Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	054549	06/23/2022
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)
I0509	ADMINISTRATOR CFR(s): 485.56(b)(2) The governing body must appoint an administrator who implements and enforces the facility's policies and procedures. This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility's Administrator (ADM) failed to implement the facility's policies and procedures by failing to ensure: a. The Therapy Aide job description was included in the facility's policy and procedures; b. The Therapy Aide 1 (TA 1) performed duties consistent with the signed job description. This deficient practice resulted in one of 10 sampled patients (Patient 2) receiving direct physical therapy services from an unlicensed staff. c. Two of 14 employee files had evidence of Health Insurance Portability and Accountability Act of 1996 (HIPAA, a federal law that required standards to protect sensitive patient health information from being disclosed) training. d. Seven of 14 employee files had evidence of Hepatitis B (Hep B, a virus that causes severe liver infection) declination form or Hep B immunization records. e. The governing body reviewed the policies and procedures annually in accordance with the facility's policy; and f. Two first aid kits were complete, contained updated products, and were inspected monthly in accordance with the facility's policy.

These deficient practices had the potential to affect the facility's internal operations and provision of services.

Findings:

a. During an observation, on 6/22/22, at 9:55 AM, the Therapy Aide 1 was in the pulmonary rehab gym with patients.

A review of the Therapy Aide 1's personnel file included a job description, signed 10 /31 (unknown year), as the Therapy Aide/Coordinator.

During a review of the facility's policy and procedure manual, it included a job description for Physical Therapy Aide. The facility's manual did not include a job description for the Therapy Aide/Coordinator.

During an interview, on 6/23/22, at 3:42 PM, the Administrator (ADM) stated the Physical Therapy Aide job description was inaccurate. The ADM stated the job description for Therapy Aide/Coordinator was not included but should have been updated in the policy and procedure manual.

b. A review of the job description of, "Therapy Aide/Coordinator," signed and dated on 10/31 (unknown year) by TA 1, indicated, "the Therapy Aide will not be able to treat patients in any way."

During a review of Patient 2's Physical Therapy (PT) Evaluation, dated 6/8/22, it indicated Patient 2 had gait abnormality (difficulty walking) and both lower leg weakness. The PT treatment plan included therapeutic exercise and balance training. The PT evaluation included a short-term goal for the patient to tolerate 30 to 40 minutes of exercises with minimal exertion.

During an observation, on 6/22/22, at 11:15 AM, in the gym area next to the parallel bars (apparatus with two bars that is used for therapy training), TA 1 performed leg exercises with Patient 2 who was seated in a wheelchair.

A review of Patient 2's Physical Therapy Daily Note, dated 6/22/22, indicated Patient 2 completed one set of 10 repetitions of leg strengthening exercises.

During an interview, on 6/23/22, at 2:15 PM, TA 1 stated he performed leg exercises with Patient 2 on 6/22/22 to help Patient 2 with increasing his leg strength. TA 1 stated that Physical Therapy Assistant 1 (PTA 1) was his supervisor and TA 1 performed exercises with patients that PTA 1 informed him to complete.

During an interview, on 6/23/22, at 4:45 PM, the ADM stated TA 1 could not perform any exercises with a patient. The ADM stated TA 1's job description indicated a therapy aide could not provide any direct patient care. The ADM also stated TA 1 could not perform any exercises with a patient without direct supervision from a supervising physical therapist based on professional standards and regulations. The ADM stated that a physical therapy assistant could not supervise a therapy aide or instruct a therapy aide to perform direct patient care. The ADM stated the facility did not conduct a Therapy Aide Skills checklist for patient care activities because the Therapy Aide job description indicated a Therapy Aide at the facility did not perform any patient treatment activities.

A review of the facility's undated policy and procedure titled, "Professional Standards of Practices," indicated, "it is the responsibility of the Administrator to ensure that each professional discipline offered by the facility functions in accordance with applicable professional standards and practices."

A review of the California Code of Regulations, Title 16, Division 13.2 for the Physical Therapy Board of California, Article 6 titled Physical Therapy Aides, Section 1399 - Requirement for Use of Aides, indicated "(c)(3)(D) The physical therapist shall provide continuous and immediate supervision of the aide. The physical therapist shall be in the same facility as the aide and in immediate proximity to the location where the aide is performing patient related tasks ...When patient related tasks are provided to a patient by an aide the physical therapist shall at some point during the treatment day provide direct service to the patient as treatment ..."

A review of the California Code of Regulations, Title 16, Division 13.2 for the Physical Therapy Board of California, Article 4 titled Physical Therapist Assistant, Section 1398.44 - Adequate Supervision Defined, indicated "(d)(7) A physical therapist assistant shall not: supervise a physical therapy aide performing patient-related tasks."

c. During a review of 14 employee files, including the facility's Medical Director (MD) and the Administrator (ADM), there was no evidence of completed HIPAA training.

During an interview and record review of all 14 employee files, on 6/23/22 at 4:00 PM, the ADM confirmed the MD and the ADM employee files did not have documentation of completed HIPAA training. ADM stated HIPAA training was required for all staff due to federal requirements for privacy of patient health records.

A review of the facility's undated policy titled, "Personnel Training," indicated, "Within two weeks after hiring the staff member, the following training will be offered which the employee will need to acknowledge the training ...training: HIPPA training."

d. During a review of 14 employee files, the employee files indicated seven of 14 employee files had no evidence of a signed Hepatitis B (Hep B) vaccine declination form or copies of Hep B immunization records. The following employee files did not have a signed Hep B vaccine declination form and did not have evidence of receipt of the Hep B vaccine immunization records: 1) Operations Manager, 2) Assistant Manager, 3) Medical Director, 4) Physical Therapist 1, 5) Respiratory Therapist 1, 6) Certified Occupational Therapy Assistant 1, and 7) Administrator.

During a concurrent interview and record review of all 14 employee files, on 6/23/22 at 4 PM, the Administrator (ADM) confirmed the following employee files did not have a signed Hep B vaccine declination form and did not have evidence of receipt of the Hepatitis B vaccine immunization records: 1) Operations Manager, 2) Assistant Manager, 3) Medical Director, 4) Physical Therapist 1, 5) Respiratory Therapist 1, 6) Certified Occupational Therapy Assistant 1, and 7) Administrator. The ADM stated it was facility policy to notify staff of the risk of Hepatitis B and to offer the vaccine for all staff who would like to receive the vaccine.

A review of the facility's undated policy and procedure titled, "Pre-Employment

Screening and Immunizations," indicated "Hepatitis B vaccine is offered to all employees at risk in compliance with [Occupational Safety and Health Administration] OSHA standards. Those susceptible employees who do not wish to take the Hepatitis B vaccine or who have received it previously must sign a form declining to take the offered vaccine."

e. During an entrance conference interview on 6/22/22, at 10:15 AM, the facility's Administrator (ADM) stated the Administrative Board included the ADM, the Alternate Administrator, and the facility's physician (MD 1). The ADM stated the Administrative/Governing Board met annually to review the policies and procedures.

A review of the undated policy titled, "Governance," indicated the "Policy and Procedure manual will be updated with names and signatures of the Administrative Board and their signatures documenting a review/acceptance/revision of this manual" annually.

A review of the Governing Board Meeting Minutes, dated 1/6/21, indicated the Administrative/Governing Baord reviewed and made modifications to the policy and procedure manuals. There were no Governing Board Meeting Minutes for 2022.

During an interview on 6/23/22, at 1:47 PM, the ADM stated the Governing Board met on 1/2/22 to review the policy and procedures. The ADM stated there was no documentation or meeting minutes for the review on 1/2/22.

f. During an observation on 6/22/22, at 12:16 PM, in the pulmonary rehab gym, a cabinet above the sink contained a first aid kit. The first aid kit contained nine insect sting relief padding with an expiration date of 2/2008 (14 years ago). The first aid kit also contained five alcohol preparation pads with an expiration date of 10/2008. There were multiple empty containers inside the first aid kit.

A review of the facility's undated policy titled, "First Aid Kit," indicated the "first aid kit for this facility is located in the lounge/conference room, and is maintained by inventory of its contents on a monthly basis to ensure that contents are complete and do not become out of date."

A review of the facility's "First Aid Kit Inventory" indicated the first aid kit was checked on 1/2022 and 4/2022. The First Aid Kit Inventory, dated 4/2022, indicated the following items were present in the kit: first aid cream packs, alcohol wipes, cold pack, hot pack, 3-inch ace bandage (compression bandage), bandage measuring ¾-inches by 3-inches, bandage measuring 1-inch by 3-inch, plastic patch, knuckle bandage, fingertip bandage, sterile eye pads, gauze dressing, non-stick pads, gauze roll, cloth tape roll, scissors, tweezers, and latex free gloves.

During an interview and inspection of the first aid kit, on 6/22/22, at 12:16 PM, the Administrator (ADM) stated that the first aid kit was visually inspected monthly but was officially checked and documented quarterly. The ADM stated the following items were missing from the first aid kit: first aid cream packs, cold pack, hot pack, 3-inch ace bandage, bandage measuring ¾-inches by 3-inches, bandage measure 1-inch by 3-inch, plastic patch, knuckle bandage, fingertip bandage, non-stick pads, gauze roll, cloth tape roll, and tweezers. The ADM also acknowledged that the insect sting relief padding and alcohol swabs expired in 2008. The ADM stated there was a second first aid kit, but the contents were not noted in the First Aid Kit Inventory. The ADM stated that the First Aid Kit Inventory was inaccurate, and the second first aid

	kit did not have its own First Aid Kit Inventory log. The ADM also stated the facility did not have a good system of keeping track of the First Aid Kit supplies. The ADM stated it was important to have supplies in the first aid kit in the event of an emergency, including if a patient had a cut or open wounds.