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)
I0545	COORDINATION OF SERVICES CFR(s): 485.58(c)(4) Mechanisms to assist in the coordination of services must include scheduling patient case review conferences for purposes of determining appropriateness of treatment, when indicated by the results of the initial comprehensive patient assessment, reassessment(s), the recommendation of the facility physician (or other physician who established the plan of treatment), or upon recommendation of one of the professionals providing services. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to conduct monthly case conferences for four of 10 sampled patients (Patient 4, 5, 8, and 10) in accordance with the facility's policy. This deficient practice prevented communication between the professional personnel to ensure the facility provided adequate and comprehensive services. Findings: A review of the facility's undated policy titled, "Case Review Conferences," indicated "The Program Coordinator shall schedule and hold a meeting of the clinical staff at least once a month. These meetings shall be held to discuss the plan of treatment for each patient currently in service at the facility." During an interview on 6/23/22, at 3:00 PM, the Administrator (ADM) stated case review conferences should occur monthly for each patient. a. A review of Patient 4's Respiratory Therapy evaluation, dated 3/21/22, indicated Patient 4 had shortness of breath and deconditioning.

A review of Patient 4's Sign In Sheet indicated Patient 4 completed a total of 28 visits from 3/21/22 to 6/22/22.

A review of Patient 4's clinical record did not include any case review conferences completed for Patient 4.

During an interview on 6/23/22, at 3:25 PM, the ADM stated case conferences were important to discuss the patient's progress, change goals, and discuss how to improve the patient's functional status.

During an interview and record review on 6/23/22, at 4:15 PM, the ADM reviewed Patient 4's clinical records and confirmed the clinical records did not include any case review conferences. The ADM stated there should have been at least three case review conferences completed for Patient 4 because the facility completed one case review conference for each patient at least once a month.

b. A review of Patient 5's Physical Therapy Evaluation, dated 3/23/22, indicated Patient 5 had gait abnormality (difficulty walking) and a balance impairment.

A review of Patient 5's Sign In Sheet indicated Patient 5 completed a total of 14 visits from 3/23/22 to 6/3/22.

A review of Patient 5's clinical record did not include any case review conferences completed for Patient 5.

During an interview on 6/23/22, at 3:25 PM, the ADM stated case conferences were important to discuss the patient's progress, change goals, and discuss how to improve the patient's functional status.

During an interview and record review on 6/23/22, at 4:15 PM, the ADM reviewed Patient 5's clinical records and confirmed the records did not include any case review conferences. The ADM stated Patient 5 should have had at least two case review conferences completed because the facility completed one case review conference for each patient at least once a month.

c. A review of Patient 8's Respiratory Therapy evaluation, dated 2/18/22, indicated Patient 8 had restrictive lung disease and increased shortness of breath with exertion.

A review of Patient 8's Occupational Therapy (OT) Evaluation, dated 2/18/22, indicated Patient 8's treatment diagnosis included was not limited to weakness, abnormal posture, lack of coordination, repeated falls, stiffness of unspecified joint, and pain in unspecified shoulder. A review of Patient 8's OT Discharge Summary indicated Patient 8 was discharged on 5/16/22.

A review of Patient 8's Sign In Sheet indicated Patient 8 completed a total of 21 visits from 2/18/22 to 5/16/22.

A review of Patient 8's Patient Care Conference Form indicated Patient 8's care was discussed on 2/4/22. Patient 8's clinical record did not include additional Patient Care Conference Forms.

During an interview and review of Patient 8's clinical record on 6/23/22, at 3:25 PM,

	the ADM confirmed Patient 8's only had one care review conference on 2/4/22. The ADM stated that Patient 8 did not but should have had a care conference in 3/2022 and 4/2022. The ADM stated case conferences were important to discuss the patient's progress, change goals, and discuss how to improve the patient's functional status. d. A review of Patient 10's Respiratory Therapy (RT) evaluation, dated 9/22/21, indicated Patient 10's diagnosis included chronic respiratory failure (airways carrying air to lungs become narrow and damaged) with hypoxia (body does not receive enough oxygen) due to history of Coronavirus-19 (COVID-19, new infectious viral disease that can cause respiratory illness). A review of Patient 10's Sign in Sheet indicated Patient 10 completed a total of 21 visits from 9/22/21 to 2/18/22. A review of Patient 10's clinical record did not include any case review conferences completed for Patient 10. During an interview and review of Patient 10's clinical record on 6/23/22, at 3:00 PM, the ADM confirmed that Patient 10's clinical records did not include any case review conferences. During an interview on 6/23/22, at 3:25 PM, the ADM stated case conferences were important to discuss the patient's progress, change goals, and discuss how to improve the patient's functional status.