Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	054549	09/26/2018
Name of Provider or Supplier	**Street Address, City, State**	
Valley Corf Inc	18425 Burbank Blvd Suite 520, Tarzana, CA	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	**Summary Statement of Deficiencies** (Each deficiency should be preceded by full regulatory or LSC identifying information)
I0000	The following reflects the findings of the California Department of Public Health during a recertification survey on 9/26/18. Representing the Department of Public Health: 36396 Senior HFEN 36535 HFEN There were five Standards found not in compliance for a Comprehensive Outpatient Rehabilitation Facility (CORF).
I0520	PATIENT CARE POLICIES CFR(s): 485.56(e)(2) The patient care policies must include rules for and personnel responsibilities in handling medical emergencies. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to implement its patient care policy by not ensuring that one of eight employees received recertification training in providing basic life support as evidenced by not having a current cardiopulmonary resuscitation (CPR) card on file. This had the potential to result in the delay of necessary treatment for a patient requiring emergency care, which includes the administration of CPR, prior to the arrival of emergency medical personnel. Findings: On 9/26/18, during a review of the employee files, Respiratory Therapist 1 (RT 1) did

	not have a current cardiopulmonary resuscitation (CPR) card on file. RT 1's CPR on file indicated an expiration date of 1/2017. On 9/26/18 at 12:48 p.m., during a current record review and interview, the Administrator stated RT 1 did not have a current CPR card on file. Administrator stated the clinical employees required to have a CPR included licensed employees such as physical therapist (PT), PT Assistant, Occupational Therapist (OT), and RT. Administrator added that it was important to have a current CPR certificate in the employee file to ensure that the employees were ready to provide CPR when needed. On 9/26/18 at 4:27 p.m., during an interview, RT 1 stated she was not sure if she took the CPR recertification class, but acknowledged that CPR card on file was expired. A review of the facility's undated policy and procedure titled, "CPR," indicated that all professional employees will be required to be trained in CPR and to attend periodic in-service training which will expose them to additional emergency first-aid procedures. It indicated that the facility Administrator will schedule as needed the required training programs. Copies of the certificates of completion of these programs will be maintained in the personnel files. A review of the facility's undated policy and procedure titled, "Medical Emergencies," indicated that in the event of medical emergency within the facility, stabilize the patient and administer first aid as indicated. If CPR is required, it will be initiated by trained personnel which includes both the clinical staff and those CORF personnel who have been trained in CPR and who maintain a current provider card.
I0521	PATIENT CARE POLICIES CFR(s): 485.56(e)(3) The patient care policies must include rules for the storage, handling, and administration of drugs and biologicals. This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to discard expired medications found in the first aid kit. This deficient practice had the potential to result in complications if administered to patients. Findings: On 9/26/18 at 4:46 p.m., during a concurrent observation and interview, the following were observed while checking the the facility's first aid kits stored in the cabinet inside the physical therapy room: 1. Two packets of two Aspirin (medication to treat pain, reduce fever or inflammation and sometimes used to treat or prevent heart attacks, strokes, and chest pain) tablets with an expiration date of 2004 2. One packet of two Non-Aspirin tablets with an expiration date of 2003 3. One bottle of hydrogen peroxide (mild antiseptic used on the skin to prevent infection of minor cuts, scrapes, and burns)

	The Administrator stated the expired medications and hydrogen peroxide should have been discarded. A review of the facility's undated policy and procedure titled, "First Aid Kit," indicated that the facility shall purchase and maintain a basic first aid kit and store or mount in a readily accessible location. The first aid kit for this facility is located in the lounge/conference room, and is maintained by inventory of its contents on a weekly basis to ensure that contents are complete and do not become out of date.
I0572	SAFETY AND COMFORT OF PATIENTS CFR(s): 485.62(a)(1) Applicable Federal, State, and local building, fire and safety codes must be met. This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow State and fire and safety codes for fire extinguisher maintenance. This failure had the potential to place the patients and staff at risk for fire hazards. Findings: On 9/26/18 at 4:05 p.m., there was one fire extinguisher observed mounted on the: 1. interior wall of the occupational therapy (OT) room 2. hallway wall in between the OT and physical therapy (PT) room, and 3. wall adjacent to the Administrator's office On 9/26/18 at 4:10, during concurrent observation and interview, the facility Administrator stated that fire extinguishers were checked quarterly. The Administrator acknowledged that three of three fire extinguishers did not have documented evidence that it was checked quarterly. A review of the facility's undated policy and procedure titled, "Location of Exit Signs, Alarm Systems, and Fire Fighting Equipment," indicated that multi-purpose fire extinguishers are visibly located in several places throughout the facility in accordance with fire department recommendations. It also indicated that all staff members will be trained in the use of these extinguishers (as directed by other procedures in this section) and the extinguishers shall be tested. According to the California Code of Regulations, Title 8, Section 6151, portable fire extinguishers shall be visually inspected monthly.
I0581	SANITARY ENVIRONMENT CFR(s): 485.62(b)(2) The facility must monitor the infection control program to ensure that the staff implement the policies and procedures and that the policies and procedures are

	consistent with current practices in the field. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to implement its policy and procedure designed to control and prevent infection in the facility by not ensuring that eight of 10 employees/staff were screened for tuberculosis (TB, an infectious disease that generally affects the lungs and can be transmitted airborne) as evidenced by not having a current employee annual TB Risk Assessment. This deficient practice had the potential to result in the spread and/or transmission of infection to patients and/or staff. Findings: On 9/26/18, during a review of the employee files, there was no annual tuberculosis (TB, an infectious disease that generally affects the lungs and can be transmitted airborne) Risk Assessment completed, as indicated on the facility policy, for the following employees: 1. Physical Therapy Assistant (PTA 1) 2. Administrator 3. Operations Manager 4. Certified Occupational Therapy Assistant (COTA 1) 5. Physical Therapy Aide (PT Aide 1) 6. Director of Physical Therapy 7. Respiratory Therapist (RT 1) 8. Physical Therapy Aide (PT Aide 2) On 9/26/18 at 1:11 p.m., during a concurrent employee file and policy review and interview, the Administrator stated the identified eight employees did not have a current TB Risk Assessment completed as indicated on the facility's policy and procedure. The Administrator stated that TB screening was important to protect the patients and staff. A review of the facility's undated policy and procedure titled, "TB Screening and Post-Exposure Management of Personnel," indicated that purified protein derivative (PPD, tool for screening TB) non-reactors (negative PPD) professionals should have an annual PPD skin test and symptom review. All documented PPD reactors (positive PPD) must have annual TB symptom assessment and chest x-ray if symptoms are present.
I0585	MAINTENANCE CFR(s): 485.62(c)(1) The facility must establish a written preventive maintenance program to ensure that all equipment is properly maintained and equipment needing periodic calibration is

	calibrated consistent with the manufacturer's recommendations. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to maintain an accurate preventive maintenance program to ensure that the hydrocollator (unit filled with water to provide consistent heat for hot packs) equipment was cleaned as indicated on the manufacturer's recommendation. This deficient practice posed potential hazards to patients. Findings: On 9/26/18 at 4:14 p.m., there were two hydrocollators (unit filled with water to provide consistent heat for hot packs) observed in the facility. Both hydrocollators contained hot packs which were submerged in water. On 9/26/18 at 4:19 p.m., during an interview, the Administrator stated that the water in the hydrocollators were changed and cleaned once every four to six weeks. The Administrator added that the water temperature of the hydrocollators were checked daily to ensure safety of the patients. A review of the facility hydrocollator log cleaning indicated that the hydrocollators were completely cleaned on 5/1/18. On 9/26/18 at 4:31 p.m., during an interview, the Operations Manager stated that the hydrocollator's manufacturer's recommendation indicated that water in the hydrocollator needs to be changed, cleaned and inspected at minimum intervals of every two weeks. A review of the hydrocollator heating units' manufacturer's recommendation, indicated that the tank should be drained, cleaned and inspected at minimum intervals of every two weeks.