

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056363	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OF SUPPLIER GRAND VALLEY HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 13524 SHERMAN WAY VAN NUYS, CA 91405	
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 0609 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</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 report allegation of abuse within two hours from the time the incident happened for one of three residents (Resident 1). This deficient practice had the potential to result in unidentified abuse in the facility and failure to protect residents from abuse. Findings: A review of Resident 1's Admission Record (Face Sheet) indicated the facility admitted the resident on 7/23/2019 with [DIAGNOSES REDACTED]. A review of Resident 1's History and Physical dated 3/18/20, indicated the resident had the capacity to understand and make decisions. A review of Resident 1's Minimum Data Set (MDS - standardized assessment and care-screening tool) dated 7/27/2020, indicated the resident needed limited to extensive assistance with activities of daily living (ADLs such as transfers, bathing, toilet use, and personal hygiene). During an interview on 9/15/2020 at 10:15 AM, Designated Staff Developer (DSD), stated that the facility policy is followed for abused trainings and staff are told to report abuse immediately. DSD says that it is important to report abuse immediately so an investigation can start. DSD also said that abuse can affect the resident physically and mentally and you want to prevent more harm. You don't want the resident to feel afraid. This is their home. During an interview on 9/15/2020 at 2:45 PM with Licensed Vocational Nurse 4 (LVN 4), stated that if there is an allegation of abuse it is immediately communicated to an administrator. LVN 4 also stated that the importance of reporting abuse quickly is that it prevents more abuse from happening and helps protect the resident emotionally. During an interview on 9/15/2020 at 10:41 AM with, Director of Nurses, (DON) stated that the importance of reporting abuse is so that there can be a proper investigation and agencies involved can act on it quicker for the safety of the resident. During an interview on 9/15/2020 at 11:02 with Administrator (ADM): states that the importance of reporting and abuse allegation is for Resident safety to protect him from harm; physically, mentally and emotionally and that it must be immediate. During a telephone interview on 9/16/2020 at 2:11 PM with Director of Nurses, (DON), the DON stated that a State of California (SOC) abuse reporting form was not completed because a grievance was submitted the following day instead. The incident was not reported to the Ombudsman. During a record review of facility's Policy and Procedure (PnP) on Abuse Reporting and Prevention, PnP indicated on page 2- Administrator, or his/her designee, will report each alleged abuse to the Ombudsman's office and the Department of Public Health immediately or within 24 hours per Section 1418.91 of the Health and Safety Code. During a record review of facility's Policy and Procedure (PnP) on Abuse Reporting and Prevention, PnP indicated on page 3- 1.) The incident is to be reported to the local Ombudsman or the local law enforcement agency by telephone as soon as possible.</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.