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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055906 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/30/2025 |
| NAME OF PROVIDER OR SUPPLIER Rinaldi Convalescent Hospital | | STREET ADDRESS, CITY, STATE, ZIP CODE 16553 Rinaldi St Granada Hills, CA 91344 | |
| 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) | | |
| <p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39550</p> <p>Based on interview and record review, the facility failed to provide in-service training (training intended for those actively engaged in a profession or activity) as indicated by the facility's in-service calendar for Certified Nursing Assistants (CNA) regarding behavioral health for two of two sampled CNAs (CNA 2 and CNA 3).</p> <p>This deficient practice has the potential to place residents who have a behavioral health diagnosis at risk for improper care and avoidable incidences.</p> <p>Findings:</p> <p>During a review of the facility's Facility assessment dated [DATE], the Facility Assessment indicated under Common Diagnosis/Conditions: Psychiatric (branch of medicine concerned with the study, diagnosis, and treatment of mental illness)/Mood Disorders (mental health condition that primarily affects your emotional state). Common diagnosis: Psychosis (severe mental disorder in which thought and emotions are so impaired that contact is lost with external reality), impaired cognition (the process of acquiring knowledge and understanding through thought, experience, and the senses), mental disorder (referred to as a mental illness or mental health condition, is a pattern of behavioral or mental symptoms that cause significant distress or impair an individual's ability to function in daily life), depression (mood disorder that causes a persistent feeling of sadness and loss of interest), bipolar disorder (mental disorder that causes unusual shifts in mood, energy, activity levels, concentration, and the ability to carry out day-to-day tasks), schizophrenia (a mental illness that is characterized by disturbances in thought), post-traumatic stress disorder (PTSD - a disorder in which a person has difficulty recovering after experiencing or witnessing a traumatic event), anxiety disorder (intense, excessive, and persistent worry and fear about everyday situations), behavior that needs interventions Services Provided Based on Resident Need: Mental health and behavior. Under specific Care or Practices: Manage the medical conditions and medication related issues causing psychiatric symptoms and behavior identify and implement interventions to help support individuals with issues such as dealing with anxiety, care of someone with cognitive impairment, care of individuals with depression, trauma/PTSD, other psychiatric diagnosis, intellectual or developmental disabilities.</p> <p>(continued on next page)</p> | | |

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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: | Facility ID: 055906 |
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| <p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During a review of the facility's Annual In-service Calendar 2025, the facility's Annual In-service Calendar 2025 indicated under March: Behavioral Health Training: Care of Resident with Dementia (decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities), Mental, Psychosocial and Substance Abuse Disorder (chronic brain disease characterized by compulsive drug seeking and use, despite harmful consequences), PTSD, Trauma, and Trigger Management (All Staff).</p> <p>During an interview on 4/29/2025 at 4:10 p.m., with Certified Nursing Assistant 2 (CNA 2), CNA 2 stated that no formal in-service or training was given to him for behavior management.</p> <p>During an interview on 4/30/2025 at 9:38 a.m., with CNA 3, CNA 3 stated that CNA 3 was not given a formal in-service, education, or training for behavior management. CNA 3 stated that she would like formal education for behavior management, so she knows how to deal with residents' behaviors.</p> <p>During a concurrent interview and record review on 4/30/2025 at 10:30 a.m., with the Director of Staff Development (DSD), reviewed the facility's Annual In-service Calendar 2025. The DSD stated that she did not provide the scheduled March 2025 in-service for Behavioral Health Training: Care of Resident with Dementia, Mental, Psychosocial and Substance Abuse Disorder, PTSD, Trauma, and Trigger Management. The DSD further stated that she was recently employed by the facility (started March 2025), and was not sure if the in-services for Behavioral Health Training: Care of Resident with Dementia, Mental, Psychosocial and Substance Abuse Disorder, PTSD (Post Traumatic Stress Disorder), Trauma, and Trigger Management were provided to the facility's CNAs in March 2025 by the previous DSD. The DSD stated that Behavioral Health Training is important to provide to CNA staff because CNA staff are on the front line of providing care for residents and should be aware of behavioral health.</p> <p>During a concurrent interview and record review on 4/30/2025 at 10:36 a.m., with the DSD, reviewed the personal files of CNA 2 and CNA 3. The DSD stated that there was no documented evidence of behavioral health training found in the CNA 2 and CNA 3's file.</p> <p>During a review of the facility's policy and procedure titled, In-Service Training, Nurse Aide, revised date 8/2022, the policy indicated annual in-services: d. address the special needs of the residents, as determined by the facility assessment. Required training topics for all staff (including nurse aides) include: g. behavioral health. Training curricula includes learning objectives, performance standards and evaluation criteria. Nurse aides are evaluated based on individual performance when appropriate. Competency may also be demonstrated through written exam or by consistently applying the interventions necessary to meet the needs of the residents as identified in the facility assessment.</p> <p>During a review of the facility's policy and procedure titled, In-Service Training, All Staff, revised date 8/2022, the policy indicated required training topics include the following: d. Behavioral Health. Training requirements are met prior to staff providing services to residents, annually, and as necessary based on the facility assessment.</p> <p>During a review of the facility's policy and procedure titled, On-the-Job Training, revised date 1/2008, the policy indicated on-the-job training programs will be conducted when necessary to assist employee in performing their assigned tasks.</p> | | |