

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 01/30/2026
NAME OF PROVIDER OR SUPPLIER Park View Nursing and Subacute		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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>Based on observation, interview, and record review, the facility failed to ensure that the call light (an alerting device for nurses to assist a patient when in need) was within a resident's reach while in bed for one of three sampled residents (Resident 2). This deficient practice had the potential to result in a delay in meeting the residents' needs for assistance which could have left the resident feeling isolated, a sense of decreased self-worth, self-esteem and dignity along with an increased risk for falls or accidents. Findings: During a review of Resident 2's admission Record, the admission Record indicated the facility admitted the resident on 3/16/2022 and most recently readmitted the resident on 12/9/2025 with diagnoses that included metabolic encephalopathy (a brain disorder that can cause confusion personality changes and drowsiness), functional quadriplegia (a permanent state of immobility and inability to care for oneself), type 2 diabetes (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), hypertension (HTN-high blood pressure), and difficulty swallowing. During a review of Resident 2's History and Physical (H&P) dated 12/15/2025, the H&P indicated Resident 2 did not have the capacity to understand and make decisions. During a review of Resident 2's Minimum Data Set (MDS- a resident assessment tool) dated 12/28/2025, the MDS indicated Resident 2's cognition (ability to think and make decisions) was severely impaired. The MDS further indicated that Resident 2 required supervision from staff with eating and oral hygiene, moderate assistance from staff with upper body dressing and personal hygiene and maximal assistance from staff with toileting hygiene, lower body dressing and putting on/taking off footwear. During a concurrent observation and interview on 1/30/2026 at 10:30 a.m. with Resident 2, in Resident 2's room, Resident 2 was observed lying in bed. Resident 2 stated that Resident 2 required assistance from staff with changing soiled briefs (an absorbent undergarment). Resident 2's call light was observed to be on the bedside table next to the resident's bed, and the resident was unable to reach it. During a concurrent observation and interview on 1/30/2026 at 10:32 a.m. with Licensed Vocational Nurse (LVN) 1, in Resident 2's room, observed Resident 2 lying in bed, with the resident's call light on the bedside table next to the resident's bed. LVN 1 stated that Resident 2's call light was out of reach and that it should be within the resident's reach at all times. During an interview on 1/30/2026 at 2:45 p.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated that at the start of the shift, he ensures residents' call lights are within reach. CNA 1 stated that must have forgotten to check Resident 2's call light position. CNA 1 further stated that all call lights should remain within residents' reach so they (residents) are able to call for assistance when needed. During an interview on 1/30/2026 at 3:20 p.m. with the Director of Nursing (DON), the DON stated that call lights need to be within reach of all residents to enable them (residents) to call for assistance when needed. The DON further stated that when a call light is out of the resident's reach, there is a potential for delayed care, increased risk of falls, and decreased feelings of self-worth, self-esteem, and dignity. During a review of the facility policy and procedure titled (P&P) Call System, Resident with a review date of 4/2025, the</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 555716	Facility ID: 555716 If continuation sheet Page 1 of 4

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 01/30/2026
NAME OF PROVIDER OR SUPPLIER Park View Nursing and Subacute		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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>P&P indicated, residents are provided with a means to call staff for assistance through a communication system that directly calls a staff member or a centralized workstation. Each resident is provided with a means to call staff directly for assistance from his/her bed, from toileting/bathing facilities and from the floor. During a review of the facility P&P titled Dignity with a revision date of 10/2025, the P&P indicated Residents are treated with dignity and respect at all times. Each resident is cared for in a manner that promotes and enhances individuality, a sense of well-being, satisfaction with life, and feeling of self-worth and self-esteem. Staff are expected to promote dignity and assist residents.</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 01/30/2026
NAME OF PROVIDER OR SUPPLIER Park View Nursing and Subacute		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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident's ankle foot orthosis (AFO-a medical device worn on the lower leg and foot to support, stabilized and improve function of the affected joint) was properly applied in accordance with the physician's order for one of three (Resident 1) sampled residents. This deficient practice had the potential to promote the development of further contractures (a condition of shortening and hardening of muscles, tendons or other tissue, often leading to deformity and rigidity of joints), decreased movement, strength and overall health status. Findings: During a review of Resident 1's admission Record, the admission Record indicated the facility admitted the resident on 1/20/2017 and readmitted the resident on 3/9/2025 with diagnoses that included traumatic brain injury (an acquired injury to the brain caused by an external force that disrupts normal brain function), seizures (a sudden, uncontrolled electrical disturbance in the brain which and cause uncontrolled jerking, blanking stares, and loss of consciousness), hydrocephalus (abnormal buildup of spinal fluid in the brain), type 2 diabetes (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), and difficulty swallowing. During a review of Resident 1's History and Physical (H&P) dated 3/17/2025, the H&P indicated Resident 1 does not have the capacity to understand and make decisions. During a review of Resident 1's physician orders dated 6/9/2025, the physician orders indicated an order for Resident 1 to have an AFO placed on bilateral lower extremities (an arm or leg of a person) 5 times a week for 4 to 6 hours as tolerated with skin checks. During an observation on 1/30/2026 at 10:00 a.m. in Resident 1's room, observed Resident 1 lying on his back in bed with an AFO brace on his right foot and ankle; however the AFO brace was observed to be rotated to the side of Resident 1's foot and ankle and was not providing support to Resident 1's right foot and ankle as intended. During a concurrent observation and interview on 1/30/2026 at 10:04 a.m. with the Director of Rehabilitation (DOR), at Resident 1's bedside, the DOR confirmed that Resident 1's AFO brace on the right foot was not applied properly, as the AFO brace was rotated to the side of the right foot. The DOR stated that the AFO brace should be supporting the right foot and ankle to prevent any further foot drop (the muscles that lift the foot are weak or not working properly, usually because of nerve injury or muscle weakness). During an interview on 1/30/2026 at 3:00 p.m. with the Restorative Nursing Assistant (RNA) 1, RNA 1 stated that Resident 1 does have a physician order for bilateral AFOs to be applied four to six hours a day as tolerated. RNA 1 stated that he placed the AFO brace on the right lower extremity of Resident 1 that morning, however, RNA 1 stated that he was unaware that Resident 1's AFO brace was not applied correctly. RNA 1 further that the AFO brace should be applied and remain in the correct position on the right foot and ankle to prevent worsening of foot drop. During an interview on 1/30/2026 at 3:20 p.m. with the Director of Nursing (DON), the DON stated that the AFO brace should remain in the correct position at all times to prevent worsening of foot drop. The DON further stated that staff should be monitoring the placement of the AFO brace and Resident 1's skin condition while the AFO brace is in place. During a review of the facility policy and procedure (P&P) titled Assisted Devices and Equipment with a revision date of 11/2025, the P&P indicated the facility and staff maintain and supervise the use of assistive devices and equipment for residents. Staff and volunteers are trained and demonstrate competency on the use of device and equipment prior to assisting or supervising residents. During a review of the facility P&P titled Resident Mobility and Range of Motion with a review date of 4/2025, the P&P indicated residents with limited mobility will receive appropriate services, equipment, and assistance to maintain or improve mobility unless reduction in mobility is unavoidable. Interventions may include</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 01/30/2026
NAME OF PROVIDER OR SUPPLIER Park View Nursing and Subacute		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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>therapies, the provision of necessary equipment, and/or exercises and will be based on professional standards of practice and be consistent with state laws and practice acts.</p>