betadine, to demonstrate the treatment was administered. LVN 1 stated there was no documentation on the TAR dated 6/2025 that indicated Resident 1 received the left medial toe Betadine treatment on 6/15/2025. LVN 1 stated this failure had the potential to negatively affect Resident 1's care and potentially cause wound infection or delay of wound healing.</p> <p>During a review of the facility-provided policy and procedure (P&P) titled, Administering Medications, last reviewed on 1/2025, the P&P indicated, Medications are administered in a safe and timely manner, and as prescribed .4. Medications are administered in accordance with prescriber orders, including any required time frame 24. Topical medications used in treatments are recorded on the resident's treatment record (TAR).</p> <p>(continued on next page)</p>		

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 06/18/2025
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 - Some</p>	<p>1.b. During a review of Resident 1's CP for elevated blood sugar (BS), initiated on 6/4/2025, the CP interventions indicated to monitor blood sugar levels regularly.</p> <p>During a review of Resident 1's Order Summary Report, the report indicated the following physician's order:</p> <p>-6/11/2025: Call provider immediately if resident is hypoglycemic (blood sugar less than 70 milligram (mg-unit of measurement)/deciliter (dL-unit of measurement)). Call provider as soon as possible when: (1) blood glucose (BS-blood sugar) values are regularly 70-100 mg/dl (for possible regimen adjustment); (2) blood glucose values are greater than (>) 250 mg/dL more than once in a 24-hour period; (3) blood glucose values are > 300 mg/dL more than once over two consecutive days; (4) reading is too high for glucometer (a medical device used to measure the amount of sugar in a blood sample. Four times a day for DM every 6 hours.</p> <p>During a concurrent interview and record review on 6/18/2025 at 2:56 p.m. with LVN 1, Resident 1's Medication Administration Record (MAR), dated 6/2025 was reviewed. The MAR indicated Resident 1's BS was as follows:</p> <p>-6/12/2025 at 12 p.m. BS:256</p> <p>-6/12/2025 at 5 p.m. BS:297</p> <p>-6/12/2025 at 9 p.m. BS:324</p> <p>-6/14/2025 at 9 a.m. BS:292</p> <p>-6/14/2025 at 12 p.m. BS:314</p> <p>-6/14/2025 at 9 p.m. BS:283</p> <p>-6/15/2025 at 9 a.m. BS:274</p> <p>-6/15/2025 at 12 p.m. BS:260</p> <p>-6/15/2025 at 5 p.m. BS:310</p> <p>-6/15/2025 at 9 p.m. BS:269</p> <p>-6/16/2025 at 12 p.m. BS:285</p> <p>-6/16/2025 at 5 p.m. BS:278</p> <p>-6/17/2025 at 5 p.m. BS:376</p> <p>-6/17/2025 at 9 p.m. BS:399</p> <p>-6/18/2025 at 9 a.m. BS:482</p> <p>(continued on next page)</p>		

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 06/18/2025
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 - Some</p>	<p>-6/18/2025 at 12 p.m. BS:400</p> <p>The LVN 1 stated there was no record of MD communication for 6/12/2025, 6/14/2025 to 6/18/2025 to indicate that MD was notified of Resident 1's BS levels. The LVN 1 stated this failure to notify the MD could negatively affect Resident 1's health and potentially cause hospitalization.</p> <p>During an interview on 6/18/2025 at 4:04 p.m. with Registered Nurse (RN) 1, RN 1 stated MD should have been notified of Resident 1's BS levels on 6/12/2025, 6/14/2025-6/18/202. RN stated this failure had the potential for Resident 1 to experience loss of consciousness and brain damage.</p> <p>During a review of the facility-provided policy and procedure (P&P) titled, Diabetes-Clinical Protocol last reviewed on 1/2025, the P&P indicated, The staff will identify and report issues that may affect, or be affected by, a patient's diabetes and diabetes management such as foot infections, skin ulceration, increased thirst, or hypoglycemia.</p> <p>2. During a review of Resident 2's admission Record, the admission Record indicated the facility admitted Resident 1 on 11/9/2022 and readmitted on [DATE] with diagnoses including anxiety disorder (feeling of anxiousness that affects daily life), alcoholic cirrhosis of liver (liver disease caused by alcohol use leading to scarring and potential liver failure), and splenomegaly (enlarged spleen).</p> <p>During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2 had moderately impaired cognitive functioning.</p> <p>During a review of Resident 2's CP, initiated on 6/11/2025, the CP indicated Resident 2 had left great toe cellulitis (bacterial infection of the skin).</p> <p>During a review of Resident 2's Order Summary Report, the report indicated the following physician's order:</p> <p>-6/12/2025: Mupirocin External Ointment (an antibiotic ointment used to treat bacterial skin infection) 2 percent (%-unit of measurement). Apply to left medial first toe topically every day shift for 21 days.</p> <p>During a concurrent interview and record review on 6/18/2025 at 2:56 p.m. with LVN 1, Resident 2's TAR, dated 6/2025 was reviewed. The TAR indicated on 6/15/2025 for 7 a.m. administration time, there was no licensed staff initial in the box for Resident 's Mupirocin External Ointment, to demonstrate the treatment was administered. LVN 1 stated there was no documentation on the TAR dated 6/2025 that indicated Resident 2 received 's Mupirocin External Ointment on 6/15/2025. LVN 1 stated this failure had the potential to negatively affect Resident 2's care and potentially delay of wound healing and complication of wound infection.</p> <p>During a review of the facility-provided policy and procedure (P&P) titled, Administering Medications, last reviewed on 1/2025, the P&P indicated, Medications are administered in a safe and timely manner, and as prescribed .4. Medications are administered in accordance with prescriber orders, including any required time frame 24. Topical medications used in treatments are recorded on the resident's treatment record (TAR).</p>		