

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 07/11/2024
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49135</p> <p>Based on observation, interview and record review, the facility failed to complete the food preference assessment within 48 hours as per facility policy and protocol for four of five sampled residents (Resident 1,2, 3 and 4).</p> <p>This deficient practice had the potential to result in decreased meal intake which can then lead to weight loss.</p> <p>Findings:</p> <p>1. A review of Resident 1 ' s Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included Charcot ' s joint (a destructive joint disorder initiated by trauma), left ankle and foot (progressive musculoskeletal condition that affects the joints) and diabetes mellitus (elevated blood sugar).</p> <p>A review of Resident 1's Minimum Data Set (MDS- a standardized assessment and screening tool) dated 5/6/2024, indicated that Resident 1 has intact cognition (mental process of thinking and understanding).</p> <p>A review of Resident 1 Food Preference Interview indicated that the interview was conducted on 7/11/2024.</p> <p>2. A review of Resident 2 ' s Admission Record indicated Resident 2 was admitted to the facility on [DATE] with diagnoses that included cerebral infarction (disrupted blood flow to the brain) and right hemiplegia (loss of muscle function on one side of the body).</p> <p>A review of Resident 2 ' s MDS dated [DATE], indicated Resident 2 has mild cognitive impairment.</p> <p>A review of Resident 2 ' s Food Preference Interview indicated that the interview was conducted on 7/11/2024.</p> <p>3. A review of Resident 3 ' s Admission Record indicated Resident 3 was admitted to the facility on [DATE] with diagnoses that included displaced intertrochanteric fracture of the left femur (a break in the left thigh bone) and depression (a constant feeling of sadness).</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
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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 3's MDS dated [DATE], indicated the resident has intact cognition.</p> <p>A review of Resident 3 ' s Food Preference Interview indicated that the interview was conducted on 7/11/2024.</p> <p>4. A review of Resident 4 ' s admission record indicated Resident 4 was admitted to the facility on [DATE], with diagnoses that included right knee osteoarthritis (joint breakdown overtime) and diabetes mellitus (uncontrolled elevated levels of sugar in the blood).</p> <p>A review of Resident 4's MDS dated [DATE], indicated Resident 4 has intact cognition.</p> <p>A review of Resident 4 Food Preference Interview indicated that the interview was conducted on 7/11/2024.</p> <p>During concurrent interview and record review with the Dietary Supervisor (DS) on 7/11/2024 at 2:45 p.m., the DS reviewed Resident 1 ,2,3 and 4 ' s Food Preference interview dated 7/11/2024. DS stated that the Food Preference interview for Resident 1,2,3 and 4 were not done within 48 hours of admission for each resident. DS stated that Resident 1,2,3 and 4 ' s Food Preferences interview should have been done within 48 hours of admission since the residents might be served food that Resident 1,2,3 and 4 do not want to eat which has a potential for Resident 1,2,3 and 4 to lose weight.</p> <p>During an interview with the Dietician (DM) on 7/11/2024 at 2:55 p.m., the DM stated that all resident ' s food preferences interviews should be done within 48 hours of admission. The DM stated that by not completing a resident ' s food preference interview within 48 hours of admission, the resident is at increased risk for decreased meal intake which can then possibly lead to weight loss.</p> <p>A review of the facility's policy and procedure titled Dining and Food Preferences reviewed July 2024, indicated that individual dining, food, and beverage preferences are identified for all residents. The Dining Services Director, or designee, will interview the resident or resident representative to complete a Food Preferences Interview within 48 hours of admission.</p>		