

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055443	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2020
NAME OF PROVIDER OF SUPPLIER WEST VALLEY POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP 7057 SHOUP AVE WEST HILLS, CA 91307	
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 0912 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to ensure that 27 of 49 resident rooms met the 80 square feet (sq. ft. - a unit of measure) per residents in multiple resident rooms. These 27 rooms consisted of 26, three beds in a rooms with less than 80 sq. ft. and one three beds in a room with less than 73 sq. ft. This deficient practice had the potential to result in inadequate usable living space for residents and working space for the health caregivers. Findings: A review of Resident 1's Admission Record (face sheet) indicated the resident was re-admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS - a standardized assessment and screening tool) dated 8/13/19, indicated Resident 1's cognition (ability to think, understand and reason) was severely impaired. The MDS also indicated Resident 1 needed total assistance with bed mobility, transfers, walking, dressing, eating, toilet use, and personal hygiene. On [DATE], at 9:10 a.m., during an observation, Resident 1 (bed A) was lying in bed. The room consisted of three beds and the bed in the middle (bed B) was empty. There was a resident who was eating breakfast in bed C. On [DATE], at 10:15 a.m., during a concurrent observation and interview, Resident 1's family member (FM 1) stated that the room has been used as a double-bed capacity for many years. FM 1 stated that the facility installed a new privacy curtain on 2/25/20 in between the two beds and made another space to receive a third resident. There was a third resident who came in the room on [DATE]. The third resident did not stay long and was moved to another room. The room was observed as having three beds. On [DATE], at 10:30 a. m., during a concurrent observation and interview, Certified Nursing Assistant (CNA 1) stated that there was a resident who stayed in bed B in February. Interviewed her if she had enough space to transfer the resident from bed to wheelchair and she stated that she was able to push the empty bed aside and placed the wheelchair. She also stated it would be difficult if Bed B was occupied with a resident since she had to push both beds aside to make extra room. On [DATE], at 11:20 a.m., during an interview with the Maintenance Supervisor ([CONDITION] 1), he stated he was instructed to install the privacy curtain in the room by the administrator in February. He stated that he was the person who placed the curtain to place the extra bed in the room. On [DATE], at 11:27 a.m., during a concurrent interview and record review the Administrator (Adm) stated he understood room [ROOM NUMBER] had a capacity to have three beds. The Adm was not able to provide a current Room Size Waiver Letter. A review of the prior Room Size Waiver Letter dated 11/8/18 for 27 resident rooms. The Room Size Waiver Letter indicated Resident 1's room had a total sq. ft of 220 and two beds are approved each having 110 sq. ft. per bed. A review of the table for room space showed the following rooms provided less than 80 square feet per resident: Rm No Total sq. ft No. of Beds Sq ft per bed 1 235.75 3 78.6 2 235.75 3 78.6 3 235.75 3 78.6 4 235.75 3 78.6 5 235.75 3 78.6 6 235.75 3 78.6 20 220 2 110 21 235.75 3 78.6 22 235.75 3 78.6 23 235.75 3 78.6 24 235.75 3 78.6 25 235.75 3 78.6 28 235.75 3 78.6 29 235.75 3 78.6 30 235.75 3 78.6 31 235.75 3 78.6 32 235.75 3 78.6 33 235.75 3 78.6 34 235.75 3 78.6 35 235.75 3 78.6 36 235.75 3 78.6 37 235.75 3 78.6 38 235.75 3 78.6 39 235.75 3 78.6 40 235.75 3 78.6 41 235.75 3 78.6 42 235.75 3 78.6 On [DATE] at 12:10 p.m., during an observation on Resident 1's room, the facility staff removed the middle bed (bed B) and privacy curtain making the room double-bed capacity.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.