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FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055253	A. BUILDING _____ B. WING _____	C 05/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERKLEY VALLEY CONV HOSPITAL	6909 SEPULVEDA BLVD. VAN NUYS, CA 91411

(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 000	INITIAL COMMENTS Surveyor: 38487 The following reflects the findings of the California Department of Public Health during the investigation of a complaint. Complaint Number: 627872 Representing the Department: 38487, HFEN The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued for complaint number 627872.	F 000	F 000: This plan of correction shall constitute our written credible allegation of compliance for the deficiencies noted. The facility will be complying by 05/10/19. The responses contained herein do not represent an admission of guilt on behalf of the facility. F689: (1) Resident's 1, was discharged on 02/15/19.	
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Surveyor: 38487 Based on interview and record review, the facility failed to develop a falls risk resident-specific care plan, in accordance with interdisciplinary team (IDT, group of health care professionals from different fields who collaborate toward a common goal for the resident) recommendations and provide the necessary monitoring to prevent a fall for one of two samples residents (Resident 1).	F 689	(2) The RN supervisor identified on 05/02/19 during a charts audits that all the residents had a "fall risk assessment" done and the residents assessed with a "high-risk" of falling a care plan completed, developed and implemented. No other residents were affected by the deficiency identified. The RN supervisor will identify a resident with a fall risk condition upon admission when doing the "fall-risk assessment," and if the total scoring of the assessment indicates is a "high risk," then a care plan has to be initiated, develop and implement on the admission date. (to continue next page)	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	05/10/2019

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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F 689	Continued From page 1 This deficient practice resulted in Resident 1 to sustain a fall, which had the potential for Resident 1 to experience pain, injury, and a decline in psychosocial well-being. Findings: On 3/8/19, an unannounced visit was made to the facility to investigate a complaint regarding quality of care. A review of Resident 1's Face Sheet, dated 2/8/19, indicated Resident 1 was admitted on 2/1/19, with a diagnosis which included, but was not limited to, difficulty walking. A review of the Minimum Data Set (MDS), a standardized assessment and care-screening tool, dated 2/8/19, indicated Resident 1 had a Brief Interview for Mental Status score of 11, indicating moderately impaired cognition. Resident 1 required extensive assistance with transfer, walking, and locomotion (moving from one place to another), and total dependence on toilet use. Resident 1 was assessed to have experienced a fall in the last two to six months prior to admission. A review of the Fall Risk Assessment, dated 2/1/19, indicated Resident 1 had a fall risk score of 14. Total score of ten or above represents high risk. A review of the SBAR (situation, background, assessment, recommendation - a communication tool), dated 2/8/19, indicated Resident 1 was status post (after) fall. At 2:45 p.m., a certified nurse assistant (CNA) was inside a resident's room and heard an alarm coming from a	F 689	(F689: continued from page 1 of 3) The MDS-Nurse (IDT team leader) will identify during care plan meetings 7 to 14 days after the resident's admission date that a "fall- risk assessment" is completed and if assessed as a "high-risk" of falling a care plan is adequately completed, developed and implemented. Also will identify that the IDT recommendations included with appropriate measures to impose the preventions of falls, such as regular assessment of the need to use of devices, medication regimen, and monitoring. (3) The Director of Nurses gave an in-service to the licensed nurses on 05/02/19 titled "Free of Accident Hazards/Supervision/Devices." The lesson plan included the licensed nurses will develop fall-risk resident-specific care by IDT recommendations, and provide constant monitoring to prevent a resident from falling. (a) Proper assessment of resident upon admission. (b) Develop a fall-risk care plan by IDT recommendations. (c) Ensure the resident environment is free of accident hazards. (to continue next page)	

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F 689	Continued From page 2 Resident 1's room. When the CNA arrived to Resident 1's room, she was already on the floor in sitting position next to her bed. Resident 1 stated, "I was trying to get up and lost my balance." On 3/8/19, at 11:23 AM, the Director of Nursing (DON) was interviewed. The DON confirmed the facility did not develop a fall risk care plan, in accordance with IDT recommendations, but should have. The DON could not explain the missed fall risk care plan. The DON verbalized the importance of developing resident-specific care plans, in accordance with IDT recommendations, to attain a goal of preventing falls. A review of the facility policy, titled "Fall - Prevention", revised April 2013, indicated the interdisciplinary team will be informed and will be discussing appropriate measures to impose the preventions of falls such as regular assessment of the need to use any type of device and medication regimens and so forth.	F 689	(F689: continued from page 2 of 3) (d) Adequate supervision provided to the resident.(e) Ensure call light is within reach at all times. (f) Provide assistive devices to prevent accidents, such as bed alarms, wheelchair alarm, floormats, etc. (g) Regular assessment at the need to use of devices, medication regimen, etc. (4) The Medical Records Director will monitor every month during an audit of resident's chart if the "fall risk assessment" is completed and a "high risk" of falling care plan was completed, developed and implemented. The Medical Records Director will communicate the Director of Nurses of any findings for continuing training of the licensed nurses as needed. The Director of Nurses will report any results at the quarterly Quality Assurance Committee meeting to discuss and monitor for continued compliance. (5) The facility will be in compliance by 05/10/19.	05/10/19