STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055906	A. Building B. Wing	12/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rinaldi Convalescent Hospital	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)
F 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055906	A. Building B. Wing	12/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rinaldi Convalescent Hospital	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)
F 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the significant change in status assessment (SCSA - a comprehensive assessment that must be completed when the interdisciplinary team [IDT - a group of healthcare professionals and staff from different areas who work together to create the best possible care plan for a resident] has determined that a resident meets the significant change guidelines for either major improvement or decline) Minimum Data Set (MDS - a comprehensive assessment and screening tool) was completed within the required time frame for one of three sampled residents (Resident 1). This deficient practice had the potential to negatively affect the provision of necessary care and services.Findings:During a review of Resident 1's admission Record, the admission Record indicated that the facility admitted the resident originally on 5/28/2025 and readmitted on [DATE] with diagnoses including traumatic subarachnoid hemorrhage (SAH - bleeding in the space between the brain and the tissues that cover the brain) with loss of consciousness, G-tube, mood disorder (a mental health condition characterized by persistent changes in mood that significantly interfere with daily functioning), and neuromuscular (of or relating to nerves and muscles) dysfunction of bladder. During a review of Resident 1's MDS dated [DATE], the MDS indicated that Resident 1's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and senses) was severely impaired. The MDS was coded as a quarterly review assessment (non-comprehensive assessment that must be completed at least every 92 days that is used to track a resident's status between comprehensive assessments). During a review of Resident 1's MDS history, the MDS history indicated the following MDS assessments: admission assessment dated [DATE] Quarterly assessment dated [DATE] During a review of Resident 1's Weight Summary from 6/3/2025-9/3/2025, the Weight Summary indicated the following weights which were obtained using a mechanical lift (a device used to safely move or transfer a resident who has limited mobility): On 6/3/2025, 194 pounds (lbs.-unit of weight) On 6/24/2025, 166 lbs. (weight loss of 28 lbs. in 21 days, 14.4 percent [%]). On 6/30/2025, 150 lbs. (weight loss of 16 lbs. in six [6] days, and weight loss of 44 lbs. in 27 days, 22.7 %). On 9/3/2025, 137 lbs. (weight loss of 13 lbs. in 65 days, and weight loss of 57 lbs. in 92 days, 29.4 %). During a review of Resident 1's Skin and Wound Evaluation (SWE), the SWE indicated the following wound conditions and their progress: On 6/13/2025, unstageable pressure ulcer (PU - localized damage to the skin and/or underlying tissue usually over a bony prominence) due to slough (dead tissue that is usually yellow, tan, gray, or green in color, usually moist and stringy in texture, that may be found in wounds) or eschar (dead tissue that is hard or soft in texture; usually black, brown, or tan in color, and may appear scab-like, usually firmly attached to the base, sides and/or edges of the wound and over time falls off) on sacrococcyx (the connection between the large triangular bone at the base of the spine and the tailbone), and the size that indicated, length - 4.0 centimeter (cm - a unit of measurement), width - 2.6 cm, depth - not applicable. On 9/3/2025, unstageable PU due to slough or eschar on sacrococcyx, and the size that indicated, length - 3. 1 cm, width - 6.0 cm, depth - not applicable. During a concurrent interview and record review on 9/24/2025 at 12:40 p.m., with the Minimum Data Set Coordinator (MDCS), Resident 1's Weight Summary and the SWEs were reviewed. When the MDSC was asked when a SCSA MDS should be completed, the MDSC stated that the SCSA MDS should be completed if there are changes in two or more MDS areas and the resident's condition is not expected to return to baseline in 14 days. The MDSC further stated that a SCSA comprehensive assessment should have been done for Resident 1 when Resident 1 had the significant weight loss, developed a blister that is considered stage II (Partial-thickness loss of skin, presenting as a shallow open sore or wound) PU on 8/22/2025, and when the sacrococcyx area had worsened on 9/3/2025, instead of the Quarterly assessment dated [DATE]. The MDSC stated that when completing a SCSA MDS, each IDT member would reassess the resident and review and or revise the resident's plan of care. During an interview on 9/26/2025 at 10:45 a.m. with the Director of Nursing (DON), the DON stated that Resident 1's SCSA MDS should have been completed on 9/4/2025 instead of a quarterly assessment due to the unplanned severe body weight loss and the newly developed PU on the right feet. The DON stated that the IDT should have reassessed Resident 1 to determine if there was a need to revise the Resident 1's care plan During a review of the facility's policy and procedure (P&P) titled Comprehensive Assessments last reviewed on 1/30/2025, the P&P indicated, Comprehensive MDS assessments are conducted to assist in developing person-centered care plans. Significant Change in Status Assessment (SCSA) - The SCSA is a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055906	A. Building B. Wing	12/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rinaldi Convalescent Hospital	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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough food/fluids to maintain a resident's health. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055906	A. Building B. Wing	12/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rinaldi Convalescent Hospital	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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to: 1. Obtain weekly weights as ordered for one of three sampled residents (Resident 1) 2. Ensure that staff monitored and documented intake (food and fluid consumption) and output (urine and stool amounts) in accordance with professional standards of practice and per the facility's policy and procedure (P&P) for one of three sampled resident (Resident 1), who had a gastrostomy tube (G-tube - a tube surgically inserted through the abdomen directly into the stomach to provide a way to deliver nutrition and medication when a person cannot eat or drink enough by mouth) and an indwelling catheter (a tube inserted into the bladder to allow urine to drain freely). This deficient practice had the potential to result in unrecognized weight changes, nutritional decline, and dehydration (a state where the body loses more water and fluids than it takes in). During a review of Resident 1's admission Record, the admission Record indicated that the facility originally admitted the resident on 5/28/2025 and readmitted on [DATE] with diagnoses including traumatic subarachnoid hemorrhage (SAH - bleeding in the space between the brain and the tissues that cover the brain) with loss of consciousness (the state of being awake and aware of one's surroundings), type 2 diabetes mellitus (DM - a chronic condition where your body either doesn't produce enough insulin [natural hormone that turns food into energy and manages your blood sugar level] or doesn't use insulin properly, causing too much sugar to build in the blood, leading to energy problems and potential organ damage over time) and neuromuscular dysfunction of the bladder (a condition where damage to the nerves that control the bladder [organ that stores urine] prevents normal bladder control and function). During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 9/4/2025, the MDS indicated that Resident 1's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and senses) was severely impaired. The MDS indicated that Resident 1 was dependent on staff with activities of daily living (ADLs- activities such as bathing, dressing and toileting a person performs daily) except for rolling left and right in bed, which Resident 1 required maximal staff assistance. 1. During a review of Resident 1's Physician's Orders dated 5/28/2025, the Physician's Orders indicated to obtain weekly weight for four (4) weeks. During a review of Resident 1's Weight Summary from 5/28/2025 to 6/17/2025, the Weight Summary indicated that Resident 1's weights, obtained using a mechanical lift (a device used to safely move residents who can't bear their own weight or whose weight makes manual lifting risky for both the resident and facility staff), were as follows: a. For Week 1 (5/28/2025 to 6/1/2025) - On 5/30/2025, Resident 1 weighs 194 pounds (lbs. - unit of weight)b. For Week 2 (6/2/2025 to 6/8/2025) - On 6/3/2025, Resident 1 weighs 194 lbs.c. For Week 3 (6/9/2025 to 6/15/2025) - Resident 1 was not weighed, and no weight was documented. d. For Week 4 (6/16/2025 to 6/22/2025) - Resident 1 was transferred to General Acute Care Hospital 1 (GACH 1) on 6/17/2025 During a concurrent interview and record review on 9/25/2025 at 7:50 a.m., with Restorative Nursing Assistant 1 (RNA 1 - a specialized certified nurse assistant [CNA] who helps residents regain or maintain physical function and independence through specific exercises and activities), Resident 1's Weight Summary from 5/28/2025 to 6/17/2025 was reviewed. RNA 1 stated that she (RNA 1) was unable to find documented evidence that Resident 1's Weekly Weight for Week 3 (6/9/2025 to 6/15/2025) was obtained. During a concurrent interview and record review on 9/25/2025 at 1:35 p.m., with Registered Nurse 1 (RN 1), Resident 1's Physician's Orders dated 5/28/2025 and Resident 1's Weight Summary from 5/28/2025 to 6/17/2025 were reviewed. RN 1 stated that the weight for the week of 6/9/2025 to 6/15/2025 was missed. RN 1 stated that obtaining weekly weights was important because Resident 1 has behavioral episodes involving pulling out the G-tube. RN 1 further stated that weekly weights should be monitored to assess baseline nutrition and hydration (the process of maintaining adequate water levels in the body) status and to determine whether weekly weights should continue, particularly if there is unplanned or undesired weight loss or gain. During a review of the facility's P&P titled Weight Assessment and Intervention last reviewed on 1/30/2025, the P&P indicated, Resident weights are monitored for undesirable or unintended weight loss or gain. Residents are weighed upon admission and at intervals established by the interdisciplinary team (IDT - a group of healthcare professionals and staff from different areas who work together to create the best possible care plan for a resident) . 2. During a review of Resident 1's Physician Order Summary Report, the Physician Order Summary Report indicated the following orders: - Admit to the facility under the service of Primary Care Physician 1 (PCP 1), Order Date: 5/28/2025 - Enteral (providing nutrition and medicine directly into the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055906	A. Building B. Wing	12/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rinaldi Convalescent Hospital	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)
F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow the physician's orders dated 8/26/2025 to obtain laboratory services (any examination of materials derived from the human body for purposes of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of human beings) for one of five sampled residents (Resident 1). This deficient practice had the potential to negatively affect the provision of necessary care and services to meet Resident 1's needs. Findings:During a review of Resident 1's admission Record, the admission Record indicated that the facility admitted the resident originally on 5/28/2025 and readmitted on [DATE] with diagnoses including traumatic subarachnoid hemorrhage (SAH - bleeding in the space between the brain and the tissues that cover the brain) with loss of consciousness, gastrostomy tube (G-tube, a feeding tube that is surgically placed through a small opening in the abdomen through the stomach to allow feedings to be administered directly to the stomach), and neuromuscular (of or relating to nerves and muscles) dysfunction (abnormal) of bladder. During a review of Resident 1's Minimum Data Set (MDS - a comprehensive assessment and screening tool) dated 9/4/2025, the MDS indicated that Resident 1's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and senses) was severely impaired. The MDS indicated that Resident 1 was dependent on staff with activities of daily living (ADLs- activities such as bathing, dressing and toileting a person performs daily) except for rolling left and right in bed which the Resident 1 required maximal assistance from staff. During a review of Resident 1's physician order summary report, the order summary report indicated an order dated 8/26/2025 that the following laboratory (lab) tests were to be done: Complete Blood Count (CBC - an all-purpose blood test; combining diagnostic evaluations of red blood cell count, white cell count, erythrocyte indices, hematocrit, and a differential blood count), Comprehensive Metabolic Panel (CMP - a blood test that measures several substances in the body to assess overall metabolic health and organ function), and Magnesium (a type of electrolytes, help control the amount of fluid and the balance of acids). During a concurrent interview and record review on 9/25/2025 at 12:16 p.m. with LVN 3, Resident 1's physician's orders and Lab & Radiology binder were reviewed. LVN 3 stated that the physician's order dated 8/26/2025 to perform CBC, CMP, and magnesium lab tests were not done on 8/26/2025. LVN 3 stated that the order requisition slip (a form used by healthcare staff to request specific tests, procedures, or services) for the lab tests scheduled on 8/26/2025 was folded, which meant that the phlebotomist (a trained healthcare professional who draws blood from people for medical tests) did not take Resident 1's blood samples on 8/26/2025. During a concurrent interview and record review on 9/25/2025 at 2:05 p.m. with Registered Nurse 1 (RN 1), Resident 1's physician's orders were reviewed. RN 1 stated that the physician's order dated 8/26/2025 to perform CBC, CMP, and magnesium lab tests were not done and that the physician was not informed of the missed lab tests. RN 1 further stated that it was important to follow the physician's order to obtain laboratory services because the lab test results would provide information about the Resident 1's nutritional and hydration status. During a review of the facility's policy and procedure (P&P) titled Lab and Diagnostic Test Results - Clinical Protocol last reviewed on 1/30/2025, the P&P indicated, The physician will identify, and order diagnostic and lab testing based on the resident's diagnostic and monitoring needs. The staff will process test requisitions and arrange it for tests.