

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056363</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GRAND VALLEY HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>13524 SHERMAN WAY VAN NUYS, CA 91405</b>	
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 0690  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident who is incontinent of bladder received appropriate treatment and services to prevent urinary tract infection (UTI - Infection that affects parts of the bladder) for one of three sampled residents (Resident 2) by using a soiled wash cloth to wipe the vaginal area and urinary meatus (the external opening where urine is ejected from the body). This deficient practice have the potential to result in urinary tract infection for Resident 2. Findings: A review of Resident 2's Admission Record, indicated Resident 2 was admitted to the facility, on 2/6/17, with [DIAGNOSES REDACTED]. as a pump is inadequate to meet the body's needs), and [MEDICAL CONDITION] (damage to the kidneys that can get worse over time), and dementia (brain disease causing memory problems). A review of Resident 2's Minimum Data Set (MDS- a standardized assessment and screening tool) record, dated 7/8/20, indicated Resident 2 could rarely make self-understood or understand others. The record indicated Resident 2 was totally dependent with activities of daily living (ADLs - term used in healthcare to refer to daily self-care activities). The record indicated Resident 2 was always incontinent with urine. A review of Resident 2's Care Plan, titled Potential for Urinary Tract Infection, dated 7/10/20, indicated for facility staff to provide or assist with proper cleaning of perineal area (genitals and anal area) after voiding or bowel movement. During a concurrent observation and interview, on 8/18/20, at 1:30 p.m., the Certified Nursing Assistant (CNA1) provided perineal care to Resident 2. CNA1 was observed to wipe from front to back with a small wet wash cloth and the cloth had brown color on one side of the wash cloth. CNA1 stated Resident 1 had a bowel movement and she flipped the same wash cloth to the clean side. CNA 1 then wiped from front to back by using the same soiled wash cloth. During an interview on 8/18/20, at 1:53 p.m., the CNA1 confirmed that she used the same wash cloth, soiled with feces to wipe from front to back on Resident 2. CNA 1 stated she should have used a new wash cloth to wipe instead of using the same soiled wash cloth. CNA 1 stated the importance of using new washcloth to prevent infection. During an interview on 8/18/20 at 2:03 p.m., with the Director of Staff Development (DSD), she stated CNA 1 should have discarded the washcloth soiled with feces and used a new wash cloth to clean from front to back. The DSD stated it was important with infection control to prevent any chances of urinary tract infection. During an interview on 8/18/20 at 2:04 p.m., with the Director of Nursing (DON), she stated CNA1 should have used a new wash cloth to clean from front to back. The DON also stated it was important to prevent infection. A review of the facility's policy titled Perineal Care, revised on 6/17, indicated the purpose of this procedure is to provide cleanliness and comfort to the resident, to prevent infection and skin irritation, and to observe the resident's skin condition. For female resident, wash perineal area, wiping from front to back. Separate labia and wash area downward from front to back. Continue to wash the perineum moving from inside outward t and including thighs, alternating from side to side, and using downward stokes. Do not reuse the same washcloth or water to clean the urethra or labia. Wash the rectal area thoroughly, wiping from the base of the labia towards and extending over the buttocks. Do not reuse the same washcloth or water to clean the labia.</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.