

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555716	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/15/2024
NAME OF PROVIDER OR SUPPLIER  West Valley Subacute and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  6740 Wilbur Ave Opco, LLC Reseda, CA 91335	

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 - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43636</b></p> <p>Based on observation, interview and record review, the facility failed to ensure a skin assessment was accurately completed during a weekly summary assessment for one of three sampled residents (Resident 2).</p> <p>This deficient practice placed Resident 1 at risk for further skin break down due to not receiving care and treatment related to the newly identified skin redness and red bumps on Resident 2's back and left shoulder.</p> <p>Findings:</p> <p>A review of Resident 2's Admission Record indicated Resident 2 was admitted to the facility on [DATE] from the General Acute Care Hospital (GACH), with diagnoses of type 2 diabetes (a condition that happens because of a problem in the way the body regulates and uses sugar as a fuel), chronic obstructive pulmonary disease (a chronic inflammatory lung disease that causes obstructed airflow from the lungs), major depressive disorder (mood disorder that causes a persistent feeling of sadness and loss of interest and can interfere with your daily activities), hypertension (high blood pressure) and difficulty in walking.</p> <p>A review of Resident 2's Minimum Data Set (MDS - a comprehensive assessment and screening tool), dated 1/26/2024, indicated that Resident 2's cognitive (relating to the mental process involved in knowing, learning, and understanding things) skills for daily decision making was moderately impaired. The MDS indicated Resident 2 required set up assistance from staff for eating and oral hygiene. Resident is dependent on staff for toileting hygiene and shower/bathing self.</p> <p>A review of Resident 2's weekly summary assessment dated [DATE], completed by Licensed Vocational Nurse (LVN) 1, indicated Resident 2 had no skin issues.</p> <p>During an observation and concurrent interview on 4/10/2024 at 10:25 a.m. with Resident 2, Resident 2 stated that she had itching on her back and is unsure how long it has been going on. Upon observation of Resident 2's back and left shoulder, redness, and small red bumps were observed.</p> <p>During an interview with Certified Nursing Assistant 1 (CNA 1) on 4/10/2024 at 11:17 a.m., CNA 1 stated that Resident 2 refused to go to the shower and prefers to have a bath while staying in bed. CNA 1 stated that if she observed a rash (an area of irritated or swollen skin) on a resident, she would notify the charge nurse.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555716	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/15/2024
NAME OF PROVIDER OR SUPPLIER  West Valley Subacute and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  6740 Wilbur Ave Opco, LLC Reseda, CA 91335	

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 - Few</p>	<p>During an interview with the Director of Nursing (DON) on 4/10/2024 at 4:10 p.m., the DON stated that she was unaware that Resident 2 had itchiness and redness on her back. The DON stated that she would have the dermatologist (medical doctor specializing in skin conditions) see the resident as soon as possible.</p> <p>A review of Resident 2's Dermatologist Consult Note dated 4/10/2024, indicated Resident 2 was diagnosed with dermatitis (a condition of the skin in which it becomes red, swollen, and sore, sometimes with small blisters [a painful skin condition where fluid fills a space between layers of skin], resulting from direct irritation of the skin by an external agent or an allergic reaction to it). The plan of care included for Resident 2 to have daily showers for 5 days, start Triamcinolone (medication placed on to the skin to relieve redness, itching, swelling, or other discomfort caused by skin conditions, including dermatitis) 0.1 percent cream daily for one week. Dermatology will follow up with Resident 2 in one to two weeks.</p> <p>During an interview on 4/15/2024 at 11:45 a.m. with the DON, the DON stated that on 4/8/2024, LVN 1 should have accurately documented in Resident 2's weekly summary assessment any changes in Resident 2's skin conditions.</p> <p>During an interview on 4/18/2024 at 5:30 p.m. with LVN 1, LVN 1 stated that he did complete the weekly summary assessment for Resident 2 on 4/8/2024 and indicated that Resident 2 had no skin issues. LVN 1 stated that he did not assess Resident 2's skin condition. LVN 1 stated that he should have assessed Resident 2's skin to see if Resident 2 had any changes in her skin integrity (skin health).</p> <p>A review of the facility's policy and procedure (P&amp;P) titled Skin Integrity Management dated 5/26/2021 indicated The implementation of an individual patient's skin integrity management occurs within the care delivery process. Staff continually observes and monitors patients for changes and implements revisions to the plan of care as needed .Notify medical director, DON, Administrator and or designee if deviation from protocol is requested by physician/advance practice provider .Identify patient's skin integrity status and need for prevention intervention or treatment modalities through review of all appropriate assessment information . perform skin inspection on admission/re-admission and weekly.</p>