

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 07/08/2020
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 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to inform the resident's family of changes in condition for one of two sampled residents (Resident 1). This deficient practice had the potential to have a negative effect on Resident 1's treatment if any decisions were needed at the time of the change of condition. Findings: A review of the Admission Record indicated Resident 1 was originally admitted on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS- a standardized assessment and care-screening tool) dated 3/15/2020 indicated the resident had severely impaired cognition (mental process of thinking and understanding). A review of Resident 1's history and physical examination [REDACTED]. A review of Resident 1's Change in Condition Evaluation dated 4/2/2020 indicated the resident noted with a weight loss of eight pounds in three weeks. According to the Change in Condition Evaluation, Resident 1's responsible party was not notified. A review of Resident 1's Change in Condition Evaluation dated 4/30/2020 indicated the resident had a dry cough and low oxygen saturation and had an order from the physician to transfer him to an Emergency Department (ED) via paramedics (911 - emergency call number to summon medical team for interventions and transfer to an ED). According to the Change in Condition Evaluation, Resident 1's responsible party was not notified. During an interview with Licensed Vocational Nurse 1 (LVN 1) on 7/6/2020 at 5:00 PM, LVN 1 stated she was familiar with Resident 1 and his care. LVN 1 stated that when there is a change in condition, Resident 1's wife is to be notified. During an interview with the Director of Nursing (DON) on 7/8/20 at 10:45 AM, the DON stated when there is a change of condition, the doctor and family should be notified. A review of the facility's policy and procedure titled, Change in a Resident's Condition or Status, revised May 2017, indicated the facility shall promptly notify the resident, his or her Attending Physician, and representative of the changes in the resident's medical/mental condition and/or status. The policy further indicated a nurse will notify the resident's representative when: a. The resident is involved in any accident or incident that results in an injury including injuries of an unknown source; b. There is a significant change in the resident's physical, mental or psychosocial status; c. There is a need to change the resident's room assignment; d. A decision has been made to discharge the resident from the facility; and/or e. It is necessary to transfer the resident to a hospital/treatment center.		
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.