

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 02/10/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>39550</p> <p>Based on interview and record review, the facility failed to develop a comprehensive care plan (a document that summarizes a resident's needs, goals, and care/treatment) with resident-centered interventions to address a resident's preference of wanting keep food at the resident's bedside for one of three sampled residents (Resident 2).</p> <p>This deficient practice had the potential outcome to have a negative affect Resident 2's quality of life, as well as the quality of care and services received.</p> <p>Findings:</p> <p>During a review of Resident 2's Admission Record, the Admission Record indicated the facility readmitted the resident on 5/14/2024 with diagnoses that included chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), patient's noncompliance with other medical treatment and regimen due to unspecified reason, and functional quadriplegia (paralysis [complete or partial loss of muscle function] of all four limbs).</p> <p>During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool) dated 2/1/2025, the MDS indicated the resident cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the sense) was moderately impaired. The MDS indicated Resident 2 was independent with eating, required partial/moderate assistance with oral hygiene, and required substantial/maximal assistance with toileting hygiene, and personal hygiene.</p> <p>During an observation on 2/6/2025 at 4:09 p.m., observed on Resident 2's bedside table, two eggs wrapped in clear plastic wrap, labeled Wednesday, 2/5/2025, 2:00 p.m.</p> <p>During an interview on 2/6/2025 at 4:10 p.m., with Resident 2, Resident 2 stated that he (Resident 2) likes to keep food at his bedside table.</p> <p>During a concurrent observation and interview on 2/6/2025 at 4:14 p.m., with the Dietary Supervisor (DS), observed the two hard boiled eggs, wrapped and dated 2/5/2025 on Resident 2's bedside table. The DS further stated that Resident 2 likes to keep food at his bedside.</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 02/10/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 2/10/2025 at 1:35 p.m., with the Director of Nursing (DON), reviewed Resident 2's care plan revised 2/6/2025 on non-compliance to safety (i.e. leaves food at bedside which may attract pests). The DON stated that Resident 2's care plan has no specific interventions related to Resident 2's food being kept at his bedside. The DON stated that specific interventions should have been developed to be able to care for Resident 2 better and so that staff are able to monitor Resident 2's food at bedside.</p> <p>During a review of the facility's policy and procedure titled, Care Planning-Interdisciplinary Team, reviewed 7/2024, the policy indicated our facility's Interdisciplinary Team (IDT- a group of health care professionals with various areas of expertise who work together toward the goals of the residents' care plan) is responsible for the development of an individualized comprehensive care plan for each resident.</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 02/10/2025
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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p>39550</p> <p>Based on interview and record review, the facility failed to ensure a resident's discharge summary was completed for one of three sampled residents (Resident 3).</p> <p>This deficient practice had the potential for inconsistent care coordination due to incomplete records for Resident 3.</p> <p>Findings:</p> <p>During a review of Resident 3's Admission Record, the Admission Record indicated the facility readmitted the resident on 12/19/2024 with diagnoses that included cervical disc degeneration (a condition affecting the neck's spinal discs, causing pain and discomfort), laceration (cut) without foreign body of unspecified part of head, and history of falling.</p> <p>During a review of Resident 3's Minimum Data Set (MDS - a resident assessment tool) dated 12/23/2024, the MDS indicated the resident had intact cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses).</p> <p>During a concurrent interview and record review on 2/6/2025 at 4:55 p.m., with the Medical Records Director (MRD), reviewed Resident 3's Admission Record. The MRD stated Resident 3 was discharged from the facility on 12/31/2024. The MRD reviewed Resident 3's medical records in Resident 3's physical chart and electronic chart and stated that there was no documented evidence that a discharge summary was completed. The MRD stated that a discharge summary should be documented upon residents' discharge.</p> <p>During an interview on 2/10/2025 at 1:30 p.m., with the Director of Nursing (DON), the DON stated that the discharge summary should be completed within 30 days of the resident's discharge. The DON stated all residents should have a discharge summary. The DON continued to state that a discharge summary is a summary of the services the facility provided and the condition of the resident during the resident's stay in the facility. The DON stated the discharge summary is a document that determines if resident goals were met.</p> <p>During a review of the facility's policy and procedure titled, Transfer or Discharge Documentation, reviewed 7/2024, the policy indicated when a resident is transferred or discharged , details of the transfer or discharge will be documented in the medical record. Should the resident be transferred or discharged for any reasons, the basis for the transfer or discharge will be documented in the resident's clinical record by the resident's Attending Physician: a. The transfer or discharge is necessary for the resident's welfare, and the resident's needs cannot be met in the facility; or b. The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility. Should the resident be transferred or discharged for any of the following reasons, the basis for the transfer or discharge will be documented in the resident's clinical record by a physician: a. The safety of individuals in the facility is endangered due to the clinical or behavioral status of the residents; or b. The health of individuals in the facility would otherwise be endangered.</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 02/10/2025
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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure titled, Discharge Summary and Plan, reviewed 7/2024, the policy indicated when a resident's discharge is anticipated a discharge summary is developed to assist the resident with discharge.</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 02/10/2025
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>39550</p> <p>Based on interview and record review, the facility failed implement their hydration and prevention of dehydration policy by failing to ensure one of three sampled residents (Resident 1) intake (consumption) was documented in the resident's medical record.</p> <p>This deficient practice had the potential to place Resident 1 at risk for dehydration and placed Resident 1 at risk for medical complications related to inadequate hydration.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated the facility admitted Resident 1 on 12/28/2024 with diagnoses that included osteomyelitis (infection of the bone that causes inflammation and pain) of vertebra (one of the bones that make up the spinal column) and sacrococcygeal (tailbone) region, low back pain, and chronic kidney disease (progressive damage and loss of function in the kidneys).</p> <p>During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 12/31/2024, the MDS indicated that Resident 1 had severely impaired cognition (mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) skills for daily decision making. The MDS indicated Resident 1 required partial/moderate assistance from staff with eating, oral hygiene, personal hygiene, and was dependent with toileting hygiene.</p> <p>During a concurrent interview and record review on 2/10/2025 at 11:23 a.m., with the Medical Records Director (MRD), reviewed Resident 1's medical record titled, Documentation Survey Report, for 12/2024 and 1/2025. The MRD stated that there is no specific area on the Documentation Survey Report on where to document Resident 1's fluid intake.</p> <p>During an interview on 2/10/2025 at 11:48 a.m., with Certified Nursing Assistant 1 (CNA 1), CNA 1 stated that CNA 1 does not document residents' fluid intake in milliliters (mL- unit of measurement). When asked how CNA 1 will know if the resident drank less than 1,200 mL/day, CNA 1 stated that she would not know if a resident drank less than 1,200 mL/day.</p> <p>During an interview on 2/10/2025 at 11:52 a.m., with CNA 2, CNA 2 stated that CNA 2 does not document residents' fluid intake individually in mL. CNA 2 stated that CNAs document meal percentages as a whole that includes juice and water on the tray.</p> <p>During an interview on 2/10/2024 at 1:18 p.m., with the Director of Nursing (DON), the DON stated that unless there is an intake and output order or fluid restrictions, facility staff do not document fluid intake.</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 02/10/2025
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure titled, Resident Hydration and Prevention of Dehydration, reviewed 7/2024, the policy indicated this facility will strive to provide adequate hydration and to prevent and treat dehydration. Nurses' Aides will provide and encourage intake of bedside, snack and meal fluids, on a daily and routine basis as part of daily care. A. Intake will be documented in the medical records. B. Aides will report intake of less than 1,200 mL/day to nursing staff.</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 02/10/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>39550</p> <p>Based on observation, interview and record review, the facility failed to implement their policy on preventing foodborne illness (refers to illness caused by the ingestion of contaminated food or beverages) for one of one sampled resident (Resident 2) by failing to ensure cooked eggs found on Resident 2's bedside table were discarded and not left on Resident 2's bedside table for over 24 hours.</p> <p>This deficient practice placed Resident 2 at risk for foodborne illnesses.</p> <p>Findings:</p> <p>During a review of Resident 2's Admission Record, the Admission Record indicated the facility readmitted the resident on 5/14/2024 with diagnoses that included chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing) and functional quadriplegia (complete inability to move due to severe disability or frailty caused by another medical condition).</p> <p>During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool) dated 2/1/2025, the MDS indicated the resident cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the sense) was moderately impaired. The MDS indicated Resident 2 was independent with eating, required partial/moderate assistance with oral hygiene, and required substantial/maximal assistance with toileting hygiene, and personal hygiene.</p> <p>During an observation on 2/6/2025 at 4:09 p.m., observed on Resident 2's bedside table, two eggs wrapped in clear plastic wrap, labeled Wednesday, 2/5/2025, 2:00 p.m.</p> <p>During an interview on 2/6/2025 at 4:10 p.m., with Resident 2, Resident 2 stated that he likes to keep food at his bedside table. Resident 2 stated that the two eggs are hard boiled and have not been refrigerated. Resident 2 continued to state that the two eggs have been at his bedside since yesterday (2/5/2025).</p> <p>During a concurrent observation and interview on 2/6/2025 at 4:14 p.m., with the Dietary Supervisor (DS), observed the two hard boiled eggs, wrapped and dated 2/5/2025 on Resident 2's bedside table. The DS stated that Resident 2 receives two cooked eggs as a snack per Resident 2's request. The DS continued to state cooked eggs should be refrigerated if not eaten right away. The DS further stated that Resident 2 likes to keep food at his bedside.</p> <p>During a follow-up interview on 2/7/2025 at 3:41 p.m., with the DS, the DS stated that cooked eggs should not be left out and should be refrigerated because eggs are perishable (foods likely to spoil, decay, or become unsafe to consume if not kept refrigerated). The DS stated that cooked eggs should be refrigerated and should be thrown away after two (2) hours because it could lead to bacterial growth.</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 02/10/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure titled, Preventing Foodborne Illness- Food Handling, reviewed 7/2024, the policy indicated food will be stored, prepared, handled, and served so that the risk of foodborne illness is minimized. Food that has been served to residents without temperature controls (e.g. trays, snacks, etc.) will be discarded if not eaten within two hours.</p>