Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 555132 | A. Building<br>B. Wing | 02/09/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Valley Vista Nursing and Transitional Care LLC | 6120 N. Vineland Ave<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
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| F 0657<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.<br><br>Based on interview and record review, the facility failed to ensure that the comprehensive care plan (a plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs) was revised for one of three sampled residents (Resident 2) when on 1/19/2026, Resident 2 had an episode of desaturation (low blood concentration), multiple episodes of vomiting, and was transferred to General Acute Care Hospital (GACH). This deficient practice had the potential to delay provision of care for Resident 2 and negatively affect Resident 2's well-being.Findings:During a review of Resident 2's admission Record, the admission Record indicated the facility admitted Resident 2 on 11/24/2024 with diagnoses of heart failure (heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting fluid retention, swelling), epilepsy (a condition with sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares and loss of consciousness), and chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing). During a review of Resident 2's Minimum Data Set (MDS-a resident assessment tool), dated 11/6/2025, the MDS indicated Resident 2's cognitive functioning (mental processes that enable people to think, understand, make decisions, and complete tasks) was moderately impaired. The MDS indicated Resident 1 was dependent on facility staff for toileting hygiene, toilet transfers, showers, and lower body dressing. During a review of Resident 2's Situation, Background, Assessment, Recommendations (SBAR) Communication Form, dated 1/19/2026, the SBAR Communication Form indicated on 1/19/2026, at approximately 11:14 p.m., Resident 2 had episode of vomiting and Resident 2's oxygen saturation was 76 percent (% - one part in every hundred) in room air. The SBAR indicated Resident 2 was transferred to GACH for further evaluation. During a concurrent interview and record review on 2/9/2026 at 2:02 p.m. with Registered Nurse (RN) 1, Resident 2's Care Plan was reviewed. RN 1 stated the facility staff failed to update Resident 2's Care Plan to address Resident 2's episode of vomiting and desaturation. RN 1 stated the Care Plan was essential guide for the facility staff to provide monitoring for Resident 2 to make sure Resident 2's condition does not deteriorate. RN 1 stated failure to update Resident 2's Care Plan had the potential delay in care and monitoring for Resident 2. During a review of the facility-provided policy and procedure (P&P) titled, Care plans, Comprehensive Person-Centered, last revised on 1/2026, the P&P indicated, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychological and functional needs is developed and implemented for each resident. 12. The interdisciplinary team reviews and updates the care plan: a. when there has been a significant change in the resident's condition; .c. when the resident has been readmitted to the facility from a hospital stay. |

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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| 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 | |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide appropriate treatment and care according to orders, resident's preferences and goals.<br><br>**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 resident's physical, mental, and psychosocial (relating to the interrelation of social factors and individual thoughts and behavior) needs by failing to administer medications and treatments as ordered by the physician for two of three sampled residents (Resident 1 and 3), by failing to: 1.Ensure licensed staff administered Mupirocin External Ointment (a topical antibiotic used against superficial skin infections) to Resident 1 on 2/6/2026 and 2/7/2026 for the 7 a.m. administration time as ordered by the physician. 2. Ensure licensed staff administered Nystatin Powder (an antifungal medication used to treat skin infections) to Resident 1 on 2/6/2026 and 2/7/2026 for the 7 a.m. administration time as ordered by the physician. 3. Ensure licensed staff administered sacral pressure ulcer (a localized injury to the skin and underlying tissue over the tailbone) treatment to Resident 3 on 2/6/2026 and 2/7/2026 for the 7 a.m. administration time as ordered by the physician. These deficient practices had the potential to delay care for Residents 1 and 3 negatively affecting their well-being. Findings:a. During a review of Resident 1's admission Record, the admission Record indicated the facility originally admitted Resident 1 on 5/10/2024 and readmitted on [DATE] with diagnoses of depression (mental health illness causing a persistent feeling of sadness, loss of interest, and can interfere with daily life), cirrhosis of liver (the late-stage irreversible scarring of the liver), heart failure -a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting fluid retention, swelling), and chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing). During a review of Resident 1's History and Physical (H&P), dated 1/10/2026, 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 1/27/2026, the MDS indicated Resident 1's cognitive functioning (mental processes that enable people to think, understand, make decisions, and complete tasks) was moderately impaired. The MDS indicated Resident 1 was dependent on facility staff for personal hygiene, toileting hygiene, and lower body dressing. During a review of Resident 1's Order Summary Report, the report indicated the following physician's order:-1/28/2026: Nystatin Powder. Apply to abdominal folds topically every day shift for moisture associated skin damage (MASD) for 21 days. -1/29/2026: Mupirocine External Ointment two (2) percent (% - one part in every hundred). Apply to left leg topically every day shift for cellulitis (bacterial infection affecting the deeper layer of the skin) for 14 days. 1/29/2026: Mupirocine External Ointment 2%. Apply to right leg topically every day shift for cellulitis (bacterial infection affecting the deeper layer of the skin) for 14 days. During a concurrent interview and record review on 2/9/2026 at 2:02 p.m. with Registered Nurse (RN) 1, Resident 1's Treatment Administration Record (TAR), dated 2/2026 was reviewed. The TAR indicated on 2/6/2026 and 2/7/2026 for 7 a.m. administration time, there was no licensed staff initials in the box for Resident 1's treatment orders for Mupirocin External Ointment, to demonstrate the treatment was administered. The TAR indicated on 2/6/2026 and 2/7/2026 for 7 a.m. administration time, there was no licensed staff initials in the box for Resident 1's treatment orders for Nystatin Powder, to demonstrate the treatment was administered. RN 1 stated there was no documented evidence Resident 1's treatment orders for Mupirocin External Ointment and Nystatin Powder were done and stated the failure to administer Resident 1's treatments as ordered by the physician had the potential to negatively affect residents' care and potentially cause wound deterioration, infection or delay of wound healing.b. During a review of Resident 3's admission Record, the admission Record indicated the facility admitted<br><br>(continued on next page) |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Resident 3 on 9/26/2025 with diagnoses of paraplegia (loss of movement and/or sensation, to some degree, of the legs), pressure ulcer stage four sacral region (Full-thickness skin and tissue loss with exposed muscle, tendon, ligament, cartilage, or bone), and osteomyelitis (inflammation of bone or bone marrow, usually due to infection) of vertebra sacral region. During a review of Resident 3's History and Physical (H&P), dated 9/26/2025, the H&P indicated, Resident 3 had the capacity to understand and make decisions.During a review of Resident 3's Care Plan for pressure ulcers, initiated on 9/25/2025, the Care Plan indicated for facility staff to provide wound care per treatment order. During a review of Resident 3's Minimum Data Set (MDS-a resident assessment tool), dated 12/30/2025, the MDS indicated Resident 3's cognitive functioning (mental processes that enable people to think, understand, make decisions, and complete tasks) was intact. The MDS indicated Resident 3 required supervision (helper provides verbal cues) from the facility staff with toileting hygiene, personal hygiene, showers, upper and lower body dressing. During a review of Resident 3's Order Summary Report, the report indicated the following physician's order:-1/23/2026: Sacral/coccyx stage four pressure ulcer: 1. Clean with gauze-soaked with Dakins wound solution (an antiseptic solutions used to clean infected or chronic wounds). 2. Apply a collagen dressing (absorbent and non-adherent dressing used to promote healing in chronic wounds) cut to the shape of the wound. 3. Apply Hydrocolloid dressing (wound dressing used to create a moist healing environment). 4. Cover with appropriate abdominal pads (absorbent wound dressing) and then an appropriately sized Mepilex foam (a brand of soft silicone foam wound dressing) every day shift for wound care. During a concurrent interview and record review on 2/9/2026 at 2:02p.m with RN1, Resident 1's TAR, dated 2/2026 was reviewed. The TAR indicated on 2/6/2026 and 2/7/2026 for 7 a.m. administration time, there was no licensed staff initials in the box for Resident 1's treatment orders for sacral pressure ulcer treatment, to demonstrate the treatment was administered. RN 1 stated there was no documented evidence that the sacral pressure ulcer treatment was done and stated the failure to administer Resident 1's treatment for sacral pressure ulcer had the potential to cause complications such as infection, and deterioration of Resident 1's pressure ulcer. During a review of the facility-provided policy and procedure (P&P) titled, Administering Medications, last revised on 1/2026, 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). |