| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 555815 | A. Building<br>B. Wing | 07/02/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Totally Kids Specialty Healthcare - Sun Valley | 10716 LA Tuna Canyon Road<br>Sun Valley, CA 91352 |

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) |
|---|---|
| F 0550<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide care in a manner that promoted and maintained residents' rights for two of four sampled residents (Resident 2 and Resident 3) by failing to ensure Physical Therapy Assistant 1 (PTA 1) knocked on Resident 2 and Resident 3's door prior to entering Resident 2 and Resident 3's room. This deficient practice had the potential to compromise Resident 2 and Resident 3's dignity, privacy, autonomy (resident's right to make their own choices), self-esteem and sense of self-worth. a. During a review of Resident 2's admission Record, the admission Record indicated the facility originally admitted Resident 2 on 5/29/2018 with diagnoses including arthrogryposis multiplex congenita (a group of conditions where a baby is born with multiple stiff, rigid joints), encounter for attention to tracheostomy (a surgically created hole in the front of the neck that leads directly into the windpipe), and dependence of respirator (individual's body is unable to breathe adequately on its own). During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool) dated 6/1/2026, the MDS indicated Resident 2's cognitive (the mental process involved in knowing, learning, and understanding things) skills for daily decision making was severely impaired. The MDS further indicated Resident 2 was dependent on staff for oral hygiene, toileting hygiene, showering or bathing, dressing, personal hygiene and mobility (movement). b. During a review of Resident 3's admission Record, the admission Record indicated the facility originally admitted Resident 3 on 4/14/2026 with diagnoses including shaken infant syndrome (a serious brain injury that results from forcefully shaking an infant or a toddler). During a review of Resident 3's MDS dated [DATE], the MDS indicated Resident 3's cognitive skills for daily decision making was severely impaired. The MDS further indicated Resident 3 was dependent on staff for oral hygiene, toileting hygiene, showering or bathing, dressing, personal hygiene and mobility. During an observation on 6/30/2026 at 3:45 p.m., in Resident 2 and Resident 3's room, observed PTA 1 entering Resident 2 and Resident 3's room without knocking or announcing herself prior to entry. During an interview on 6/30/2026 at 3:46 p.m., with PTA 1, PTA 1 stated that she did not knock or introduce herself prior to entering Resident 2 and Resident 3's room. PTA 1 stated that she entered the room to see whether Resident 2 was in the room. PTA 1 continued to state that she (PTA 1) should have knocked and introduced herself prior to entering Resident 2 and Resident 3's room out of respect for residents and to uphold residents' rights. During an interview on 7/1/2026 at 3:56 p.m., with the Director of Nursing (DON), the DON stated that all staff should knock on residents' doors and announce themselves before entering. The DON stated that knocking on residents' doors allows residents to know who is entering their room. The DON continued to state that knocking before entering is important to maintain residents' dignity and demonstrate respect for their (residents) rights. During a review of the facility's policy and procedure (P&P) titled Resident Rights Under California Regulations, reviewed on 12/3/2025, the P&P indicated residents are to be treated with consideration, respect and full recognition of their dignity and individuality, including privacy in treatment and in care of personal needs. |

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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 555815 | A. Building<br>B. Wing | 07/02/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Totally Kids Specialty Healthcare - Sun Valley | 10716 LA Tuna Canyon Road<br>Sun Valley, CA 91352 |

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) |
|---|---|
| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>Based on observation, interview, and record review, the facility failed to ensure one of three sampled staff (Certified Nursing Assistant 1 [CNA 1]) donned (put on) personal protective equipment (PPE - clothing and equipment that is worn or used to provide protection against hazardous substances and/or environments) in the appropriate order prior to entering the room of a resident who was placed on droplet precautions (infection control measure used to prevent transmission of infectious agents spread through respiratory droplets [tiny, moisture-filled particles of mucus and saliva expelled from the nose and mouth] which are generated by coughing, sneezing, or talking) and contact precautions (infection-control measure used to prevent the spread of germs transmitted through direct or indirect contact). This deficient practice had the potential to spread infection and cause cross contamination (the physical movement or transfer of harmful bacteria [germs] from one person, object, or place to another) among staff and other residents.During a review of Resident 4's admission Record, the admission Record indicated the facility admitted Resident 4 on 3/4/2026 with diagnoses that included carrier or suspected carrier of methicillin resistant staphylococcus aureus (MRSA - a bacteria that does not respond to antibiotics [medicines that fight infections]). During a review of Resident 4's Minimum Data Set (MDS - a resident assessment tool) dated 7/2/2026, the MDS indicated Resident 4's cognitive (the mental process involved in knowing, learning, and understanding things) skills for daily decision making was severely impaired. The MDS further indicated Resident 4 was dependent on staff for oral hygiene, toileting hygiene, showering or bathing, and personal hygiene. During a review of Resident 4's Order Summary Report dated 6/26/2026, the Order Summary Report indicated a physician's order for contact and droplet isolation precautions (measures used to prevent the spread of germs).During a review of Resident 4's Care Plan (CP- a written document that summarizes a resident's conditions, specific care needs, and current treatments), initiated on 6/26/2026, the CP indicated Resident 4 had a medical history of MRSA in the sputum (a mixture of saliva and mucus that is coughed up from the respiratory tract, often following an infection or irritation of the mucosa). The CP indicated an intervention to ensure all staff strictly adhered to hygienic (conditions, practices, or environments that are clean, sanitary, and actively promote good health) measures. During an observation on 7/1/2026 at 9:39 a.m., outside Resident 4's room, observed droplet precautions and contact precautions signages posted on the wall adjacent to the right side of the room entrance (next to Resident 4's room door). Observed CNA 1 wearing a surgical mask (a loose-fitting, disposable, medical device worn by healthcare professionals to prevent the spread of germs, bacteria and respiratory droplets). CNA 1 was then observed donning gloves first, followed by a yellow disposable gown, prior to entering Resident 4's room. During an interview on 7/1/2026 at 9:40 a.m., outside Resident 4's room, CNA 1 stated that Resident 4 is on droplet and contact precautions. CNA 1 stated that when donning PPEs, CNA 1 should first perform hand hygiene (the simple practice of cleaning your hands to remove germs, dirt, and bacteria), don a yellow gown, then put on gloves last. CNA 1 stated that she should have donned the yellow gown first before the gloves in accordance with infection control practices. During a concurrent interview and record review on 7/1/2026 at 11:06 p.m., with the Infection Preventionist (IP), the IP stated the proper sequence for donning PPE is to perform hand hygiene first, followed by the gown, mask, eye protection, and gloves last. The IP stated gloves should be donned last to minimize contamination and help keep the gloves as clean as possible before providing resident care. The IP further stated that failing to follow the proper sequence for donning PPE has the potential to increase the risk of infection transmission. During a review of the facility's policy and procedure (P&P) titled Infection Control: Isolation Precautions, reviewed on 12/3/2025, the P&P indicated that transmission based isolation precautions (a set of extra infection-control measures used in healthcare settings) to be used in addition to standard precautions (the minimum infection prevention practices applied to all patient care, regardless of suspected or confirmed infection status), when necessary. During a review of the facility document titled [NAME] (continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 555815 | A. Building<br>B. Wing | 07/02/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Totally Kids Specialty Healthcare - Sun Valley | 10716 LA Tuna Canyon Road<br>Sun Valley, CA 91352 |

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) |
|---|---|
| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | and Doff (Remove) PPE: Competency, undated, the facility document indicated to: 1. Perform hand hygiene; 2. [NAME] gown; 3. [NAME] any respiratory equipment; 4. Eye protection; 5. [NAME] gloves. |