

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

Accepted  
12/2/21  
8750

PRINTED: 11/01/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055146	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 11/01/2021
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NAME OF PROVIDER OR SUPPLIER

NORTH VALLEY NURSING CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

7660 WYNGATE ST  
TUCUMCARI, NM 87102

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY(IES) (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during the investigation of one complaint.  Complaint Number: CA00751768.  Representing the California Department of Public Health: Surveyor 39550, Health Facility Evaluator Nurse  The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.	F 000	North Valley Nursing Center submits this response and Plan of Correction as part of the requirements under state and federal law. The plan of correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this plan of correction with the intention that it is inadmissible by any third party in any civil, criminal action of proceedings against the provider or its employees, agents, officers, directors, or shareholders. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party.	
F 732 SS-B	One deficiency was written as a result of complaint number CA00751768. Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4)  §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census.  §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data	F 732		

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.

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NAME OF PROVIDER OR SUPPLIER

NORTH VALLEY NURSING CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE  
7880 WYNGATE ST  
TULJUNGA, CA 91042

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 732	<p>Continued From page 1</p> <p>specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift.</p> <p>(ii) Data must be posted as follows:</p> <p>(A) Clear and readable format.</p> <p>(B) In a prominent place readily accessible to residents and visitors.</p> <p>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to follow their policy and procedure of meeting the staff posting requirements.</p> <p>This deficient practice had the potential to keep residents and visitors unaware of the total number of staff and the actual hours worked by staff in the facility.</p> <p>Findings:</p> <p>On 10/8/2021 at 10:45 a.m., during a concurrent observation and record review, observed a posting of a facility document in Station 1 titled, Daily Nursing Hours Per Resident Day (HPRD), dated 10/5/2021.</p> <p>On 10/8/2021 at 10:47 a.m., during an interview</p>	F 732	<p><b>F712 Posted Nurse Staffing Information</b></p> <p><b>Corrective action:</b></p> <p>DON conducted a 1:1 in service with Payroll coordinator on 10/08/2021 to post up the nursing staffing assignment daily when the DSD is out of the building.</p> <p><b>Measures that will be put into place to ensure that this deficiency does not recur:</b></p> <p>In-service was given on 10/12/2021 by the DSD to Licensed Nurses to review NHPPD Posting within 2 hours of the beginning of their shift with emphasis on the importance of reviewing the daily nursing hours and nhppd posting.</p>	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 0100911

Facility ID: CA920000024

If continuation sheet Page 2 of 4

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055146	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 11/01/2021
NAME OF PROVIDER OR SUPPLIER  NORTH VALLEY NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7680 WYNGATE ST TULJINGA, CA 91042		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 732	<p>Continued From page 2</p> <p>and concurrent records review, the Assistant Director of Nurses (ADON) stated the HPRD document posted is the facility's daily nursing hours. ADON confirmed that the HPRD was dated 10/5/2021. ADON stated that the person responsible for updating the HPRD daily hours posting was the Director of Staff Development (DSD) and she has not been at work which is why it has not been updated.</p> <p>On 10/8/2021 at 10:50 a.m., during an interview with Payroll (PR), PR stated that the HPRD document is the facility's Direct Care Service Hours Per Patient Day (DHPPD - refers to the actual hours of work performed per patient each day by a direct caregiver). PR stated that the posting should be updated daily by the DSD. PR stated that since the DSD was not at work, it was her responsibility to change the daily nursing postings. PR stated that she missed posting the updated daily nursing hours.</p> <p>On 10/29/2021 at 10:44 a.m., during an interview, the Director of Nursing (DON) stated it is important to post the nurse staffing hours daily so that staff, residents, and visitors will know who is working and if we have enough staff working.</p> <p>A review of the facility's policy and procedures titled, "Posting Direct Care Daily Staffing," revised 10/2018 indicated the facility will post, on a daily basis each shift, the number of nursing personnel responsible for providing direct care to residents. Within 2 hours of the beginning of each shift, the number of licensed nurses (RNs, LVNs) and unlicensed nursing personnel (CNAs (certified nursing assistants), RNAs (restorative nursing assistants)) responsible for resident care will be posted in a prominent location (accessible to</p>	F 732	<p>How the facility plans to monitor its performance to make sure that solutions are sustained</p> <p>DSD/ Designee will post the staffing information daily. Licensed nurse / Designee will review within 2 hours of their shift to validate the hours have been reviewed.</p>		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 8N0511

Facility ID: CA820000024

If continuation sheet Page 3 of 4

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STATEMENT OF DEFICIENCIES  
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:

055146

(X2) MULTIPLE CONSTRUCTION

A. BUILDING \_\_\_\_\_

B. WING \_\_\_\_\_

(X3) DATE SURVEY  
COMPLETED

C

11/01/2021

NAME OF PROVIDER OR SUPPLIER

NORTH VALLEY NURSING CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

7680 WYNGATE ST

TUJUNGA, CA 91042

(X4) ID  
PREFIX  
TAG

SUMMARY STATEMENT OF DEFICIENCIES  
(EACH DEFICIENCY MUST BE PRECEDED BY FULL  
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID  
PREFIX  
TAG

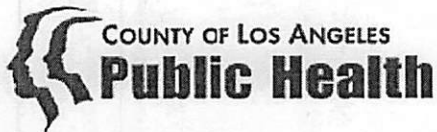
PROVIDER'S PLAN OF CORRECTION  
(EACH CORRECTIVE ACTION SHOULD BE  
CROSS-REFERENCED TO THE APPROPRIATE  
DEFICIENCY)

(X5)  
COMPLETION  
DATE

F 732

Continued From page 3  
resident and visitors) and in a clear and readable  
format.

F 732



BARBARA FERRER, Ph.D., M.P.H., M.Ed.  
Director

MUNTU DAVIS, M.D., M.P.H.  
County Health Officer

MEGAN McCLAIRES, M.S.P.H.  
Acting Chief Deputy Director

SUZETTE LEVERETT-CLARK, RN, MSN  
Interim Chief, Health Facilities Inspection Division  
12440 East Imperial Highway, Suite 522  
Norwalk, CA 90650  
Tel: (562) 345-6884  
Fax: (562) 409-5096

[www.publichealth.lacounty.gov](http://www.publichealth.lacounty.gov)

BOARD OF SUPERVISORS

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November 1, 2021

Letter 3

**IMPORTANT NOTICE – PLEASE READ CAREFULLY**

Ms. Jessica Navarro, Administrator  
North Valley Nursing Center  
7660 Wyngate St  
Tujunga, CA 91042

Dear Administrator:

**On November 1, 2021, an abbreviated survey for complaint no. CA00751768** was conducted at your facility by the California Department of Public Health, Licensing and Certification Program (State Agency), to determine if your facility was in compliance with federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs.

This survey found that although your facility was in substantial compliance with the participation requirements, a "pattern" and/or "widespread" deficiencies exist which caused no actual harm with the potential to cause minimal harm to the health, safety, or security of residents in your facility.

The enclosed Centers for Medicare and Medicaid Services (CMS) form, entitled "Statement of Deficiencies and Plan of Correction" (CMS – 2567), documents the deficiencies of participation requirements identified during this visit. All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations (CFR).

### **Plan of Correction (POC)**

Providers may now submit their plan of correction (POC) as a separate document attachment or may continue to document the POC on the right side of the CMS Form 2567- "Statement of Deficiencies and Plan of Correction".

A POC for the deficiencies must be submitted within **ten (10) days from receipt of the CMS-2567.**

Your POC must contain the following:

- How corrective action(s) will be accomplished for those residents found to have been affected by the deficient
- How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;
- How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system; and
- Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State Agency.

### **Informal Dispute Resolution**

In accordance with §488.331, you have one (1) opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and relevant information (evidence) as to why you are disputing those deficiencies, to ,Suzette Leverette-Clark , California Department of Public Health, Licensing and Certification Program, 12440 East Imperial Highway Room 522, Norwalk,CA 90650.

This request must be sent during the same ten (10) days you have for submitting a POC for the cited deficiencies. An informal dispute resolution for the cited deficiencies will not delay the imposition of the recommended enforcement actions. A change in the seriousness of the noncompliance may result in a change in the remedy selected. When this occurs, you will be advised of any change in remedy.

North Valley Nursing Center

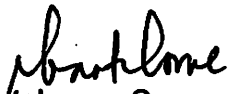
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November 1, 2021

If you have questions concerning the instructions contained in this letter, please contact Ria Bartolome, Health Facilities Evaluator Supervisor, at 818-672-2900.

Sincerely,

Suzette Leverette-Clark, Interim Chief  
Health Facilities Inspection Division



Ria Bartolome, Supervising HFEN  
Los Angeles County Department of Public Health  
Health Facilities Inspection Division  
Region Two District Office  
Enclosure: CMS-2567