| **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**<br>(Each deficiency should be preceded by full regulatory or LSC identifying information) |
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| **I0553** | SCOPE AND SITE OF SERVICES<br>CFR(s): 485.58(e)<br><br>The facility must provide all the CORF service required in the plan of treatment and, except as provided below, must provide the services on its premises. Exceptions: Physical therapy, occupational therapy and speech language pathology services furnished away from the premises of the CORF may be covered as CORF services if Medicare payment is not otherwise made for these services. In addition, a single home visit is covered if there is need to evaluate the potential impact of the home environment on the rehabilitation goals.<br><br>This STANDARD is not met as evidenced by:<br>Based on interview and record review, the facility failed to screen one of 10 sampled patients (Patient 10) for social work services and did not follow-up with Patient 10 regarding social work. This deficient practice had the potential to prevent Patient 10 from receiving comprehensive care.<br><br>Findings:<br><br>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). The RT evaluation indicated Patient 10 was hospitalized three times since January 2021 due to COVID-19 and complications of COVID-19.<br><br>A review of Patient 10's clinical record indicated Patient 10 received RT services from 9/22/21 to 2/18/22 (five months). Further review of Patient 10's clinical record |

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| | included a blank Psychosocial Services form with the question, "Would you like to be seen by our Licensed Clinical Social Worker (LCSW) for an evaluation?" Patient 10 did not mark a response and did not sign the acknowledgement that the facility offered LCSW services.<br><br>During an interview on 6/22/22, at 10:15 AM, the Administrator (ADM) stated the LCSW came to the facility at least monthly.<br><br>During a follow-up interview and review of Patient 10's clinical record on 6/23/22, at 3:00 PM, the ADM stated each patient should complete the Psychosocial Services form to screen the patient for any social work needs. The ADM reviewed Patient 10's clinical record and confirmed Patient 10 did not complete the Psychosocial Services form. The ADM stated the clinical record did not have any documentation a staff member followed up with Patient 10 regarding social work services. The ADM stated Patient 10 was Spanish speaking and possibly did not understand the form. The ADM stated the facility had two Spanish speaking staff members that could have interpreted. |