

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 07/16/2025
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 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation, interview, and record review, the facility failed to maintain a sanitary, orderly, and homelike environment for one of three sample residents (Resident 1) by failing to maintain cleanliness of Resident 1's room and restroom. This failure had the potential to negatively impact Resident 1's psychosocial well-being (refers to a resident's overall mental, emotional, and social health, encompassing aspects like happiness, life satisfaction, self-esteem, social functioning, and a sense of purpose). Findings: During a review of Resident 1's admission Record (AR), the AR indicated facility admitted Resident 1 on 6/26/2025, with diagnoses of depressive disorder (mental health illness causing a persistent feeling of sadness, loss of interest, and can interfere with daily life), hypertension (high blood pressure), and anxiety disorder (feeling of anxiousness that affects daily life). During a review of Resident 1's History and Physical (H&P,) dated 6/26/2025, the H&P indicated Resident 1 had the capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS-a resident assessment tool), dated 7/1/2025, the MDS indicated Resident 1 had intact cognitive functioning (mental processes that enable people to think, understand, make decisions, and complete tasks). The MDS also indicated Resident 1 required moderate assistance with personal hygiene, toileting hygiene, upper and lower dressing. During a concurrent observation and interview on 7/16/2025 at 1:23p.m. with Licensed Vocational Nurse (LVN) 1 in Resident 1's room, black residue was observed on the floor and at the bottom of the window frame, white residue was observed at the bottom of the window, dark red coating was observed on the soap dispenser, broken metal door was observed upon entrance of the restroom. LVN 1 stated, the soap dispenser was rusty (a reddish-brown coating that forms on iron or steel caused by exposure to air and moisture), the metal door frame at the bottom of the bathroom door was separating from the door. LVN 1 further stated the window in Resident 1's room was dirty, and the edge of the sliding door and window was dusty. LVN 1 further stated it is important to keep the resident's room clean so residents can feel comfortable. LVN 1 stated Resident 1's room was not clean and homelike. During an interview on 7/16/2025 at 2:54p.m. with the Director of Nursing (DON,) the DON stated the facility failed to provide a clean and homelike environment to Resident 1. The DON further stated this failure had the potential for Resident 1 to not feel comfortable negatively affecting resident's well-being. During a review of the facility-provided policy and procedure (P&P) titled, Homelike Environment, last reviewed on 1/2025, the P&P indicated, Residents are provided with a safe, clean, comfortable and homelike environment. 2. The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include a. Clean, sanitary and orderly environment .9. Housekeeping surfaces (e.g., floors, tabletops) will be cleaned on a regular basis, when spills occur, and when these surfaces are visibly soiled. 11. Walls, blinds, and window curtains in residents areas will be cleaned when these surfaces are visibly contaminated or soiled.</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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