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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/06/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055146	(X2) MULT) A. BUILDIN B. WING	(X3) DATE SI COMPLE	(X3) DATE SURVEY COMPLETED	
	F PROVIDER OR SUPPLIER I VALLEY NURSING C	CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7660 WYNGATE ST TUJUNGA, CA 91042	07/05/	2021
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X3) MPLETION DATE
F 000	INITIAL COMMENTS		F 000	Thoras valley ratisfing Cent		
	The following refle California Departm investigation of one Complaint Number			submits this response and I of Correction as part of the requirements under state at federal law. The plan of correction is submitted in		
	Health: Surveyor 42311, He The inspection was complaint investiga	California Department of Public ealth Facilities Evaluator Nurse limited to the specific ted and does not represent inspection of the facility.		accordance with specific regulatory requirements. It not be construed as admission any alleged deficiency cited any liability. The provider submits this plan of correct	ion of d or	
F 760 SS=E	A deficency was wri Number: CA007362	itten as a result of Complaint 284. of Significant Med Errors	F 760	with the intention that it is inadmissible by any third pain in any civil, criminal action proceedings against the pro	arty of	
	medication errors. This REQUIREMEN by: Based on interview, facility failed to provi prescribed the physi- residents (Resident total of six doses of a (medication to treat a milligram (mg- unit o systolic blood pressu- pressure in the arteri less than 120 millime- measurement of pres-	ents are free of any significant IT is not met as evidenced and record review, the ided medications as cian for one of three sampled 1). Resident 1 received a metoprolol tartrate alevated blood pressure) 25 if measure) despite having a pre (SBP- measures the ies when the heart beats) eters of mercury (mmHg- essure).		or its employees, agents, officers, directors, or shareholders. The provider reserves the right to challen the cited findings if at any t the provider determines that disputed findings are relied in a manner adverse to the interests of the provider eith the governmental agencies of third party.	ime t the upon ner by	2021
	(medication to treat of milligram (mg- unit of systolic blood pressure in the arteriless than 120 millime measurement of prestrict deficient practic	elevated blood pressure) 25 If measure) despite having a Ire (SBP- measures the Ies when the heart beats) Eters of mercury (mmHg-	No.	the governmental agencies of	or or	

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.

A CAR CONTRACTOR OF THE STATE O a kangunan di bilangan kangunan di bilangan bilangan bilangan bilangan bilangan bilangan bilangan bilangan bila Bilangan bil ger sallingsgrade for the state of en level) and respect to be equ Burning all the company to the and the second s The second secon 主义 网络普尔斯马克 water to the Care Militaria, Care i kan ili kan mereka ayan. Balan da maraka ayenen ili balan da mara Balan da maraka amaraka maraka ayen. Company of the Company of the 31,64 Agricol de Harris 

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/08/2021 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/BUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE BURVEY IDENTIFICATION NUMBER: A BUILDING COMPLETED 055146 8. WING 07/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE NORTH VALLEY NURSING CENTER 7660 WYNGATE ST TUJUNGA, CA 91042 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (K5) COMPLETION DATE PREFIX TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 760 Continued From page 1 F-760 Residents are Free of F 760 in a significant drop in blood pressure for Significant Med Errors Resident 1 CFR(s): 483.45 (f)(2) Findings: Corrective action for residents A review of Resident 1's Admission Record found to have been affected by (Facesheet) indicated the facility admitted the this deficiency: resident on 4/13/2021 with a diagnoses including chronic respiratory failure (condition in which not enough oxygen passes the lungs into the blood) Resident I was immediately with hypoxia (low oxygen level in the blood assessed by the licensed nurse stream), tracheostomy (opening created in front and MD to ensure no adverse of the neck to insert a tube to help breathe), and reaction as a result of the hypertension (elevated blood pressure). A review of Resident 1's History and Physical unnecessary doses given. Patient dated 4/14/2021, indicated the resident does not not affected. have capacity to understand and make decisions. A review of Resident 1's Minimum Data Set (MDS a comprehensive assessment and screening On June 4, 2021, June 7, 2021, tool) dated 4/20/2021 indicated the resident is and June 9, 2021 respectively, totally dependent to staff for all activities of daily the subacute RN Supervisor living (ADL-personal hygiene, bed mobility, conducted 1:1 in service with the dressing, and transfers). licensed nurses involved: LVN A review of Resident 1's Physician Orders dated 1. LVN 2, and LVN 3 and also 4/14/2021, Indicated an order for metoprolol conducted in service with all tartrate (medication to treat high blood pressure) licensed nurses in Subacute 25 milligram (mg-unit of measure) tablet give through gastrostomy tube (GT-tube inserted thru department on the policy and the belly that brings nutrition and medication procedures of medication directly to the stomach) twice a day for administration, medication hypertension and to hold for systolic blood parameters, medication adverse pressure (SBP- measures the pressure in the arteries [tubes that carry blood] when the heart side effects, with emphasis on beats) less than 120 millimeters of mercury hypertensive medications (blood (mmHg- measurement of pressure) or heart rate pressure medications), to obtain (HR) less than 60 beats per minute (bpm-unit of and record any vital signs. 7/16/21 measure).

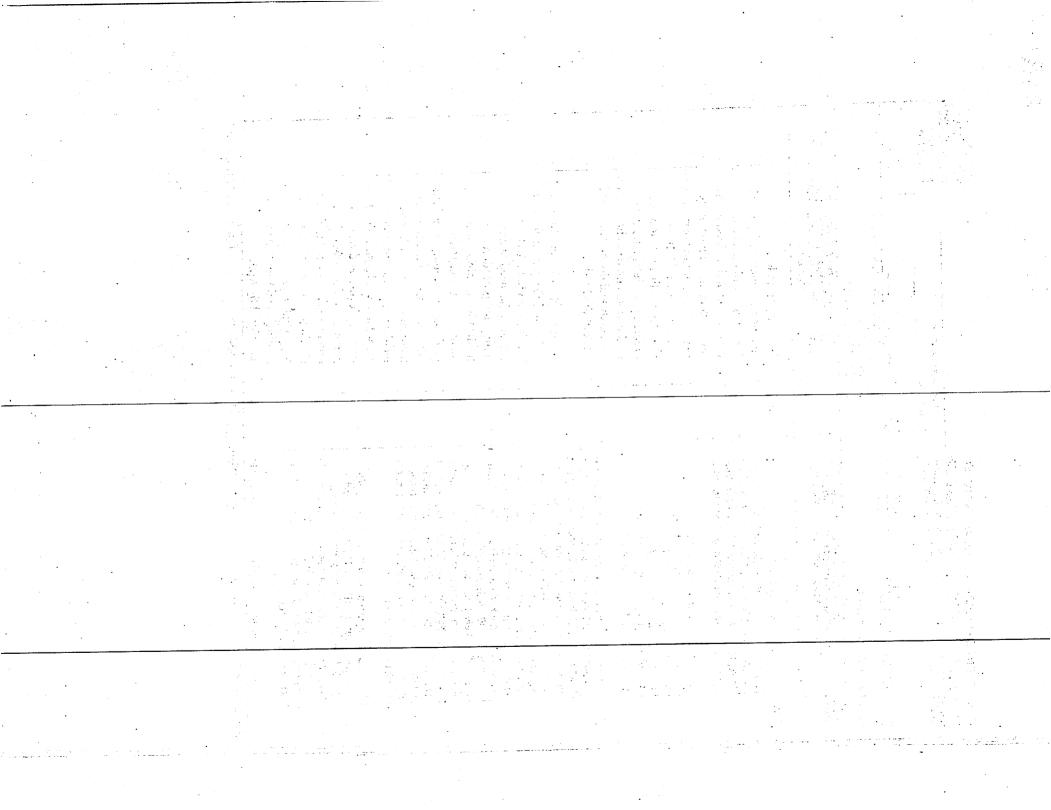
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During an interview on 6/9/2021 at 4:30 p.m., with

as ordered by MD.



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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/06/2021 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING 055146 B. WING NAME OF PROVIDER OR SUPPLIER 07/05/2021 STREET ADDRESS, CITY, STATE, ZIP CODE 7660 WYNGATE ST NORTH VALLEY NURSING CENTER TUJUNGA, CA 91042 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG DATE DEFICIENCY) F 760 Continued From page 3 If blood pressure reading is F 760 Licensed Vocational Nurse 2 (LVN2), LVN2 stated below the ordered parameters. he worked on 4/17/2021. At 5p.m. he checked hold the medication, circle Resident 1's BP as 118/62 mmhg. LVN2 admitted medication on the MAR and that he did not read the physician order properly and mistakenly gave the metoproloi even if the document on the back of the BP is below the parameter of 120mmhg. LVN 2 MAR. stated that giving metoprolof for a resident with low blood pressure can cause hypotension (low On June 14, 2021 the blood pressure). Administrator conducted in During an interview on 6/10/2021 at 9:45 a.m., service with the Medical with License Vocational Nurse 3 (LVN 3), LVN3 Records Director and Medical stated he worked on 4/23/2021, BP was 114/75 at Records Assistants to conduct 9am, and on 4/30/2021 BP was 117/75mmhg at 9am. LVN 3 admitted giving the medication weekly audits on blood pressure without looking at the parameter in the physician medications administrations with order and in the MAR. LVN 3 stated he should emphasis on monitoring read and looked at the orders completely. compliance of nurses obtaining A review of facility policy and procedure titled. blood pressure levels, recording "Administration Procedures for all Medications", blood pressure readings, and dated 10/2019, indicated, "Check MAR for order. following parameters as ordered Read medication label three times, 1) prior to by MD. Noncompliance will be removing the medication package/container from the drawer, 2) prior to removing the medication endorsed to DON for compliance from the package/container; 3) as the and completion. package/container is returned to the cart/drawer. Compare level with MAR. Obtain and record any vital signs or other monitoring parameters Identification of others at risk: ordered or deemed necessary prior to medication administration. Other residents throughout entire facility were checked by the DON and Medical Records Director on and July 7, 2021 No other resident was identified. DON will conduct random 7/16/21 checks periodically.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/08/2021 **FORMAPPROVED** CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION A BUILDING 055146 B. WING 07/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE NORTH VALLEY NURSING CENTER 7660 WYNGATE ST TUJUNGA, CA 91042 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X4) ID PREFIX ID PREFIX (X5) COMPLETION DATE TAG TAG F 760 Continued From page 5 F 760 Subacute RN Supervisor conducted 1:1 with the involved licensed nurses on the policy and procedures of medication administration, medication parameters, medication adverse side effects, with emphasis on (blood pressure) hypertensive medications, to obtain and record any vital signs, blood pressures and monitor parameters. Check MAR for orders, read medication orders. obtain the blood pressure, document blood pressure, and follow parameters as ordered by MD. If blood pressure reading is below the ordered parameters. hold the medication, circle medication on the MAR and document on the back of the MAR. Medical Records director/ Designee to audit and monitor compliance on the policy and procedures of medication administration, medication parameters, medication adverse 7/16/21 side effects, with emphasis on (blood pressure) FORM CMS-2697(02-99) Previous Versions Obsolete

Event ID: \$\$\$311

Facility ID: CA920000024

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F 760	Continued From pag	ne 6	F 760			
				hypotensive medications, to obtain and record any vital sig blood pressures and monitor parameters. Check MAR for orders, read medication orders obtain the blood pressure, document blood pressure, and follow parameters as ordered be MD. If blood pressure reading below the ordered parameters, hold the medication, circle medication on the MAR and document on the back of the MAR.  The Director of Nursing along with the Medical Records Director will conduct random audit of the Medication Administration Records to chec for any non-compliance. Any non-compliance will be corrected immediately. Education and in service will be conducted with nurses involved	y is ck	
				How the facility plans to monitor its performance to make sure that solutions are sustained	7/16/21	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 07/06/2021 FORMAPPROVED OMB NO. 0938-0391

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED		
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F 760	Continued From page 7		F 7	760	The Medical Records Director and or designee will conduct weekly audit of the Medicatio				
		•			Administration Record to ensu compliance, findings will be endorsed to DON				
					The Medical Records Director and or designee will provide a summary trend analysis of the				
					facility MAR on a monthly bato the Director of Nursing for review of compliance and to the QA committee on a monthly basis for a period of 3 months then quarterly thereafter for further evaluation and	sis			
					recommendations.				
					Completion Date: July 16, 2021				
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