

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 03/04/2026
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>Based on interview and record review, the facility failed to communicate a change of condition for one of four sampled residents, (Resident 1). Resident 1 was identified with shortness of breath (SOB- the feeling of needing more air, chest discomfort, or having difficulty breathing), but the facility staff failed to inform Resident 1's Primary Physician regarding the change of condition. This delay in notification resulted in Resident 1 requiring emergency services and the need for emergency transfer to a General Acute Care Hospital 1(GACH 1) for treatment. Findings: During a review of Resident 1's admission Record, undated, the admission Record indicated the facility originally admitted Resident 1 on 1/12/2026 with diagnoses including chronic obstructive pulmonary disease (COPD- a chronic inflammatory lung disease that causes obstructed airflow, making it difficult to breathe), emphysema (a chronic lung condition causing shortness of breath due to damaged air sacs in the lungs), and hypertensive heart disease without heart failure (a damaged heart due to long-term high blood pressure resulting in inefficient pumping). During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 1/16/2026, the MDS indicated Resident 1's cognitive functioning (the ability to think, learn, remember, use judgment, and make decisions) was with moderate impairment. The MDS also indicated Resident 1 required partial/moderate assistance from staff (helper does less than half the effort) for toileting needs, upper body dressing, and personal hygiene needs. During a review of Resident 1's Order Summary Report, the Order Summary Report indicated the following physician's order:- 2/12/2026 4:34 a.m., for Resident 1 to be transferred to General Acute Care Hospital (GACH) 1. During an interview and concurrent record review with Licensed Vocational Nurse 1 (LVN 1) on 3/4/2026 at 1:35 p.m., LVN 1 stated ABCs stands for airway, breathing, and circulation. LVN 1 stated, Maintaining ABCs is important because it affects life threatening conditions as oxygen is needed for the brain, the kidneys, and the heart to function. Without oxygen to the brain, it can cause confusion or altered level of consciousness. If the organs start to not function if there is no oxygen provided, the body starts to decline in function, affecting all body systems. During concurrent record review with LVN 1 of Resident 1's records titled, Progress Notes, the following dates were reviewed and the documentation indicated; On 2/7/2026 at 4:52 p.m., under respiratory, Resident 1 was identified with shortness of breath (while lying flat). No documentation or evidence that Resident 1's physician was notified of change in condition. On 2/8/2026 at 7:58 p.m., under respiratory, Resident 1 reported shortness of breath which was observed. No evidence that Resident 1's physician was notified. On 2/9/2026 at 1:59 p.m., under respiratory, Resident 1 was noted and reported having shortness of breath. No evidence that Resident 1's physician was notified. On 2/10/2026 at 3:02 p.m., under respiratory, Resident 1 was noted and reported having shortness of breath. No evidence that Resident 1's physician was notified. On 2/11/2026 at 4:21 p.m., under respiratory, Resident 1 was noted and reported having shortness of breath. No evidence that Resident 1's physician was notified. During interview and concurrent record review with LVN 1 on 3/4/2026 at 2:42 p.m., LVN 1 stated Resident 1's SBAR (situation, background, assessment, recommendation-a communication tool used by healthcare workers when there is a change in condition among the residents) dated 2/12/2026 at 3:26 a.m., identifying Resident 1 with (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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>COPD exacerbation with severe shortness of breath. LVN 1 stated the failure would be not informing Resident 1's physician as the shortness of breath started since 2/7/2026 based on Resident 1's progress notes. During interview and concurrent record review with Registered Nurse 1 (RN 1) on 3/4/2026 at 3:33 p.m., RN 1 stated, Knowing that the resident (Resident 1) was having shortness of breath since 2/7/2026, the MD (physician) should have been notified. RN 1 stated, the physician could provide orders to improve Resident 1's condition to return to baseline. RN 1 stated, Based on documentation, the failure here was failing to notify the MD of the resident's (Resident 1's) change of condition. A review of Resident 1's care plan with focus on impaired gas exchange related to COPD, ineffective airway clearance with initiation date 1/12/2026 indicated the interventions to: Administer medication as ordered Assess respiratory function/monitor for any respiratory changes status PRN (as needed) and during patient care rounds Call 911 for emergency Notify physician as indicated A review of Resident 1's record titled, Patient Care Report, provided by emergency services dated 2/12/2026 at 3:12 a.m. stated Resident 1's chief complaint was Shortness of breath. The narrative indicated that Resident 1 stated having shortness of breath for the past five days and had not had any help. Resident 1 was transported to the hospital (GACH 1) via emergency. A review of Resident 1's GACH 1 Emergency Department Encounter Note dated 2/12/2026 indicated Resident 1 presented in the emergency department for evaluation of shortness of breath. Patient reports progressively worsening shortness of breath over the last 6 days. The report also indicated, When paramedics picked him up from the nursing facility, patient (Resident 1) was found to be satting (percentage of oxygen saturation in the body) 82% on room air (without the use of emergency supplemental oxygen). During a review of the facility provided policy & procedure (P & P) titled, Care Plans, Comprehensive Person-Centered, with last revision date of 1/2026, the P & P indicated, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. The policy also indicated; 8. Services provided for or arranged by the facility and outlined in the comprehensive care plan are: a. Provided by qualified persons. During a review of the facility provided P & P titled, Change in a Resident's Condition or Status, with last revised date of 1/2026, the P & P indicated, 1. The nurse will notify the resident's attending physician or physician on call when there has been a(an): d. significant change in the resident's physical/emotional/mental condition; e. need to alter the resident's medical treatment significantly; f. refusal of treatment or medications two (2) or more consecutive times; g. need to transfer the resident to a hospital/treatment center.</p>		