

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056253	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2020
NAME OF PROVIDER OF SUPPLIER BERKLEY VALLEY CONV HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP 6600 SEPULVEDA BLVD. VAN NUYS, CA 91401	
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 0552 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify a resident's representative (RR) about decline in appetite and poor meal intake for one of three residents (Resident 1). This deficient practice violated RR's right to be informed of the change in the resident's health status and the right to make decisions about healthcare. Findings: A review of Resident 1's admission record (Face Sheet) indicated the facility admitted Resident 1 on December 31, 2019, with [DIAGNOSES REDACTED]. The Face Sheet listed RR as Resident 1's responsible party. A review of Resident 1's Minimum Data Set (MDS- standardized assessment and care-screening tool), dated April 13, 2020, indicated Resident 1's cognitive skills (mental action or process of acquiring knowledge and understanding) was severely impaired. Resident 1 required supervision with set-up help only with eating. A review of Resident 1's history and physical examination [REDACTED]. The record indicated Resident 1's family as the decision-maker. A review of Resident 1's physician's orders [REDACTED]. A review of Resident 1's Documentation Survey Report on Nutrition-Amount Eaten from July 1 to 10, 2020, indicated meal intake percentages of less than 25% and/or refusals of meals for seven days. A review of Resident 1's Nursing Assistant Daily Flow Sheet from July 1 to 9, 2020, indicated Resident 1 had a substitute for breakfast and lunch with a meal percentage of less than 80% daily with the exception of July 6, 2020. During an interview, dated August 10, 2020, at 12:53 p.m., the RR stated she was informed of Resident 1's poor meal intake. The RR stated during her phone calls to the facility, the nursing staff would tell her Resident 1 was fine. On August 17, 2020, at 2:13 p.m., during an interview with Licensed Vocational Nurse 1 (LVN 1) and concurrent review of Resident 1's Progress Notes and Meal Intake percentages, LVN 1 stated he did not notify the RR of Resident 1's decreased meal intake because the RR was aware of it but LVN 1 could not find documentation RR was informed. A review of an undated facility's policy, titled Resident's Rights, indicated all residents of the facility had rights including the resident's rights to appoint a legal representative, in accordance with state law, to be notified of his or her medical condition and of any changes in his or her condition.		
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.