

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 09/25/2024
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 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>43636</p> <p>Based on observation, interview, and record review, the facility failed to maintain residents' room temperature level between 71-81 degrees Fahrenheit (F- unit of measure for temperature), as required by the federal regulation for one of three sampled residents (Resident 3) and two of seven rooms (Room A and Room B).</p> <p>This deficient practice resulted in the Resident 3's increased level of discomfort and had the potential to negatively impact the residents' quality of life.</p> <p>Findings:</p> <p>During a review of Resident 3's Admission Record, the document indicated the facility admitted the resident on 9/12/2024 with diagnoses that included left pelvic (the area of the body below the abdomen that is located between the hip bones) fracture (a partial or complete break in the bone), left hip fracture, heart failure (when the heart muscle does not pump blood as well as it should), and insomnia (difficulty falling or staying a sleep).</p> <p>During a review of Resident 3's History and Physical (H&P- a formal assessment by a healthcare provider that involves a resident interview, physical exam, and documentation of findings) dated 9/13/2024, the document indicated Resident's 3 baseline cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) indicated recognizes daily routine, people without prompts or repetition.</p> <p>During a concurrent observation and interview on 9/18/2024 at 10:45 a.m., with the Maintenance Supervisor (MS), observed residents' room temperatures for Room A and Room B. The MS used the facility's laser thermometer (an instrument for measuring and indicating temperature) to check room temperatures in the facility. During the observation, Room A was found to have a temperature of 65 degrees F and Room B had a temperature of 69.5 degrees F. The MS stated that resident rooms are required to be between 71 degrees F and 81 degrees F. The MS stated that he will need to adjust the thermostat to reach the required temperature.</p> <p>During a concurrent interview and observation on 9/18/2024 at 11:20 a.m., with Resident 3 in Room A, Resident 3 was observed to have a blanket covering her body from her chest to her feet. Resident stated that she had been admitted to the facility for one week. Resident 3 stated that during her stay at the facility, her room has been cold and that she is using an extra blanket to keep warm.</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 09/25/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 9/25/2024 at 1:00 p.m., with the Administrator (ADM), the ADM stated that resident rooms are required to be between 71 degrees F and 81 degrees F. The ADM stated that an in-service (training intended for those actively engaged in a profession) was provided to the MS following the notification of the resident room temperatures being below the required temperature of 71 degrees F.</p> <p>During a review of the facility's policy and procedure titled, Homelike Environment, with a revision date 7/18/2024, the policy indicated, Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible. The facility staff management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, home like setting .comfortable and safe temperature, 71-81 F.</p>

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 09/25/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43636</p> <p>Based on observation, interview, and record review, the facility failed to follow their policy and procedure (P&P) titled, Physical Environment, Power Strip (a device that provides multiple electrical outlets connected to a single cable that plugs into an electrical outlet) Policy, by not placing power strips in a safe location while in use for two of three sampled residents (Resident 2 and Resident 4).</p> <p>This deficient practice had the potential for residents, visitors, and staff to have an increased risk of falls, trips, and occupational hazards (hazard experienced in the workplace) while in the facility.</p> <p>Findings:</p> <p>During a review of Resident 2's Admission Record, the document indicated the facility admitted the resident on 11/24/2023 with diagnoses that included cervical disc disorder (a condition that occurs when the discs in the neck wear down and cause pain), contracture (a permanent tightening of the muscles, tendons, skin and nearby tissues that cause the joints to shorten and become very stiff) of the right and left ankle, anxiety (intense, excessive, and persistent worry and fear about everyday situations), and hypertension (high blood pressure [the force of the blood pushing on the blood vessel walls is too high]).</p> <p>During a review of Resident 2's History and Physical (H&P- a formal assessment by a healthcare provider that involves a resident interview, physical exam, and documentation of findings) dated 2/6/2024, the document indicated Resident 2 had the capacity to understand and make decisions.</p> <p>During a review of Resident 2's Minimum Data Set (MDS - a standardized assessment and care screening tool) dated 8/21/2024, the document indicated Resident 2's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the sense) was intact. The MDS indicated Resident 2 was independent with eating, oral hygiene, and personal hygiene and required set up assist with showering and lower body dressing.</p> <p>During a review of Resident 4's Admission Record, the document indicated the facility admitted the resident on 2/16/2022 with diagnoses that included cerebrovascular disease (a condition that affects blood flow to your brain) affecting left non-dominant side, difficulty in walking, end stage renal disease (a permanent condition that occurs when the kidneys can no longer filter waste from the blood).</p> <p>During a review of Resident 4's H&P dated 4/17/2024, the document indicated Resident 4 had the capacity to understand and make decisions.</p> <p>During a review of Resident 4's MDS dated [DATE], the document indicated Resident 4's cognition was intact. The MDS indicated Resident 4 was dependent on staff for personal hygiene, showering and lower body dressing.</p> <p>(continued on next page)</p>		

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 09/25/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a facility tour and observation on 9/18/2024 at 10:45 a.m., with the Maintenance Supervisor (MS), in Resident 2's room, observed a power strip located on the floor next to Resident 2's bed. The MS stated that a power strip located next to Resident 2's bed can be a tripping hazard. The facility tour continued to Resident 4's room and observed a power strip secured to the bed rail of Resident 4's bed with plastic gloves. The MS stated that the power strip is not secured properly and needed to be secured in a safe manner.</p> <p>During an interview on 9/25/2024 at 1:00 p.m., with the Administrator (ADM), the ADM stated that when using power strips in the facility, the power strip should be stored in a safe manner and not lying on the floor next to the resident's bed and not tied to the resident's side handrail with plastic gloves. The ADM stated that she has spoken with the MS to make sure the power strips are secured in a safe location.</p> <p>During a review of the facility's P&P titled, Physical Environment Power Strip Policy, with a revision date on 7/18/2024, the policy indicated the purpose of the facility policy is to establish guidelines for the use of power strips and adapters to encourage a safe electrical environment for patients, staff, visitors and equipment .A power strip may be used with medical equipment under the following conditions .The power strip will not be mounted to any permanent structure. Power strips with surge suppression may be used with medical equipment. The power strip will be stored in a place that it does not create a tripping hazard.</p>